

Table 1 . Case reports of eating disorders associated with epilepsy.

Author	Case Number	Age, gender	Seizure focus	EEG findings	Weight	Appetite	Body's self-image	Neuro-psychopathology	Etiology or Risk Factors	Medication or Treatment
Signer et al., 1990	1	36, F	Right temporal lobe	Generalized spike and wave pattern superimposed on a slow background frequency, with right frontal and mid-temporal foci.	loss	loss	Impaired	Psychotic symptoms (agitation, overactivity, extroverted behavior, thought disorder)	TBI, ICH, Frontotemporal lobectomy	Valproic acid, Carbamazepine, benztropine, fluphenazine, and conjugated estrogens.
Signer et al., 1990	2	25, F	Left fronto-temporal region	Intermittent sharp 5 to 7 cycles/sec slow waves and irregular 3 to 4 cycles/sec slow waves in the left frontotemporal region.	loss	loss	Impaired	Major depressive disorder with suicide attempts, auditory hallucinations.	Family history of Epilepsy. CT Head normal.	Phenytoin, Carbamazepine and Valproic acid.
Signer et al., 1990	3	28, AD	Right Temporal lobe	Diffuse paroxysmal activity.	loss	Normal	Impaired	Depression with suicidal ideation. Bulimia	Ischemic stroke	Neuroleptics, Tricyclic antidepressants. Carbamazepine and Lithium.
Tachibana et al., 1989	1	13, F	Right occipital	Frequent spike discharges localized in the right occipital area and a remarkable slowing of the background activity.	Loss	Loss	Impaired	None	CT Head general atrophy	Valproic acid and Clonazepam.
Rott, Brian.,1991	1	33, F	Left temporal lobe	Burst of theta slow waves in the left temporal lobe	Loss	Binges	Impaired	Bulimia nervosa, Alcohol abuse	MRI Brain showed lesion in the left temporal lobe in the region of the HIP.	Carbamazepine