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Non-epileptic seizure

Some people experience symptoms similar to those of an epileptic seizure but without any unusual electrical activity in the brain. When this happens it is known as a non-epileptic seizure (NES).

In a Matched Pair Case-Control Study design, children with documented FS (confirmed via video EEG; ages 13-18) were matched to controls (MCs) on income, sex, race, and age. Primary outcomes were Behavior Assessment System for Children, Second Edition (BASC-2) and Millon Adolescent Clinical Inventory (MACI). Secondary measures included questionnaires assessing trauma, somatization, body awareness and quality of life (QOL). T-tests investigated differences between groups on T-scores. Due to lack of significant outcomes, an experimental analysis was conducted assessing differences in number of clinically elevated BASC-2 and MACI scores between groups. Binary logistic regressions determined the influences of clinically elevated scores on likelihood participants have FS. T-tests assessed differences on secondary measures.

Results: Participants included 84 children, 42 with FS and 42 MCs (Children with FS: Meanage=15.4, Interquartile Rangeage=3; 73.5% female; 59.5% white). Children with FS had greater parent-reported somatization (t(23)=5.67, p<0.001) on BASC-2, greater somatization on CSSI-24 (t(35)=6.83, p<0.001), and poorer QOL (t(41)=-6.22; p<0.001) than MCs. There were no differences in clinically elevated BASC-2 or MACI scores compared to MCs and clinically elevated scores did not influence likelihood participants have FS.

Conclusions: Children with FS had greater somatization and poorer QOL but similar rates of psychiatric symptoms, trauma, and maladaptive personality traits compared to MCs. Psychiatric or personality factors did not predict likelihood of FS. Explanations of pediatric FS should consider novel contributors to FS rather than relying solely on a psychiatric etiology ¹⁾.

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Stager L, Morriss S, Szaflarski JP, Fobian AD. Psychiatric and personality factors in pediatric functional seizures: A prospective case-control study. Seizure. 2022 Apr 13;98:105-112. doi: 10.1016/j.seizure.2022.04.006. Epub ahead of print. PMID: 35462300.

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Last update: 2024/06/07 02:54

