



Diagnosing and Treating Psychogenic Non-Epileptic Seizures (PNES)



Neurosciences Institute

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

Welcome to the Neurosciences Institute at the George Washington University Hospital, where comprehensive and interdisciplinary care are provided for the most complex disorders, affecting the nervous system. Your team includes:

- neurosurgeons
- neurologists
- emergency room physicians
- critical care specialists
- physiatrists
- psychiatrists
- neuro-pathologists
- neuro-interventional specialists
- allied health providers in nursing, speech, physical and occupational therapies and neurologic rehabilitation



Advanced Care Is Available

You are not alone in the diagnosis of Psychogenic Non-Epileptic Seizures (PNES). Non-epileptic seizures are common. One of every 25 patients newly diagnosed with seizures has non-epileptic episodes.* Specialists at GW Hospital are available to provide support and guidance in your journey toward wellness.

To schedule an appointment, call 888-4GW-DOCS (449-3627).

Guide to the Diagnosis and Treatment of Psychogenic Non-Epileptic Seizures (PNES)

What Is PNES?

PNES is an acronym for Psychogenic Non-Epileptic Seizures. The symptoms of the disorder often resemble seizures caused by epilepsy, including:

- Whole body convulsive shaking or the shaking of one or more limbs with or without loss of consciousness
- Confusion coupled with staring and decreased responsiveness
- Automatic movements or verbalizations

Unlike epilepsy, PNES are not caused by abnormal electrical activity in the brain. Instead, PNES are usually unconscious physical manifestations of psychosocial stressors, caused by recent or old psychological trauma, including physical, verbal or sexual abuse. Other overwhelming stressors, like the loss of a loved one, losing a job and divorce, among others, can also cause PNES.

Because these episodes can mimic the symptoms of seizures caused by epilepsy, they may be misdiagnosed. However, non-epileptic seizure episodes can sometimes result in disability; therefore, it is imperative for patients to receive proper diagnosis and treatment for the particular type of seizures they are experiencing.

Quick and Accurate Diagnosis of PNES

To rule out epilepsy, a **Electroencephalogram (EEG)** should be performed, ideally, within 24 hours of a patient’s first seizure. If the EEG shows abnormal brain waves, epilepsy is suggested. However, if the EEG is normal, it still does not exclude epilepsy, since brain waves can appear normal between seizures. Therefore, continuous video and EEG monitoring to record habitual episodes on video and EEG are often recommended for the diagnosis of non-epileptic seizures.

The **Epilepsy Monitoring Unit** at GW Hospital for both inpatients and outpatients is equipped with 24-hour EEG and imaging technologies to monitor and record patients’ brain wave patterns.

Treatment for PNES

PNES is known as a somatoform disorder, defined as a physical manifestation that is caused by underlying psychological stressors. It has been found that once the diagnosis of non-epileptic seizures is established, up to one-third of patients will completely stop having the seizures and more than half will function reasonably well, following diagnosis and treatment.*

Patients are often referred to psychiatry, but they also may continue to see an epilepsy specialist for a short time. The psychiatrist works with the patient to try to identify the psychological problems related to the non-epileptic seizures. Medication may be recommended in addition to psychotherapy sessions. Clinical social workers may also be of assistance.

Early diagnosis of PNES has been associated with better outcomes.* Patients with milder psychological disturbances and ones with good insight into their problems tend to respond better to supportive, educational and behavioral therapeutic approaches.*





900 23rd St., NW • Washington, DC 20037

gwhospital.com

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DEFINING MEDICINE

*Source: *Epilepsy & Behavior*
Volume 4, Issue 3, June 2003, Pages 205 - 216
Psychogenic nonepileptic seizures: review and update
MarkusReuber and Christian E. Elger

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