

Certain psychological conditions can cause psychogenic nonepileptic seizures, which are episodes that imitate seizures.

Psychogenic nonepileptic seizures or PNES's are complicated because, while they look like seizures, PNES's do not result from abnormal electrical discharges in the brain. Instead, they are dictated by psychological events, which a patient cannot control. Effectively diagnosing PNES's begins with the physician considering the possibility that a person's seizure-like events may not be epileptic seizures. By listening to a careful description of the events or looking at a home video of the episode, an experienced doctor can tell whether the attack has the characteristics of an epileptic seizure. But even experienced epilepsy specialists can be fooled by descriptions alone. An accurate diagnosis often can be made by recording the episode with a video and an EEG in an epilepsy monitoring unit. In cases where the patient's history is unclear and the event cannot be recorded, then the diagnosis may remain uncertain.



Once a diagnosis of PNES's is made, treatment is very specialized and ideally should involve a partnership among a psychiatrist, a neurologist and the patient's primary care physician. However, not all psychiatrists and neurologists are familiar with psychogenic nonepileptic seizures. You can find physicians who are by contacting an epilepsy center at a university medical center near you.

Once a patient finds the right treatment team, the treatment must be individualized because everyone is unique. Psychotherapy can be useful to help a patient explore, understand and manage the stressors that led to PNES's. Patients also can train themselves to use relaxation

exercises and mental imagery of a pleasant relaxing scene at the start of their events, in order to make them less intense.

Treating PNES's is often compensated, because many patients with the condition are given heavy doses of antiepileptic medications. In the absence of epileptic seizures, these medications just produce side effects and make life even more difficult. Of course, remember that you should never stop taking a medication on your own. Work with your physician, because sudden withdrawal can be dangerous.

If someone in your family experiences PNES's, try to keep calm, be quietly reassuring, and remember that a psychogenic nonepileptic seizure does not harm the brain. If there is thrashing or physical activity, you should protect from injury, but if your presence seems to prolong the attack it may be best to leave the person alone. In the long-term, you can help by encouraging participation in psychiatric care and their relaxation exercises.

A person having ongoing PNES is generally not safe to drive. After the episodes are controlled this can change, although caution is needed. The good news is that over half the people who experience psychogenic nonepileptic seizures can become episode-free. However, this prognosis depends upon the patient's motivation, how severe the underlying psychological or physical disorders are, and whether good medical help can be obtained.

If you or someone close to you is having either epileptic or psychogenic nonepileptic seizures, please contact a physician.