Non-Epileptic Seizures

A Question and Answer Guide for Patients and Families
Non-Epileptic Seizures

Your diagnosis is non-epileptic seizures or events. This booklet will help answer your questions about your diagnosis. Your health care provider has probably already discussed some of this with you. This booklet does not take the place of talking with your health care providers. Please feel free to ask questions.

Q. What is a non-epileptic seizure?
A. It is a seizure or event that we think is a physical reaction to emotional stress. These seizures are sometimes called “psychogenic attacks” or “pseudoseizures.”

Q. What is the difference between an epileptic seizure and a non-epileptic seizure?
A. With an epileptic seizure brain waves are not normal. Epilepsy is an illness in which a person has many seizures of this type. Abnormal brain waves are not the cause of non-epileptic seizures.

Non-epileptic seizures often can look similar to epileptic seizures although their causes are not the same. A non-epileptic seizure may look like a “grand mal” seizure or convulsion. The seizure may also look like a staring spell or “dazed state.”
Non-epileptic seizures are relatively common; over twenty percent of persons that are treated for seizure disorders actually have this type of seizure.

Q. **Do people think that I am making these up?**

A. The term “pseudoseizure” is misleading. These episodes are real to the person who has them.

Although your seizures are due to emotional stress, it does not mean that you are imagining them, or that you are pretending to have this illness. Family members and other health care professionals often do not understand that the person having non-epileptic seizures cannot control them.

If the person having the non-epileptic seizures is blamed for not able to control them, it can be more destructive to his or her well being than the seizures themselves.

Q. **How can you be sure that these are really non-epileptic seizures?**

A. Non-epileptic seizures are suspected by your neurologist based on the medical history and physical exam. First, the doctor must determine that the seizures are not epileptic. A routine electroencephalogram (EEG) is often helpful in diagnosing epilepsy. This test can show abnormal brain waves that usually occur with epilepsy.
There are a variety of other tests that are required to make the final diagnosis.

- **Video and EEG Monitoring:** This is the most important test. The patient is admitted to a hospital that can do video and EEG monitoring. By looking at the video and the EEG at the same time, the doctor can find out if electrical discharges are causing the seizures.

- **Other tests:** such as, blood tests and neuropsychological testing can help detect whether seizures are caused from epilepsy or not. If all tests for physical causes are negative for epilepsy, then the doctor can feel confident with the diagnosis of non-epileptic seizures.

**Q. What causes non-epileptic seizures?**

**A.** Although your seizure episodes are not caused by epilepsy, we know that they may upset you and interfere with your life. There are many possible causes for these episodes. Very often, stress and anxiety may cause your body and mind to react in unusual ways, such as unwanted movements, feeling “spacey” or unreal, or feeling as if you are losing control. Sometimes you may faint or lose consciousness. Although these episodes may be uncomfortable or even frightening, they are not dangerous.
Non-epileptic episodes may be triggered by stress from problems with your family and friends, your job, or your health. In some cases, your stress may come from thinking about very traumatic events that happened in the past, such as a car accident, disaster, or physical or sexual assault or abuse. These episodes may begin as part of your struggle to cope with stress, but often involve a combination of factors. These factors may include medical conditions, medicines, hormonal changes, or your family’s reactions to the episodes. Once the episodes begin, they can become a source of stress in themselves, which can make the problem worse.

Q. **Why did other doctors say that I had epilepsy?**

A. It is sometimes difficult to diagnose non-epileptic seizures without video and EEG monitoring, so many patients get treated with epilepsy drugs for some time before the correct diagnosis is made. This does not mean that the doctors who have treated you were not competent. Epileptic seizures are usually more harmful than non-epileptic seizures, and physicians usually treat patients for the more serious illness if they are at all unsure of the diagnosis. If the medications help, then the seizures were probably epileptic.

A few patients have both epileptic and non-epileptic seizures, however this is not common.
Q. Am I going to need to go to a psychiatrist?

A. Those persons who are best able to help you identify the cause of your seizures are persons with special training in emotional issues. Several members of the health care team can treat this type of seizure. Your neurologist may continue to see you. Your primary treatment will be provided by either a:

- psychiatrist,
- psychologist,
- clinical social worker, or
- psychiatric clinical nurse specialist/nurse practitioner.

Q. What type of treatment will I be given?

A. Treatment may involve psychotherapy, stress reduction techniques such as relaxation training and biofeedback, and personal support counseling.

Treatment depends on the causes identified. For most patients treatment includes learning more about the causes of your symptoms and learning ways to reduce stress in your life. In many cases, if a traumatic event is identified as the cause of stress, treatment may be focused on reducing these stress reactions. This involves learning new ways of coping with stress from past traumatic events.
Sometimes we cannot find the exact cause of the non-epileptic seizures. Even if this is the case, you and your therapists can still focus on the most important goal, reducing or getting rid of your seizures.

Some people believe that seeing a psychiatrist is a sign of being “crazy,” however; this is not the case. It makes sense to get treatment from the persons that are best able to help you get better. Many people become upset when they are told that they have non-epileptic seizure. You will be on the road to recovery if you can accept the diagnosis as correct and work with a therapist to find techniques to reduce your seizures.

Q. **How long will my recovery take?**

A. Your doctor would like you to have evaluation and treatment of your seizure episodes with a specialist. A psychologist from the Behavioral Medicine Section, who is a specialist in stress-related problems, may evaluate you. The evaluation includes an interview and questionnaires asking about your symptoms and how they affect your life. The interviewer will ask questions about what contributes to your seizures and how the seizures affect your life. The first interview usually lasts about two hours. In some cases, the interviewer may schedule a second meeting and/or ask to meet with your family.
At the end of the evaluation, the interviewer will talk with you about the results and make recommendations. He or she will make a plan to help you cope with your episodes.

Each case is different. The most important factor in your recovery is that you continue to seek treatment until your symptoms are gone. You must deal with the issues that are causing the seizures. This can often be hard work. During this time you will have the support of the health care team. Having the support of your family and friends will help to make the process progress more smoothly. A key to your recovery is accepting the diagnosis.

We, at Dartmouth Hitchcock Medical Center, hope that your recovery is quick and without difficulty. Feel free to call with questions or concerns. **Remember:** you are not alone in having non-epileptic seizures. It is a common and treatable condition.
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