



ORIGINAL ARTICLE / ОРИГИНАЛНИ РАД

Anxiety and depression in children with new-onset epilepsy: parent vs. child perspectives – six-month follow-up study

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SUMMARY

Introduction/Objective Common internalizing symptoms, such as anxiety and depression, in school-age children with new-onset epilepsy, may not be immediately evident and can be misinterpreted by parents. This study compares how school-age children with epilepsy and their parents view the children's anxiety and depression, following previous findings that internalizing symptoms are common six months after diagnosis.

Methods The study was conducted at the University Children's Hospital in Belgrade, Serbia, with assessments performed after diagnosis and again six months later. After obtaining informed consent, children and their parents independently filled out the Revised Children's Anxiety and Depression Scale (RCADS) questionnaire. Paired t-tests assessed changes in scores from baseline to six months, with $p < 0.05$ considered significant.

Results Throughout the entire group over the six-month follow-up period, all RCADS scores, as well as self-report and parent ratings, showed significant increases. The most notable increases are seen in the subscales of social phobia from self-assessment and panic disorder from parent assessments ($p < 0.01$).

Conclusion Six-month follow-up of internalizing symptoms in our cohort of school-age patients with new-onset, uncomplicated epilepsy has shown that their parents are not sufficiently aware of the symptoms of social phobia, separation, and generalized anxiety, as well as obsessive-compulsive disorder, although their symptoms become significant after six months. Parents need to be taught to recognize their children's emotions and to seek psychological help when necessary.

Keywords: new-onset epilepsy; parents; children; anxiety; depression

INTRODUCTION

Epilepsy in the pediatric population is recognized as more than a mere tendency of the brain to generate epileptic seizures. Children with epilepsy frequently face psychological challenges, which also deeply affect their parents and families [1]. Special challenges are anxiety and depression, which may be hidden at the beginning and often misunderstood by parents [2].

Perceptions of internalizing symptoms in children with epilepsy can vary between observers, with notable differences often seen between parental assessments and the child's self-reports. Parents tend to overlook psychological symptoms, while they are more likely to recognize behavioral disorders [3]. Reilly et al. [4] showed that symptoms of anxiety and depression from self-report questionnaires are more prominent than parent reports, especially in the areas of anxiety and somatization. Children reported sudden episodes of intense discomfort and a fear of losing control, while parents expressed concern about their

children's emotional vulnerability and reactions following these episodes [5]. Conversely, Bal et al. [6] found that symptoms of anxiety and depression are consistent between parents and children. Kavanaugh et al. [7] also indicated that parents often underestimate symptoms of anxiety and depression in their children with epilepsy, though it remains unclear when these symptoms become more severe. Recognizing these symptoms is crucial because unrecognized symptoms could lead to other consequences, such as reduced quality of life and poor academic performance [8]. Reilly et al. [9] showed that parents' emotional and psychological state influences their perception of internalizing symptoms in children, with parents more often reporting such symptoms than the children themselves.

Earlier, we demonstrated that in school-aged children with new-onset, uncomplicated epilepsy, there are significant levels of internalizing symptoms after six months, mainly due to psychosocial factors at the start and, to a lesser extent, the adverse effects of anti-seizure medication (ASM) [10, 11]. Seizure control, quality

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of life, cognitive function, and behavioral issues did not influence the increase in anxiety and depression symptoms. When epilepsy is present, these challenges may further add to the burden on families, who are often already dealing with parental anxiety, family functioning difficulties, and stress related to the unpredictability of seizures [12]. However, to better support both children and parents, a broader perspective is necessary. Since issues may arise early during epilepsy, it is important to examine the background. Therefore, the present study aimed to systematically explore anxiety and depressive symptoms from the perspectives of children with epilepsy and their parents to help develop guidelines for preventing internalizing symptoms in children with epilepsy.

METHODS

The research was conducted at the University Children's Hospital in Belgrade, Serbia, during the first half of 2020. It was part of a larger research project that also examined quality of life, behavior, and cognition [10, 11]. Data collection was conducted using a test-retest design in two phases: the initial assessment at the time of epilepsy diagnosis and a follow-up assessment six months later. The baseline results obtained at diagnosis served as the control for comparison with those collected after six months. The inclusion criteria included school-age children with a newly diagnosed non-structural epilepsy (confirmed by electroencephalogram and brain magnetic resonance imaging), normal psychomotor and cognitive development until then, and no other chronic illnesses. Participants in the study were all children consecutively recruited.

Children and their parents, after signing informed consent, completed the Revised Children's Anxiety and Depression Scale (RCADS) during two visits. They completed the RCADS separately to prevent influence from one on the other.

The RCADS has both self-report and parent/guardian rating versions. Each version has 47 questions evaluating symptoms: 31 for anxiety, 10 for depression, and six for obsessive-compulsive disorder (OCD). All questions are on a Likert scale from 0 (never) to 3 (always), and the total score for each subscale is the sum of responses. Six subscales measure specific symptoms: social phobia, separation anxiety disorder, panic disorder, generalized anxiety disorder, depression, and OCD. There is also a total anxiety score (sum of the first four subscales) and a total internalizing symptoms score (sum of anxiety and depression). A higher score indicates increased severity of general and specific symptoms. Psychometric research has demonstrated that the questionnaire yields reliable and valid assessments of these symptoms, and the Serbian version was employed in this study [13].

Descriptive statistics included absolute values, percentages, mean values (M), and measures of dispersion such as standard deviation (SD) and standard error (SE). Inferential statistics involved Paired t-tests to examine differences in questionnaire scores at baseline (before) and

after six months (after). Normality of the data distribution was assessed using the Shapiro–Wilk test. The effect sizes of significant changes were expressed using Cohen's d coefficient and interpreted as low (< 0.5), medium (0.5–0.8), or high (> 0.8) [10]. All analyses were performed with SPSS Statistics for Windows, Version 18.0. (SPSS Inc., Chicago, IL, USA) and p-values of less than 0.05 were considered statistically significant.

Ethics: The study adhered to ethical principles and the Helsinki Declaration, following the decision of the Ethical Committee of the University Children's Hospital, University of Belgrade, Belgrade, Serbia (No: 13/208).

RESULTS

In the research, only adequately completed data obtained from completed questionnaires were analyzed. The Shapiro–Wilk test, accompanied by visual inspection of histograms and Q–Q plots, indicated that the data met the assumption of normality. After the second visit, data were available for 60 children and their parents, because three children were lost to follow-up and five needed another ASM after the initial therapy, which was the exclusion criterion. There was no statistical difference in the results of questionnaires between those who were excluded and the included children at the first visit, as well as in age, gender, number of seizures, or levels of intelligence ($p < 0.05$).

Demographic and basic clinical details are presented in Table 1. The average age of the respondents at the time of inclusion in the study was 12.32 (SD = 3.34) years, ranging 7–18 years (Table 1). Concerning the initial number of seizures before the introduction of ASM, a statistically significant reduction is observed after six months ($z = -4.52$; $p < 0.01$), which is highly clinically relevant ($r = 0.58$).

Table 1. Basic demographic and clinical data of the subjects

Parameters	At beginning M (SD), n = 68	After six months M (SD), n = 60
Age (SD), range (yrs)	12.32 (3.34), 7–18	12.45 (3.25), 7–18
Male/female, n (%)	38 (55.9)/30 (44.1)	34 (56.7)/26 (43.3)
Seizure control		
Complete	36 (52.9)	35 (58.3)
Partial	19 (27.9)	20 (33.3)
Poor	13 (19.2)	5 (8.3)

M – mean values; SD – standard deviation

Throughout the entire group over the six-month follow-up period, all RCADS scores, along with self-report and parent ratings, showed significant increases (Tables 2 and 3). The effect sizes are high for most scales ($d > 0.8$). The most notable increases are seen in the subscales of depressive disorder and social phobia from self-assessment, and panic disorder from parent assessments. Comparison between self-reported and parent-reported RCADS scores is presented in Figure 1.

Table 2. Self-report of Revised Children's Anxiety and Depression Scale questionnaire scores in the follow-up period (n = 60)

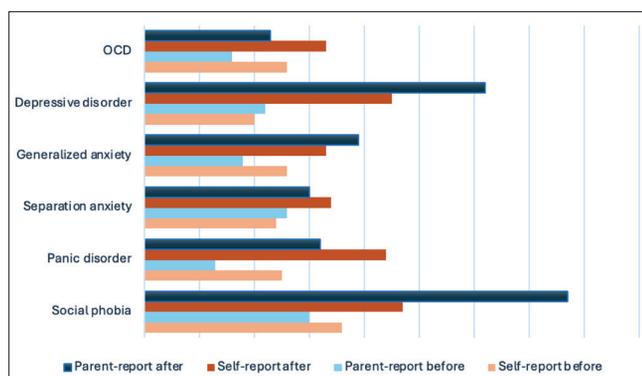
Subscale	At beginning M (SD)	After six months M (SD), d
Self-assessment		
Social phobia	4.90 (3.58)	9.12 (4.66)*, 1.22
Panic disorder	2.15 (2.48)	5.18 (4.39)*, 1.12
Separation anxiety disorder	1.85 (2.39)	3.48 (3.42)*, 0.88
Generalized anxiety disorder	2.57 (2.63)	5.25 (3.27)*, 0.83
Total anxiety disorder	11.47 (8.54)	23.03 (13.11)*, 1.30
Depressive disorder	2.50 (2.00)	6.77 (4.64)*, 1.81
Total internalizing	13.97 (9.66)	29.80 (16.76)*, 1.52
Obsessive-compulsive disorder	1.63 (2.58)	3.53 (3.28)*, 0.74

M – mean values; SD – standard deviation; d – Cohen's coefficient;
*p < 0.01 from paired t-tests

Table 3. Parent-report of Revised Children's Anxiety and Depression Scale questionnaire scores in the follow-up period (n = 60)

Subscale	At beginning M (SD)	After six months M (SD), d
Parent-assessment		
Social phobia	5.35 (3.01)	7.73 (4.25)*, 0.97
Panic disorder	1.42 (1.29)	3.25 (3.34)*, 1.27
Separation anxiety disorder	2.00 (2.55)	2.98 (3.67)*, 0.59
Generalized anxiety disorder	2.35 (1.81)	3.90 (2.74)*, 0.78
Total anxiety disorder	11.02 (6.05)	17.87 (10.88)*, 1.22
Depressive disorder	2.93 (2.22)	6.15 (4.21)*, 1.81
Total internalizing	13.95 (7.49)	24.02 (14.33)*, 1.36
Obsessive-compulsive disorder	1.52 (1.64)	2.32 (2.38)*, 0.53

M – mean values; SD – standard deviation; d – Cohen's coefficient;
*p < 0.01 from paired t-tests

**Figure 1.** Comparison between Revised Children's Anxiety and Depression Scale scores from self-report and parent report

DISCUSSION

This is the first study to compare the experience of internalizing symptoms in children with new-onset epilepsy immediately after diagnosis and after six months, from both parents' and children's perspectives. We found that even at the start, parents tend to downplay their children's anxiety symptoms, which tend to become more noticeable over six months. The findings are concerning, especially as social phobias become the most common anxiety symptom in children after follow-up. Wagner et al. [14] have shown that 20% of school-aged children with epilepsy were diagnosed with clinically significant social phobia, developing

after several years of living with epilepsy, primarily from the children's perspectives. Considering that social phobias in children involve an intense and persistent fear of social situations where the child expects evaluation, rejection, or ridicule, and can severely affect the child's emotional development, self-confidence, and daily functioning, particularly in school and social settings, our results highlight the need for prevention [15]. Although parents might not realize that social situations can easily trigger anxiety in their children with epilepsy, the epileptologist guiding the child has a responsibility to address it.

In the study by Redecker et al. [16], panic disorder was the most common anxiety disorder among children with epilepsy. However, we found that parents are less aware of panic disorder initially compared to children. After six months, this dynamic shift and the most significant change in children's experience of panic disorder are observed in their parents, as if they become more aware, possibly because panic disorder is more clinically visible than social phobias. This can be explained by studies from Kwong et al. [17] and Kim and Kim [18], which showed that children exhibited more severe symptoms of social anxiety and irritability, while parents focused more on the more obvious clinical symptoms.

On the other hand, the child's separation anxiety is more visible to the parents at the beginning and more pronounced after six months, which is not surprising considering that it is most often directed towards the parents. In a longitudinal study of children with recently diagnosed epilepsy, nearly one-third of children met the requirements for separation anxiety, which is significantly higher than in the general population, according to parents' reports. In contrast, the prevalence of other anxiety disorders was substantially lower, making separation anxiety the most common single type of anxiety early in the course of illness [19]. It should be highlighted that separation anxiety persists into adulthood, and overprotection is a predictor of lower quality of life [20]. Separation anxiety also reduces the caregiver's independence, highlighting a two-way relationship [21].

What is also surprising is that children are more aware of their OCD symptoms. In analogous research on pediatric OCD, parents report significant distress, uncertainty about their child's future, and burden, especially when symptom severity is high and family accommodation occurs [22]. In cases of comorbid epilepsy and pediatric OCD, parents often face compounded emotional strain, not only from managing the neurological unpredictability of epilepsy, but also from navigating their child's OCD symptoms [23]. It seems that in the case of children with epilepsy, obsessive thoughts are also conscious, and that at the beginning, and especially after six months. OCD includes not only thoughts, but also actions, which parents can misinterpret as perfectionism [24]. That emphasizes the need for psychological support. Kaşak et al. [25] found that having a child with epilepsy negatively affects parents' mental health, relationship between the parent and the child, family dynamics, and parental coping styles, so a bidirectional relationship is clear.

Even after six months, when it is significantly expressed, parents notice less generalized anxiety than their children, which is not surprising since generalized anxiety can often be hidden. Generalized anxiety disorder in children is characterized mainly by difficult-to-control worries about everyday topics (such as school performance, health, and family dynamics), often accompanied by somatic symptoms like tension, fatigue, and disturbed sleep, which seriously affect their daily functioning and psychological well-being [15].

Parents may mistake it for depressive symptoms, which, according to our results, are initially more noticeable to them than from the patients' perspective. However, after six months, children become very aware of their depressive feelings. Bearing that in mind, there is growing concern: does a parent's expression of a child's feelings influence them, passing their worries to the child? This aligns with findings from Rosic et al. [26], which show that in longitudinal studies, children's depressive symptoms are reflected in their assessments, while they initially exhibit more anxiety; conversely, parents display the opposite pattern. Additionally, Idowu et al. [27] demonstrated that over time, children's and parents' perceptions of anxiety symptoms become similar, indicating that the symptoms become interconnected.

Our findings extend previous evidence showing only moderate agreement between children and parents when reporting anxiety and depressive symptoms in pediatric epilepsy by demonstrating that these discrepancies persist and become more clinically relevant over time [28]. Reliance on parental reports alone may therefore result in under-recognition of emerging internalizing symptoms, notably less observable anxiety domains. Routine inclusion of standardized child self-report measures during early follow-up may facilitate timely identification of psychopathology. Integrating systematic psychological screening and targeted parent psychoeducation into standard epilepsy care could improve long-term mental health and overall clinical outcomes.

Unfortunately, in this study, we did not compare psychological difficulties in children with other chronic illnesses. We know that parents of children with epilepsy fear night seizures and separation, such as during school

trips, and their children share these fears. However, is this fear more intense than that experienced by parents and children with asthma and diabetes mellitus? Additionally, it has been shown that parents of children with diabetes face depression or psychological stress, worries about long-term recovery, complications, and daily disease management [29]. Consequently, depression and anxiety are more common in these children than in healthy peers: about one-third display depressive symptoms and anxiety, which can significantly complicate the disease course, as psychosocial stress also worsens metabolic control and quality of life [30]. Similarly, children with asthma, along with their parents, fear asthma attacks, worry about treatment, symptoms, and physical limitations such as sports and school activities, and often experience anxiety and depression [31]. Children tend to exhibit anxiety symptoms, especially related to attacks or activity restrictions; they also face a risk for depression, although parental attitudes may influence how these symptoms are perceived [32]. Nonetheless, we can agree that no pediatric chronic illness is associated with stigma to the extent that epilepsy is.

CONCLUSION

A six-month follow-up of internalizing symptoms in our cohort of school-age patients with new-onset, uncomplicated epilepsy revealed that their parents are not sufficiently aware of symptoms like social phobia, separation anxiety, generalized anxiety, and OCD. However, these symptoms become more pronounced after six months. In this study, we did not conduct a more detailed analysis of how parents' experiences affect their children's symptoms, which we consider a significant limitation. Additionally, we did not examine other factors related to epilepsy or background factors that might contribute to internalizing symptoms. Nonetheless, we want to highlight the importance of parent education. Psychologists and epileptologists also play a role in helping parents understand their child's emotional experiences while managing epilepsy.

Conflict of interest: None declared.

REFERENCES

- Operto FF, Pastorino GMG, Pippa F, Padovano C, Vivencio V, Scuoppo C, et al. Psychiatric symptoms and parental stress in children and adolescents with epilepsy. *Front Neurol.* 2021;12:778410. [DOI: 10.3389/fneur.2021.778410] [PMID: 34956058]
- Zugman A, Winkler AM, Qamar P, Pine DS. Current and future approaches to pediatric anxiety disorder treatment. *Am J Psychiatry.* 2024;181(3):189–200. [DOI: 10.1176/appi.ajp.20231037] [PMID: 38425255]
- Temple J, Fisher P, Davies C, Millar C, Gemma Cherry M. Psychosocial factors associated with anxiety and depression in adolescents with epilepsy: a systematic review. *Epilepsy Behav.* 2023;149:109522. [DOI: 10.1016/j.yebeh.2023.109522] [PMID: 38006843]
- Reilly C, Atkinson P, Memon A, Jones C, Dabydeen L, Das KB, et al. Symptoms of anxiety and depression in school-aged children with active epilepsy: a population-based study. *Epilepsy Behav.* 2015;52(Pt A):174–9. [DOI: 10.1016/j.yebeh.2015.09.025] [PMID: 26432983]
- Carter B, Cook G, Bray L, Collingwood A, Saron H, Rouncefield-Swales A, et al. Parents'/caregivers' fears and concerns about their child's epilepsy: a scoping review. *PLoS One.* 2022;17(9):e0274001. [DOI: 10.1371/journal.pone.0274001] [PMID: 36067199]
- Bal B, Eleveli M, Duru NS. Psychological assessment in children with epilepsy and their mothers. *Turk J Pediatr Dis.* 2021;15(6):494–500. [DOI: 10.12956/tjpd.2021.04.09]
- Kavanaugh BC, Scarborough VR, Salorio CF. Parent-rated emotional-behavioral and executive functioning in childhood epilepsy. *Epilepsy Behav.* 2015;42:22–8. [DOI: 10.1016/j.yebeh.2014.11.006] [PMID: 25499157]

8. Lystad RP, McMaugh A, Herkes G, Badgery-Parker T, Cameron CM, Mitchell RJ. The impact of childhood epilepsy on academic performance: a population-based matched cohort study. *Seizure*. 2022;99:91–8. [DOI: 10.1016/j.seizure.2022.05.014] [PMID: 35617806]
9. Reilly C, Atkinson P, Memon A, Jones C, Dabydeen L, Das KB, et al. Parenting stress and perceived stigma in mothers of young children with epilepsy: A case-control study. *Epilepsy Behav*. 2018;89:112–7. [DOI: 10.1016/j.yebeh.2018.10.016] [PMID: 30412923]
10. Rogač Ž, Dimitrijević A, Andrić I, Miranović V, Stevanović D. The impact of certain anti-seizure medications on cognitive status, behavior, anxiety, and depression in school-aged children with newly diagnosed epilepsy: a six-month follow-up study. *Srp Arh Celok Lek*. 2025;153(3–4):170–5. [DOI: 10.2298/SARH250130029R]
11. Rogač Ž, Stevanović D, Bečanović S, Božić L, Dimitrijević A, Bogičević D, et al. Cognitive profile, psychopathological symptoms, and quality of life in newly diagnosed pediatric epilepsy: a six-month, naturalistic follow-up study. *Epilepsy Res*. 2022;179:106844. [DOI: 10.1016/j.eplepsyres.2021.106844] [PMID: 34942452]
12. van Westrhenen A, de Lange WFM, Hagebeuk EEO, Lazeron RHC, Thijs RD, Kars MC. Parental experiences and perspectives on the value of seizure detection while caring for a child with epilepsy: a qualitative study. *Epilepsy Behav*. 2021;124:108323. [DOI: 10.1016/j.yebeh.2021.108323] [PMID: 34598099]
13. Stevanovic D, Bagheri Z, Atilola O, Vostanis P, Stupar D, Moreira P, et al. Cross-cultural measurement invariance of the Revised Child Anxiety and Depression Scale across 11 worldwide societies. *Epidemiol Psychiatr Sci*. 2017;26(4):430–40. [DOI: 10.1017/S2045796016000692] [PMID: 27353487]
14. Wagner JL, Smith G, Ferguson P, van Bakergem K, Hrisko S. Pilot study of an integrated cognitive-behavioral and self-management intervention for youth with epilepsy and caregivers: Coping Openly and Personally with Epilepsy (COPE). *Epilepsy Behav*. 2010;18(3):280–5. [DOI: 10.1016/j.yebeh.2010.04.019] [PMID: 20488757]
15. Flasiński T, Schneider S, Pflug V, Lippert MW, Margraf J, Christiansen H, et al. Extinction learning and return of fear in a large sample of children and adolescents with and without anxiety disorders. *Behav Res Ther*. 2025;193:104850. [DOI: 10.1016/j.brat.2025.104850] [PMID: 40907372]
16. Redecker TM, Jeung-Maarse H, Brandt C. Panic disorder in epilepsy. *Epilepsy Behav Rep*. 2024;25:100646. [DOI: 10.1016/j.ebr.2024.100646] [PMID: 38299123]
17. Kwong KL, Lam D, Tsui S, Ngan M, Lai TS, Wong V. Anxiety and depressive symptoms in children with epilepsy. *Epilepsy Behav*. 2016;64:118–22. [DOI: 10.1016/j.yebeh.2016.09.017] [PMID: 26033229]
18. Kim SY, Kim HD. Factors affecting depressive symptoms in children with epilepsy: a cross-sectional study. *J Korean Med Sci*. 2022;37(38):e278. [DOI: 10.3346/jkms.2022.37.e278] [PMID: 36203885]
19. Jones JE, Watson R, Sheth R, Caplan R, Koehn M, Seidenberg M, et al. Psychiatric comorbidity in children with new-onset epilepsy. *Dev Med Child Neurol*. 2007;49(7):493–7. [DOI: 10.1111/j.1469-8749.2007.00493.x] [PMID: 17593119]
20. Yetkin H, Görmez A, Yeni Elbay R, Kurtulmuş A, Tombul T, Orhan Varoğlu A. Separation anxiety disorder, perceived overprotection and quality of life in epilepsy patients. *Epilepsy Behav*. 2024;159:109972. [DOI: 10.1016/j.yebeh.2024.109972] [PMID: 36808331]
21. Yavlal F, Cetin A. Separation anxiety and depression in caregivers of epileptic patients. *Eur Rev Med Pharmacol Sci*. 2023;27(3):859–66. [DOI: 10.26355/eurrev_202302_31178] [PMID: 36808331]
22. Sowden E, Robinson D, Lovell K, Bee P, Fulwood A, Lidbetter N, et al. Understanding the support needs of parents of children with obsessive-compulsive disorder: a qualitative descriptive study in the UK. *BMC Psychiatry*. 2023;23(1):309. [DOI: 10.1186/s12888-023-04637-8] [PMID: 37138253]
23. Liu J, Cui Y, Yu L, Wen F, Wang F, Yan J, et al. Long-term outcome of pediatric obsessive-compulsive disorder: a meta-analysis. *J Child Adolesc Psychopharmacol*. 2021;31(2):95–101. [DOI: 10.1089/cap.2020.0051] [PMID: 33395547]
24. Nazeer A, Latif F, Mondal A, Azeem MW, Greydanus DE. Obsessive-compulsive disorder in children and adolescents: epidemiology, diagnosis and management. *Transl Pediatr*. 2020;9(Suppl 1):S76–93. [DOI: 10.21037/tp.2019.10.02] [PMID: 32206586]
25. Kaşak M, Çıtak Kurt AN, Tural Hesapçıoğlu S, Ceylan MF. Psychiatric comorbidity and familial factors in childhood epilepsy: parental psychopathology, coping strategies, and family functioning. *Epilepsy Behav*. 2023;148:109444. [DOI: 10.1016/j.yebeh.2023.109444] [PMID: 37748417]
26. Rosic T, Ronen GM, Rosenbaum P, Boyle MH, Ferro MA. Psychiatric comorbidity in children with new-onset epilepsy over a 2-year follow-up period. *Dev Med Child Neurol*. 2020;62(3):370–7. [DOI: 10.1111/dmcn.14387] [PMID: 17593119]
27. Idowu J, Meades C, Cross JH, Muggeridge A, Lakhanpaul M, Robinson K, et al. Mental health in secondary school-aged children with epilepsy and their primary caregivers: A case control study. *Seizure*. 2024;120:150–6. [DOI: 10.1016/j.seizure.2024.07.002] [PMID: 38996573]
28. Stevanovic D, Jancic J, Topalovic M, Tadic I. Agreement between children and parents when reporting anxiety and depressive symptoms in pediatric epilepsy. *Epilepsy Behav*. 2012;25(2):141–4. [DOI: 10.1016/j.yebeh.2012.07.017] [PMID: 23032119]
29. Chen Z, Wang J, Carru C, Coradduzza D, Li Z. The prevalence of depression among parents of children/adolescents with type 1 diabetes: a systematic review and meta-analysis. *Front Endocrinol (Lausanne)*. 2023;14:1095729. [DOI: 10.3389/fendo.2023.1095729] [PMID: 36936139]
30. Akbarizadeh M, Naderi Far M, Ghaljaei F. Prevalence of depression and anxiety among children with type 1 and type 2 diabetes: a systematic review and meta-analysis. *World J Pediatr*. 2022;18(1):16–26. [DOI: 10.1007/s12519-021-00485-2] [PMID: 34807367]
31. Rogulj M, Vukojević K, Lušić Kalcina L. A closer look at parental anxiety in asthma outpacing children's concerns: fear of physical activity over the fear of drug side effects. *Children (Basel)*. 2024;11(3):289. [DOI: 10.3390/children11030289] [PMID: 38539324]
32. Avcil S, Uysal P, Demir F, Erge D, Kurt Omurlu I, Yenigun A. Mothers' emotional states and attitudes regarding their children with asthma. *J Asthma*. 2019;56(6):618–26. [DOI: 10.1080/02770903.2018.1484130] [PMID: 29969327]

Анксиозност и депресија код деце са новодијагностикованом епилепсијом из перспективе деце и њихових родитеља – студија шестомесечног праћења

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САЖЕТАК

Увод/Циљ Уобичајени интернализујући симптоми, попут анксиозности и депресије, код деце школског узраста са новодијагностикованом епилепсијом често нису очигледни и родитељи их могу погрешно протумачити.

Ова студија упоређује перспективе деце школског узраста са епилепсијом и њихових родитеља у погледу доживљаја анксиозности и депресије код деце, имајући у виду сазнања да су интернализујући симптоми чести шест месеци након постављања дијагнозе епилепсије.

Методе Студија је спроведена у Универзитетској дечјој клиници у Београду, кроз две истраживачке визите: непосредно након постављања дијагнозе и шест месеци касније. Након добијања информисаног пристанка, деца и њихови родитељи су самостално попунили стандардизовани упитник Ревидиране скале анксиозности и депресије код деце. Упареним *t*-тестовима процењиване су промене у резултатима упитника од почетка до шест месеци, при чему се $p < 0,05$ сматрало статистички значајним.

Резултати У целој групи током шестомесечног периода праћења, сви резултати Ревидиране скале анксиозности и депресије код деце, укључујући резултате самопроцене и процене родитеља, показали су значајно повећање. Најзначајнија повећања су примећена у подскалама социјалне фобије на основу самопроцене и паничног поремећаја на основу процене родитеља ($p < 0,01$).

Закључак Шестомесечно праћење интернализујућих симптома у нашој кохорти пацијената школског узраста са новооткривеном, некомплицованом епилепсијом показало је да њихови родитељи нису довољно свесни симптома социјалне фобије, сепарационе и генерализоване анксиозности, као и опсесивно-компулзивног поремећаја, иако симптоми постају израженији након шест месеци. Родитељи треба да буду упућени у препознавање емоција своје деце како би могли да потраже психолошку помоћ када је то потребно.

Кључне речи: новооткривена епилепсија; родитељи; деца; анксиозност; депресија