

Psychogenic Nonepileptic Seizures – an overview



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Psychogenic non-epileptic seizures (PNES) are one of the three commonest causes of transient loss of consciousness (TLOC). While about one in five patients presenting to neurologists with TLOC has PNES, the diagnosis is often misdiagnosed initially. Most patients initially receive a diagnosis of epilepsy and are only found to have PNES after several years of inappropriate treatment with anti-epileptic drugs. I will propose that an approach based on the three words “look, stop, listen” should allow physicians to recognise and treat PNES earlier and with more certainty. Although the video-EEG recording of typical events represents the diagnostic gold standard, we now know that clusters of factual items in the patients’ history as well as interactional features (how patients talk about their seizures) can help with the differential diagnoses of TLOC experiences.

Recent research has prompted the formulation of an integrated aetiological model of PNES. Predisposing, precipitating and perpetuating factors interact to cause patients to develop chronic PNES disorders. Although PNES do not neatly match one particular diagnostic category in current nosologies (such as the DSM-5), most are now interpreted as a preformed (reflex-like) response to aversive internal or external stimuli. The development of this reflex-like response option (which has been called a ‘seizure scaffold’) is facilitated by traumatic experiences and mediated by chronic arousal problems with attachment and emotion regulation. Especially patients with chronic PNES often exhibit high levels of avoidance which are not fully explained by anxiety or by the risk of seizures and which make a significant contribution to patients’ level of disability.

PNES disorders are a heterogeneous problem. Whereas PNES can stop with a simple explanation in some cases, more extensive treatment (such as psychoeducation or psychotherapy) is required in most cases. A number of psychotherapeutic approaches (including psychodynamic interpersonal therapy) have been described. A major randomised controlled trial of a cognitive behavioural therapy intervention is currently under way in the United Kingdom demonstrating that large-scale research in this area is entirely feasible.
