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The Brain Charity offers emotional support, practical help, and social activities to anyone with a neurological condition. We also provide support for family, friends and carers.

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For practical advice our Patient Experience Team can be of assistance.

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Produced by: Dr C Burness Version: 1

Produced : December 2019 Review: December 2021

The Walton Centre 
NHS Foundation Trust

Non Epileptic (Dissociative) Seizures



Your questions answered

Neurology
Neuropsychology

0151 556 3179 / 0151 556 3183

Excellence in Neuroscience



What are Non-Epileptic Attacks?

Many different words are used for **Non-Epileptic Attacks** (NEAs). The more commonly used terms include **non-epileptic seizures**, **non-epileptic events**, **dissociative seizures**, **pseudo seizures**, **pseudoepileptic seizures**, **psychogenic seizures**, **functional seizures**, or **conversion seizure**.

Some of these names can be offensive, none are perfect. Having so many different names for the same condition can be very confusing. However, all names describe the same thing: **attacks**, which look similar to **epileptic seizures**, but are not caused by abnormal electrical activity in the brain (**epileptic activity**). People often **dissociate** during an attack. This means that they become unresponsive and are unable to communicate or sometimes move. It is believed that this happens when the brain is trying to protect a person from a very painful or difficult thought or emotion.

Why have I been given different explanations for my symptoms?

Like epileptic seizures, NEAs can cause blacking out, collapsing, injuries and loss of bladder control. NEAs are not consciously produced to achieve something. NEAs can look very similar to epileptic seizures and it can be very hard even for healthcare professionals, to tell the difference. For this reason, the average time to reach the diagnosis is 5 years, and many people will be treated with anti-epileptic medication before that happens.

How can I be sure that this is the right diagnosis?

Non-epileptic attacks can be diagnosed and recognised by their clinical features. There are subtle differences between **non-epileptic attacks** and **epileptic attacks**. These can help experienced clinicians to tell the difference. Video recordings of attacks (for example on a phone) can be really helpful. Nine out of ten seizure experts can make the correct diagnosis if they see a video of an attack. Sometimes, an expert can diagnose NEAs after hearing a detailed description. For other people, tests including a heart trace (ECG), brain scan or an EEG (which reads the electrical activity in the brain) might be helpful.

What causes my attacks?

NEAs are usually linked to emotion or stress but the causes are often not obvious. Usually several things play a part. These include inherited factors and early childhood experiences and also difficult or stressful events in later life.

What Treatment Can I have?

Not everyone with NEAs needs or wants treatment. Often there is a relief and even a reduction in the symptoms when the diagnosis is made and explained.

For some people, psychological therapy may be of benefit.

Will medication help me?

Treating anxiety and depression can help and antidepressants may help even when people are not actually depressed or anxious.

Will I get better?

People with NEAs can recover fully and in many cases do. On the other hand, some people have very persistent and disabling symptoms.

What can I do to help myself ?

It is important to come to terms with the diagnosis. It is difficult for people to get better if they continue to look for a physical explanation for their symptoms. Talking to friends and family about your symptoms and how you feel can be very helpful. There are also some techniques to try in our leaflet '**Taking control of your functional symptoms**'.

I feel confused!

It is perfectly normal to find the diagnosis confusing at first. Read our other information leaflets and look at the very useful website:

www.nonepilepticattacks.info

Our team are always happy to answer your questions when you come to clinic.

