Psychogenic Non-Epileptic Seizures

Jayan Thomas, LCSW, LMFT

What is a Psychogenic Non-Epileptic Seizure (PNES)?

- Event that resembles epileptic seizures but without epileptiform activity on EEG
- Best diagnosed using prolonged video-EEG
- Differentiated from *physiological* non-epileptic seizures, which are caused by a medical condition such as sleep disorders and cardiac events
- About 20-40% of patients evaluated using video-EEG are diagnosed with PNES

Epileptic vs Non-epileptic

Table 1. Clinical Characteristics of Epileptic versus Psychogenic Nonepileptic Seizures

	Epileptic	Psychogenic Nonepileptic
Age at onset	All ages: children and adolescents more common	All ages: 15 to 35 most common
Sex	Male and female about equal	Female more common: 3:1 ratio
Previous psych history	Occasionally present	Commonly noted
Motor	Generalized convulsions: bilateral movements are usually synchronous	Flailing, thrashing and asynchronous movements more common, side to side head movements, pelvic thrusting
Vocalization	Vocalization or cry at onset	Weeping or screaming
Incontinence	Frequent	Occasional
Duration	Usually less than 2-3 minutes	Often prolonged, more than 2-3 minutes
Injury	Frequent tongue biting with generalized convulsions (lateral bite)	Uncommon
Amnesia	Common, unconscious during seizure	Variable, sometimes conscious during seizure
Suggestion provokes seizure	No	Often

PNES Video

- https://www.youtube.com/watch?v=pPz8XtcjDhg

Typical PNES Characteristics

- History of trauma
- PTSD (roughly 25-50%)
- Alexithymia (being unable to "read" emotions properly)
- Troubled family of origin (alcoholism, sexual abuse, violence, or neglect)
- High levels of anxiety and difficulty coping with stress
- Depression
- One or more head injuries or neurological conditions
- Substance abuse
- Fibromyalgia, chronic fatigue, or chronic pain
- Problems with memory, attention, and language

Myers, Lorna. *Psychogenic Non-epileptic Seizures: A Guide.*

Somatization or Dissociation?

- **Somatization:** conversion of a mental state (such as depression or anxiety) into physical symptoms; also the existence of physical bodily complaints in the absence of a known medical condition
- **Dissociation:** a mental process that causes a lack of connection in a person's thoughts, memory and sense of identity. Dissociation seems to fall on a continuum of severity. Mild dissociation would be like daydreaming, getting "lost" in a book, or when you are driving down a familiar stretch of road and realize that you do not remember the last several miles.

Watch Your Language!

- Acceptable:
  - Psychogenic non-epileptic seizures/spells (PNES)
  - Spells
  - Episodes
  - Events
  - Attacks
- Avoid:
  - Seizures (causes confusion with epileptic seizures)
  - Pseudoseizures (gives the impression they are "faking it")
  - Hysteria
  - Attention seeking behavior

Documentation of Diagnosis

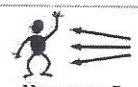
- According to the DSM-5:

  (F44.5) Functional Neurological Symptom Disorder (Conversion Disorder) with attacks or seizures
- However, if you are using the least stigmatizing diagnosis, other acceptable options:
  - PTSD (Only if meets diagnostic criteria)
  - Anxiety Disorder
  - Adjustment Disorder
  - Depression

Cognitive Behavioral Therapy

- Focus is mostly on triggers
  - Often insight is very poor, particularly with awareness of stress and anxiety levels
  - Trigger often not obvious and can be delayed
- Build body awareness
  - Identify symptoms that occur prior to spell for earlier intervention
- Identify Automatic Thoughts that may be contributing
- Watch for "bottling up" emotions
- Identify non-epileptic spell as a physiological coping response to trigger

Cognitive Behavioral Therapy

 What was going on around me?	 How was I feeling?	 What was I thinking?	 What did I do?	Did it work?	 What else could I have done?

www.getselfhelp.co.uk

www.get.gg

Cognitive Behavioral Therapy

- Seizure /spell logs
  - Not as beneficial if having frequent spells
  - Helps build awareness of potential triggers and patterns
    - Writing down helps with recall of the event for therapeutic discussion
  - Encourage them to write down times they "almost had a spell" and how they handled it
    - Celebrate successes!
    - Occasionally may report that this delays a later "bigger" spell

Trauma and PNES

- Roughly 75-90% of individuals with PNES report some history of trauma
- It is possible that those who do not report trauma have suppressed memories or do not identify events as traumatic (i.e. car accidents, bullying, neglect, etc)
- Co-morbidity of PNES and PTSD
  - Dissociation when distressed
  - Treat PTSD (CBT, exposure therapy, EMDR, DBT, psychotherapy)
- Specific triggers can be difficult to identify

Anger and Anxiety Triggers

Anger

- Can be suppressed or overly expressed
- Fight or Flight response repeatedly activated for those who have experienced trauma
- Individuals with anger often have poor quality of life and depression
- Assertiveness vs Aggression

Anxiety

- "There may be no identifiable threat, just a state of inner turmoil and uneasiness coupled with a sense of vulnerability" (p. 77)
- Fear response frequently activated
- Hypervigilance
- All or none thinking common

Myers, Lorna. *Psychogenic Non-epileptic Seizures: A Guide.*

PNES in Session

- Ensure safety; move any items if needed
- Dissociation can be expected when addressing traumatic memories
- Once episode occurs, give them as much space as possible while ensuring safety and wait
  - Document length of episode and symptoms
- Determine orientation to person, place, and time after episode has ended
  - May report significant fatigue
- Proceed with session if possible

Resources

- Myers, Lorna. *Psychogenic Non-Epileptic Seizures: A Guide.* North Charleston: CreateSpace Independent Publishing Platform.
- Reiter, J.M., Andres, D., Reiter, C., Lafrance, W.C. (2015). *Taking Control of Your Seizures.* Oxford: Oxford University Press.
- Schachter, S.C., LaFrance, W.C. (2010). *Gates and Rowan's Nonepileptic Seizures.* New York: Cambridge University Press.
- Bendbadis, S.R., Heriaud, L. Psychogenic (Non-Epileptic) Seizures: A Guide for Patients and Families.