

What is a non-epileptic seizure?

A seizure is a temporary loss of control usually seen as abnormal body movements or not being able to respond. A non-epileptic seizure may resemble an epileptic seizure but has a different electrical pattern in the brain. Although these seizures may look alike, their causes are very different.



What is the cause of non-epileptic seizures?

Non-epileptic seizures are often caused by stress, emotional conflict or can result from traumatic events. These seizures may be coping mechanisms for stress.

Sometimes, emotional stressors can cause physical illnesses. For example, you might get a stomach ache while speaking in public.

How are non-epileptic seizures diagnosed?

The best way to diagnose non-epileptic seizures is in an epilepsy monitoring unit (EMU). During this admission, an EEG collects information about the electrical activity in the brain. A video of the patient is used to see what the seizures look like. A trained physician will then determine the type of seizure based on the physical characteristics and the electrical pattern that is seen on the EEG.

On average, it takes about seven years to diagnose non-epileptic seizures. Seeking out early admission to an EMU may help with diagnosis and treatment.

Is it common?

Yes. One in five people who are referred to an epilepsy center are found to have non-epileptic seizures.

Are they voluntary?

No, it is important for patients and families to understand that patients do not choose to have non-epileptic seizures.

What are the treatment options for non-epileptic seizures?

Treatment will be provided by a mental health professional. The outlook is good for patients who use psychotherapy as well as their medical team for treatment. A formal psychiatric evaluation is the best way to begin treatment. The purpose of this evaluation is to identify the stressors that cause the seizures.

Psychotherapy such as cognitive behavior therapy (CBT) is often the most common form of treatment. The purpose of CBT is to find and manage stressors and triggers. This treatment is done in combination with relaxation techniques, goal setting, support systems, and promoting overall health and wellness. Studies show that CBT often helps reduce seizures and improves overall functioning.

Can people have both epileptic and non-epileptic seizures?

Yes. About 10% of people have both epileptic and non-epileptic seizures. In this situation it is important to treat both kinds of seizures.

Moving Forward

Although some people do not want to accept this diagnosis, understanding that this is a real condition is an important step in your treatment. Common questions you may have:

“Can I drive?”

If the episodes affect your awareness and/or body movements, you should not be driving until cleared by a physician.

“Can I work?”

If you are not able to work due to your seizures, this will not change based on your new diagnosis. Depending on your treatment, the decision to return to work should be made by your provider.

“Will I continue my medication?”

Patients diagnosed with non-epileptic seizures are usually taken off anti-epileptic drugs (AED). AEDs are not an effective treatment for non-epileptic seizures. This is often a positive outcome as these medications can be costly and cause unwanted side effects. Please refer to your physician in regards to your medication.

Resources

Seeking outpatient mental health care with a psychiatrist and psychologist will be an important step in your treatment. Finding a provider depends on factors like location and insurance. You should contact your insurance company to find providers in your area and/or contact your primary care provider for referrals. If possible, referrals will be provided to you while in the EMU by the care management team or a psychologist.

References

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