

PSYCHOGENIC NON-EPILEPTIC SEIZURES (PNEA) – CAN THEY BE DIAGNOSED BY ANY NEUROLOGIST?

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Psychogenic non-epileptic seizures are episodes mimicking the symptoms of epileptic seizures, but occurring without typical ictal EEG discharges. They cannot be explained by pathophysiological events accompanying hypotension, migraine, hyperglycaemia or diseases of sleep. PNEA are often combined with other psychiatric disturbances, such as somatoform disturbance, depression and anxiety disorders. PNEA are found in the groups of patients suffering from pharmaco-resistant epilepsy in 10 to 20% as being the primary problem. Even in status epilepticus PNEA can dominate the picture. As a rule the duration until the correct diagnosis is made can be more than 10 years. The implications of the late diagnosis are considerable. 70% patients are employed when the PNEA started. At the point of time of the correct diagnosis only 20% of the patients are still working. Our understanding of PNEA has dramatically increased in recent years. More and more it becomes obvious that even dramatic seizures can be of organic origin and pathologically EEG's are not mandatory. An analysis of a high number of proven psychogenic non-epileptic seizures shows that closed eyes are one of the major symptoms. This phenomenon indicates with high probability a PNEA. The conclusion to be drawn is, if an event with closed eyes occurs it needs to be proven that this event is epileptic in nature. Other signs are non-stereotype semiology, duration longer than 2 minutes and - if it occurs - a tongue bite in the middle of the tongue. However as the final proof a video-EEG recording of an event is mandatory. Using these semiology signs a PNEA can be diagnosed or at least suspected by any neurologist.