

Psychogenic non-epileptic seizures (PNES)



What are psychogenic non-epileptic seizures?

Psychogenic non-epileptic seizures are seizures that look like epilepsy but are not caused by sudden abnormal electrical discharges in the brain. PNESs are triggered by psychological distress. What is somewhat astonishing is that this can occur even when the individual is not aware of being under stress.

What is the most common misconception about psychogenic non-epileptic seizures?

That the seizures are “fake” and voluntarily produced/controlled by the patient. Nothing could be farther from reality and when health professionals (medical doctors, emergency medical personnel, nurses, and mental health professionals) hold this view, it is tremendously hurtful and is a huge obstacle to recovery.

How common is PNES?

PNES are the most common condition misdiagnosed as epilepsy. It is estimated that 1 in 5 patients sent to epilepsy centers for difficult seizures are found to have PNES.

How is PNES diagnosed?

Non-epileptic seizures look like epileptic seizures. To test whether you have epilepsy or PNES, an EEG (electroencephalogram) should be run. It can detect abnormal electrical discharges in the brain that indicate epilepsy. The most reliable test to make the diagnosis of PNES is video-EEG monitoring which provides almost complete certainty. During v-EEG the patient is usually monitored for a few days in the hospital. It is also possible that a patient both has epilepsy and PNES.

What causes PNES?

PNES is thought to be an expression of accumulated psychological stress over time. In adults, the majority (though not all) of patients have a history of past trauma. In children, trauma is less prominent as a predisposing factor while family dysfunction and undiagnosed learning disabilities are more common risk factors.

How can PNES be treated?

Because PNES is triggered by psychological distress, it is best treated by psychologists, clinical social workers and psychiatrists. Referral for psychotherapy should be made as soon as the diagnosis of PNES is confirmed and treatment should be started as soon as possible. Treatment aims to 1) clarify the psychological context in which the PNES occurred, 2) targets emotional symptoms, and 3) assists in developing new problem solving approaches.

Treatments that have proven effective are those focused on skills training that help patients identify sources of stress and manage symptoms and stressors more effectively. Several treatment approaches including cognitive behavioral therapy (CBT), mindfulness-based therapies, and trauma-focused therapies such as prolonged exposure therapy are showing promising results. Research is ongoing to determine what types of treatment are most effective.

This link includes PNES treatment referral sites in nearly 20 different states in the USA and in Canada: <http://www.nonepilepticseizures.com/epilepsy-psychogenic-NES-information-referral-sites.php>

Concluding thoughts

It is important to understand that although the seizures in PNES are not due to epileptic discharges in the brain, PNES is a serious condition that if untreated can become chronic and disabling.

The best way to continue improving the lives of persons living with PNES is through **education** and raising of **awareness** about PNES among health professionals and the general public. **Research** on risk factors and **treatment** options are also urgently needed.