

Can psychogenic seizures be reliably diagnosed by observing behavior or should continuous EEG always be required? NO

E. Beghi

Department of Neurology, IRCCS Istituto Mario Negri, Italy

Psychogenic non-epileptic seizures (PNES) are neither paroxysmal behavioral changes resembling epileptic seizures without organic cause nor ictal, peri-ictal and inter-ictal EEG changes that characterize epilepsy. The gold standard for diagnosis is the recording of a typical event with video-EEG to confirm the absence of electrographic changes on the ictal tracing. The high prevalence of PNES in settings where drug resistant epilepsies are common reflects the difficult diagnostic approach when the ascertainment is based only on the semiology of seizures and inter-ictal EEG findings. Several video-documented signs are implicated (including preserved awareness, eye flutter and modification by others) but none of them, individually taken, has high sensitivity. The inter-rater reliability of neurologists and psychiatrists (the two specialists most commonly involved in the management of seizures) is sub-optimal when the diagnosis of PNES is based on the assessment of video-recordings alone. The reliability of the diagnostic approach is even poorer when PNES have non-motor behavioral changes. Witnesses' reports are even less useful for the diagnosis of PNES because only two signs have been identified as diagnostic predictors (side-to-side head movements and eyes closed) but the sensitivity was low for both. There are no data on the diagnostic yield of video-supported induction of PNES. In a recent consensus conference on the diagnosis of PNES (unpublished), experts concluded that no single sign can confirm or exclude the diagnosis of PNES. The contribution of continuous video-EEG monitoring can be also unhelpful because a typical event cannot be invariably captured and the inter-rater reliability is only moderate.