

Non-epileptic seizures

What is epilepsy?

Epilepsy is the tendency to have recurrent seizures that start in the brain. Seizures are sometimes known as 'fits'. They are caused by disturbances in the brain's normal activity.

Seizures that are not epilepsy

People can experience seizures for reasons other than epilepsy. They can happen for physical reasons like heart problems or faints. Seizures can also happen for psychological rather than physical reasons. Where people are found to have seizures with a psychological cause they can often be called Non-Epileptic Seizures (NES).

Non-epileptic seizures are sometimes called pseudo seizures, psychogenic seizures, pseudo epilepsy or Non Epileptic Attack Disorder (NEAD). In this factsheet we will refer to them as Non-Epileptic Seizures (NES).

What are non-epileptic seizures (NES)?

Non-epileptic seizures can look similar to epileptic seizures but they have different causes. When someone has an epileptic seizure it is because the brain's normal electrical activity has become disrupted. With non-epileptic seizures there is no disturbance in brain activity during the seizure. Non-epileptic seizures are thought to have a psychological rather than a physical cause.

Many people with NES will have been incorrectly diagnosed as having epilepsy. People can feel very confused when they are told they have NES and not epilepsy. Some people may have been treated for epilepsy for a long time before this happens.

The majority of people with NES have only non-epileptic seizures. 10% of people with NES also have epileptic seizures.

Diagnosis

Epileptic seizures and NES look very similar so it can be difficult to tell them apart. Diagnosing NES can be complex and may involve different investigations.

A description of the seizures from an eye witness, along with information about the person's own experience of the seizures is very important for the doctor. Information about the person's medical history as well as social and psychological factors is important to make an accurate diagnosis.

Tests

An electroencephalogram (EEG) and/or video EEG is very important in diagnosing NES. Sometimes a video EEG is called video telemetry. During a video EEG the electrical activity of a person's brain is recorded as they are being videoed in case any seizures occur. This helps determine whether or not the seizure is an epileptic seizure (physical cause) or non-epileptic seizure (psychological cause).

Brain scans can be used to see if there is an obvious physical reason, e.g. scarring on the brain, that could be causing the seizures.

Blood tests can also be used when investigating the cause of seizures. A change in the level of the hormone prolactin is sometimes seen after an epileptic seizure - this is not found following a non-epileptic seizure.

Who has non-epileptic seizures (NES)?

More women appear to have NES than men. It is thought that about 75% of people with NES are female and 25% are male.

NES often begins when people are in their teens or twenties although people of all ages can have NES.

Non-epileptic seizures are thought to be caused by psychological problems, such as depression, anxiety, family problems or loss. Some people with NES have experienced abuse or trauma in their lives.

People with NES have often had previous experience of seizures, either through a family member or close friend having epilepsy or from experiencing a seizure themselves (febrile or epileptic) in the past.

Following a diagnosis

People often find it difficult to adjust when they are told they have NES and not epilepsy. Some people are concerned that doctors may be suggesting that they are 'putting on' or lying about the seizures. This is rarely the case. It is important to understand that non-epileptic seizures are very real and that the majority of people with NES have no control over their seizures. These seizures can be as disruptive in people's lives as uncontrolled epileptic seizures.

First aid for NES

Generally, non-epileptic seizures should be responded to in the same way as epileptic seizures. If the person is convulsing or jerking then something soft should be placed under their head. Once the jerking has stopped they should be placed in the recovery position. The seizure should be allowed to run its natural course with as little fuss as possible whilst ensuring the person is safe.

If the person is semi-conscious during the seizure protect them from danger and give reassurance.

Treatment

NES is usually treatable but in a different way to epilepsy. As non-epileptic seizures do not respond to anti-epileptic drugs (AEDs) this treatment is usually withdrawn. It is important that the AEDs are reduced very slowly and with the help of a doctor.

People who experience both epileptic and non-epileptic seizures may continue to take antiepileptic medication for their epileptic seizures although in some cases this might be reduced.

Non-epileptic seizures do not have a physical cause. A psychologist or psychiatrist can help to identify a possible cause of NES and advise on the most suitable treatment. Treatment may involve psychotherapy or counselling. Understanding the origins of NES is important for the person affected as well as their family.

Some people are prescribed other medication (but not anti-epileptic medication) to treat NES.

Living with NES

Many people may feel isolated following a diagnosis of NES. However, the condition is not uncommon. It is thought that up to 20% of people whose epilepsy does not respond to medication may have NES.

NES can often be successfully treated; with seizures stopping completely. How long it takes varies from person to person.

It is important that people with NES receive appropriate help and support. Speak to your GP about available treatment options. You can also call Epilepsy Scotland's confidential freephone helpline to talk through these issues.