Introduction

Epilepsy is a common chronic neurological disorder characterized by recurrent unprovoked seizures ***[Blume, et al, 2001].*** These seizures are transient signs and/or symptoms of abnormal, excessive or synchronous neuronal activity in the brain ***[Fisher, et al., 2005].***

Epilepsy is one of the most common of the serious neurological disorders. Genetic, congenital, and developmental conditions are mostly associated with it among younger patients ***[Hirtz, et al., 2007].***

About 50 million people worldwide have epilepsy with almost 80% of these people being in developing countries ***[WHO, 2001].*** Egypt has about 840,000 people with epilepsy. "This means that about one million Egyptian families directly suffer from the various consequences of the condition "physically, socially and economically," ***[Hassan Hosny, 2003].*** Epilepsy is more likely to occur in young children or people over the age of 65 years; however it can occur at any time ***[The National Society for Epilepsy, 2009].***

Epilepsy should not be understood as a single disorder, but rather as a group of syndromes with vastly divergent symptoms but all involving episodic abnormal electrical activity in the brain. Not all epilepsy syndromes are long alive; some forms are confined to particular stages of childhood

Epilepsy is usually controlled. However, over 30% of people with epilepsy do not have seizure control even with the best available medications ***[Engel, 1996].***

. Prevalence of behavioral dysfunction is markedly increased in epilepsy compared to population and even compared to other chronic conditions. It is found that there are four major causes enhancing the emergence of psychopathology in epilepsy:

(a) Effects of underlying CNS damage and dysfunction,

(b) The impact of epileptic activity,

(c) Effects and side-effects of antiepileptic drugs (AED) and

(d) Psychological coping reactions in the patient and in the family.

These four groups of variables operate within the biological context of the developing brain structure and functions and the psychosocial context of personality development ***[Elger, 2002]***.

Epilepsy may comprise neuro-cognitive impairment as well as behavioral problems ranging from subtle maladjustment to manifest psychopathology. it is found that a 4.7 times higher prevalence of behavior disorders in children with epilepsy than in healthy children and 45% of children with new onset of epilepsy to have psychiatric disturbances compared to 17 % with new onset of diabetes and 10 % of controls ***[Mc Dermott, et al., 1995]***.

In epileptics, the reported rates of depression range from 8-48%; the prevalence of depression in the general population ranges, in different epidemiologic studies, from 6-17% ***[Vuilleumier and Jallon, 1998]*** and

reported rates of psychotic disorders range from 2-9% ***[Hermann and Jones, 2005].***

It is founded that 66% of patients with epilepsy report interictal anxiety that proposed by two major psychological mechanisms as follows:

- Fear of seizure recurrence ("seizure phobia")
- Issues surrounding locus of control

[Torta and Keller, 1999]

Epilepsy may induce or exacerbate an underlying cognitive impairment, a variety of factors contribute to such deficits, i.e., underlying neuropathology, seizure type, age of onset, psychosocial problems, and treatment side effects. Epilepsy treatment may offset the cognitive and behavioral impairments by stopping or decreasing the seizures, but it may also induce untoward effects on cognition and behavior ***[Motamedi and Meador, 2003].***

The traditional approach to epilepsy care has been to focus on the seizures and their treatment and the concentrating only on the treatment of the seizures, which occupy only a small proportion of the patient's life. so, comprehensive care of the epileptic patient requires "...attention to the psychological and social consequences of epilepsy as well as to the control of seizures." ***[Sackellares and Berent, 1996].***