

# Psychogenic nonepileptic seizures

## Risk factors

[Patients](#) with physical brain abnormalities have an increased risk of developing psychogenic nonepileptic seizures (PNES).

Patients with concomitant ES and PNES are highly heterogeneous, challenging differentiation on clinical grounds. A diagnosis of conversion or somatoform, anxiety disorders, and the use of a higher number of AEDs than psychiatric medications may have an association with co-existing ES and PNES <sup>1)</sup>.

Post-epilepsy surgery PNES should be considered when patients report recurrent seizures after epilepsy surgery. Although these seizures probably occur relatively infrequently, attention to factors such as appearance of new ictal behaviors, a preoperative history of a psychiatric disorder, and a low full-scale IQ should raise suspicion and lead to appropriate diagnostic measures <sup>2)</sup>.

PNES may develop after intracranial neurosurgery undertaken for other indications than the control of refractory epileptic seizures. Younger patients with a history of pre-operative psychiatric problems or epileptic seizures and surgical complications may be at higher risk. A diagnosis of PNES should be considered in patients who develop refractory seizures after neurosurgery <sup>3)</sup>.

The syndrome known as nocturnal frontal lobe epilepsy is recognized worldwide and has been studied in a wide range of clinical and scientific settings (epilepsy, sleep medicine, neurosurgery, pediatric neurology, epidemiology, genetics). Though uncommon, it is of considerable interest to practicing neurologists because of complexity in differential diagnosis from more common, benign sleep disorders such as parasomnias, or other disorders like psychogenic nonepileptic seizures <sup>4)</sup>.

Ristić et al. demonstrate the need for education about clinical features of PNE across subgroups of physicians who deliver neurological service, with emphasis on PNES and ES type classification <sup>5)</sup>.

## Treatment

[Psychogenic nonepileptic seizures treatment.](#)

## Case series

Twenty-nine patients (23 women) were identified of a total of 790 patients, a frequency of 3.7%. Female gender and presurgical psychiatric diagnosis, other than psychosis, were significant risk factors for psychogenic nonepileptic attacks (PNEA) development. In female patients with a preoperative psychiatric diagnosis the chance of developing PNEA after epilepsy surgery was 8.5%. PNEA developed between 2 weeks and 10 years after epilepsy surgery, independently of outcome of epileptic seizures. In most cases, PNEA differed from the present or past epileptic seizures, and motor symptoms were the most common manifestations. Seizures after epilepsy surgery should be carefully evaluated. Physicians should consider the possibility of PNEA, especially in female patients with

preoperative psychiatric comorbidity developing “atypical” seizures with motor manifestations postoperatively, even many years after epilepsy surgery <sup>6)</sup>.

1)

Baroni G, Piccinini V, Martins WA, de Paola L, Paglioli E, Margis R, Palmini A. Variables associated with co-existing epileptic and psychogenic nonepileptic seizures: a systematic review. *Seizure*. 2016 Apr;37:35-40. doi: 10.1016/j.seizure.2016.02.003. Epub 2016 Mar 2. Review. PubMed PMID: 26987033.

2)

Asadi-Pooya AA, Asadollahi M, Tinker J, Nei M, Sperling MR. Post-epilepsy surgery psychogenic nonepileptic seizures. *Epilepsia*. 2016 Oct;57(10):1691-1696. doi: 10.1111/epi.13513. Epub 2016 Aug 24. PubMed PMID: 27554951.

3)

Reuber M, Kral T, Kurthen M, Elger CE. New-onset psychogenic seizures after intracranial neurosurgery. *Acta Neurochir (Wien)*. 2002 Sep;144(9):901-7; discussion 907. PubMed PMID: 12376771.

4)

Tinuper P, Bisulli F, Cross JH, Hesdorffer D, Kahane P, Nobili L, Provini F, Scheffer IE, Tassi L, Vignatelli L, Bassetti C, Cirignotta F, Derry C, Gambardella A, Guerrini R, Halasz P, Licchetta L, Mahowald M, Manni R, Marini C, Mostacci B, Naldi I, Parrino L, Picard F, Pugliatti M, Ryvlin P, Vigevano F, Zucconi M, Berkovic S, Ottman R. Definition and diagnostic criteria of sleep-related hypermotor epilepsy. *Neurology*. 2016 May 10;86(19):1834-42. doi: 10.1212/WNL.0000000000002666. Epub 2016 Apr 15. Review. PubMed PMID: 27164717; PubMed Central PMCID: PMC4862248.

5)

Ristić AJ, Mijović K, Bukumirić Z, Vojvodić N, Janković S, Bašćarević V, Đukić T, Sokić D. Differential diagnosis of a paroxysmal neurological event: Do neurologists know how to clinically recognize it? *Epilepsy Behav*. 2017 Feb;67:77-83. doi: 10.1016/j.yebeh.2016.12.022. Epub 2017 Jan 14. PubMed PMID: 28092837.

6)

Markoula S, de Tisi J, Foong J, Duncan JS. De novo psychogenic nonepileptic attacks after adult epilepsy surgery: an underestimated entity. *Epilepsia*. 2013 Dec;54(12):e159-62. doi: 10.1111/epi.12404. Epub 2013 Oct 17. PubMed PMID: 24134523.

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