Debate: Can psychogenic non-epileptic seizures be diagnosed by assessing behavior without concomitant EEG recording?

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Psychogenic non epileptic seizures are not uncommon. Any center involved in the management of episodic events which occur in epilepsy would be seeing about 5-25 % of persons with non epileptic events. About 5-15% would be PNES. The diagnosis of PNES is based on red flags obtained in the history of such patients. There are several clinical cues on history and examination. Over the years several biomarkers for the diagnosis have also been researched into. These could be serum prolaction, BDNF, non EEG markers of the autonomic nervous system and the gold standard which is the EEG being non ictal when the clinical event is happening. The gold standard has always been the unequivocal documentation of the habitual events having the clinical phenemenology of PNES and no ictal patterns on the simultaneous EEG. About 5 – 10 % of patients with epilepsy will have a combination of pseudo seizures with true seizures. These can be documented only with simultaneous video EEG. Just depending on manifest behavior could have dangerous consequences for the person with these events. The entity of pseudo pseudo seizures is not rare and there are many focal seizures which could mimic a pseudoseizure. An overconfident approach might risk persons with epilepsy getting wrongly labeled as psychogenic events and ending up with consequences like injuries and SUDEP .The best management practices call for the need of documenting the event with EEG anything short of this would not meet the gold standard of diagnosis leaving a margin for errors.