NHS
The Royal Wolverhampton
NHS Trust

# Functional Dissociative (Non Epileptic) Seizures

Neurology Department

**The prevention of infection is a priority in all healthcare settings and everyone has a part to play.**

- **Please decontaminate your hands frequently using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, a cough or other respiratory symptoms, a temperature or an unexplained rash which could be infectious please do not visit the hospital or any other care facility. If your visit is essential then phone ahead to the department that you are visiting**
- **If you are unwell seek advice from 111 or your GP if required**
- **Help us to keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Care Colleagues
Collaboration Communities

# What are Functional Dissociative Seizures?

Functional Dissociative Seizures are sometimes called:

- Non Epileptic Seizures (NES)
- Psychogenic Non Epileptic Seizures (PNES)
- Non Epileptic Attack Disorder (NEAD)
- Conversion seizures
- Stress seizures
- Pseudoseizures (a rather old term that is no-longer recommended and generally disliked)

All these names describe the same condition. The internationally approved names are Functional Dissociative Seizures, Dissociative Seizures or Functional Seizures. In this leaflet we use **Functional Seizures (FS)**.

# How are FS different from Epilepsy?

- **Epileptic Seizures (ES):** caused by abnormal electrical activity in the brain
- **FS:** look similar but are not caused by abnormal electrical activity

Because FS and ES can appear alike, diagnosis may require video recordings. Experts can often distinguish between them.

# What causes FS?

FS occur in response to distress in the brain. This distress may not always be remembered.

Think of a computer that "locks up" when overloaded – the hardware isn't broken, but the system temporarily malfunctions.

## Tests

- Brain scans and EEGs are usually normal in FS. Minor changes may appear but are incidental and not related to FS

## Symptoms

**Bodily:** numbness, tingling, fatigue, headaches, blurred vision, disrupted sleep, low energy.

**Mind:** poor concentration, memory problems, word finding difficulties, worry, panic, anger, frustration, or dread.

**During FS:** blackouts, shaking, unusual movements, tongue biting, bladder loss, blank spells, feeling distant, or memory gaps.

## Recovery and management

- FS may improve or stop with explanation and understanding
- Helpful strategies include:
    1. Extending the warning phase
    2. Distraction techniques (talking, singing, reciting alphabets/ times tables)
    3. Calm reassurance from others
    4. Anticipating triggers in stressful situations
    5. Accepting relapses as part of recovery

Psychological therapy (for exapmle, CBT) or medication for anxiety / depression may help.

Anti-seizure medication (also called **anti epileptic drugs) do not treat FS**.

## Driving

- You must stop driving and inform the DVLA
- FS restrictions are usually **three months seizure free**, compared to 12 months for epilepsy

## What others should do during FS

- Stay calm, reassure, and protect from injury
- Cushion the head, remove harmful objects
- Do not restrain movements or move the person unless in danger
- Stay with the person until the seizure ends

## Sources of further information

- Non Epileptic Attacks – Sheffield Teaching Hospitals
- Neurosymptoms.org – Functional Neurological Disorder
- Mind – Non Epileptic Attack Disorder (NEAD)
- Epilepsy Action – Functional Seizures
- FND Action – Functional Seizures
- NHS 111 official site
- Patient.info – Health Information

Youtube Video- Epilepsy vs Functional Dissociative Seizures dissociated

# Psychotherapy

The West Midlands Institute of Psychotherapy is a very well-respected organisation. You need to refer yourself. Please look at the website below and click on the link to 'find a therapist'. Registered therapists can be quite expensive, but you can opt for therapy with a trainee which is generally much cheaper and can sometimes be free. The trainees are supervised and are healthcare professionals, usually psychologists, so you would still be getting a very good service.

https://wmip.org

# Contact Details

The Epilepsy Specialist Nurses do not provide an emergency service.

Please call your GP, 111 or 999, or attend your nearest Emergency Department (A&E) as appropriate.

If you have a general epilepsy query, please contact the Epilepsy Action advice line on 0808 800 5050.

If your query is about an appointment, please contact the secretaries on 01952 800135 or 01543 576283.

When unavailable please direct your enquiry to – rwh-tr.epilepsy-nursing-team@nhs.net

## English

**If you need information in another way like easy read or a different language please let us know.**

**If you need an interpreter or assistance please let us know.**

## Lithuanian

**Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.**

**Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.**

## Polish

**Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.**

**Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.**

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

**Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.**

**Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.**

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

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