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Review of Psychogenic Nonepileptic Seizures and Patient-Centered Approaches to Care

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Review of Psychogenic Nonepileptic Seizures and Patient-Centered Approaches to Care

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Introduction/History of PNES

Psychogenic nonepileptic seizures (PNES) are defined as involuntary experiential and behavioral responses to internal or external stimuli¹. They are behaviors, not associated with pathological alterations in the physiology of the brain. Although some of them mimic syncope, they have historically been regarded to clinically resemble epileptic episodes¹.

There is a multiplicity of different names for this condition. PNES is the most widely used term, though the term "functional seizures" is increasingly used². Alternatives such as "psychogenic seizures," "dissociative seizures," "psychogenic nonepileptic attacks" (PNEA), and "nonepileptic seizures" are also used².

Explaining the Diagnosis

Challenges - Presenting the diagnosis of PNES to patients can be challenging and should not be done until the diagnostic evidence is as good as it can be.

Published ways for presenting the diagnosis of PNES to patients share common components. Adverse reactions do happen, such as rage (which can have a poor prognosis) and making things worse. The tests that have been performed, the suggested actions, and other variables will determine what will be discussed during the session.

Patient Scenarios

Patient Scenario #1:

Upon experiencing a rapid response for seizures, Patient X is diagnosed with psychogenic nonepileptic seizures (PNES), a revelation that deeply offends her when overhearing medical staff dismissively referring to the incident as "nothing" and using the term "pseudoseizures." The challenge for Patient X lies in reconciling her subjective experience of the seizures with the clinical diagnosis, feeling invalidated and misunderstood by the medical team. Despite efforts to explain PNES, Patient X struggles to accept a diagnosis that seems to minimize the severity and legitimacy of her symptoms, highlighting the profound disconnect between her own perception and the medical explanation.

Patient Scenario #2:

Convinced of the authenticity of his seizures, Patient Y faces a significant challenge when the doctor diagnoses him with psychogenic nonepileptic seizures (PNES) and explains the absence of medication options for this condition. Patient Y's struggle lies in reconciling his belief in the physiological basis of his seizures with the psychological explanation offered by the medical team. The diagnosis of PNES challenges Patient Y's understanding of his own body and leaves him feeling helpless and uncertain about the nature of his symptoms, highlighting the profound emotional impact of a diagnosis that contradicts his deeply held convictions and beliefs.

Our Approach

- Go through the description of the events with the patient and caregiver and confirm that the recorded events are the same as the habitual events.
- Explain how electroencephalography (EEG) works and how the recording of events has led to the diagnosis.
- Explain that the events are related to emotional or psychological issues, or to past or present factors in the patient's life, but are not due to a medical condition, specifically not epilepsy.
- Volunteer potential causes, being clear that "specimen" causes (ie, examples) are being discussed.
- Volunteer that this type of event is seen commonly and happens to ordinary people.
- Volunteer that you understand that the events are not under conscious control, but that patients can learn to control them.
- Explain that the events are not amenable to drug treatment, but that psychological intervention is used. Describe what psychological intervention is likely to consist of- Although PNES is not directly treated with medications, Selective Serotonin Reuptake Inhibitors (SSRIs) can treat underlying anxiety and depression.

Patient Scenario #1 Revisited

After an upsetting seizure episode, Patient X has a lengthy conversation with the psychiatry team. To ensure accuracy in the diagnostic procedure, the team takes the time to verify that the recorded occurrences match Patient X's typical experiences. The physician describes, in simple terms, how electroencephalography (EEG) records events and how this process led to the diagnosis of psychogenic nonepileptic seizures (PNES)

The medical staff kindly and clearly informs Patient X and her caregiver that the incidents are not consistent with epilepsy but rather are caused by psychological or emotional reasons that may have their roots in past or current problems in Patient X's life. The doctor offers possible causes, being open about the fact that these are hypothetical examples, but emphasizing that these events are common and can happen to anyone. It is reassured to Patient X and her caregiver that the occurrences are not conscious and that patients can learn how to handle them with the right measures. Additionally, the medical staff dispels myths by assuring Patient X that her actions are not indicative of a mental health disorder, but they also do not label her as "crazy." Patient X is informed that drug treatment is not effective for PNES, but psychological intervention, such as therapy, is recommended to address the underlying emotional factors contributing to her seizures. The team outlines what psychological intervention entails, offering Patient X and her caregiver a roadmap for her treatment journey.

References

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