



Nonepileptic Events

What are nonepileptic events?

Nonepileptic events (NEE) are brief interruptions in normal activity. They:

- Can look like epileptic seizures
- Are not caused by abnormal brain activity
- Are usually not voluntary
- Can be psychological
- Can be behavioral
- Can be due to other medical issues (this handout does not cover events due to other medical causes)

We call the episodes **nonepileptic events** to avoid confusing them with seizures. Other names for nonepileptic events include:

- Pseudoseizures
- Psychogenic nonepileptic seizures (PNES)
- Nonepileptic seizures (NES)
- Psychogenic nonepileptic events
- Nonepileptic attacks
- Stress seizures

What do nonepileptic events look like?

The behaviors and length of episodes vary. The neurologist who diagnosed your child with nonepileptic events will give you a description of what they look like for your child.

How are they diagnosed?

Your neurologist made your child's diagnosis based on the description of episodes, medical history and their neurological exam and test results.

How are nonepileptic events different from seizures?

A seizure happens when there is abnormal electrical activity in the brain. Nonepileptic events are not associated with abnormal electrical activity. They are a result of a psychological process in the body. A small number of people with epileptic seizures may also have nonepileptic events.

How can a psychological process cause a physical reaction in my child's body?

The brain controls the way the body reacts to emotions. Most people in stressful situations can say they felt worried or afraid. Their physical sensations may have included difficulty breathing, shaking hands, inability to

move, butterflies in the stomach or sweating. When the situation is over, the body returns to normal. This is a normal stress response. Nonepileptic events are an abnormal response to stress. The brain becomes overloaded with stress and causes unusual behaviors or body reactions.

Are they caused by emotional trauma?

In some people with nonepileptic events, a clear emotional trauma or specific stressor happens before the nonepileptic event. The nonepileptic events can begin immediately after the stressful event or can start many months or years after the stressful situation or trauma.

Sometimes the stressor is not a single stressful event, but a continuous high level of stress. In a small number of people, there is no identifiable stressor.

Many factors can contribute to continuation of abnormal stress reactions in teenagers and children. Sometimes children and teenagers are more susceptible to suggestions and expectations from adults or peers than others. The way people respond to nonepileptic events can also influence the severity and frequency of events.

Are they caused by depression or anxiety?

People with nonepileptic events may have depression and anxiety. They may contribute to the symptoms, but they are separate diagnoses. If your child has depression and anxiety, it should be identified and treated. See our handouts 'Depression: Facts for Families' www.seattlechildrens.org/pdf/PE1287.pdf and 'Anxiety: Facts for Families' www.seattlechildrens.org/pdf/PE1492.pdf.

Are there some people who are more at risk?

People who are more at risk for nonepileptic events include:

- Females more than males
- People with a history of emotional trauma, such as abuse or loss
- People who have strong physical reactions to stress (like stomach aches, difficulty breathing and headaches)

Age is not a risk factor. Nonepileptic events can start at any stage in life.

How is it treated?

During the event

During a nonepileptic event, make sure your child is safe. For specific instructions for what to do during a nonepileptic event, talk with your child's therapist.

Ongoing treatment and prevention

Therapy is the main treatment for nonepileptic events. Therapy can help your child:

- Learn stress management and new ways to cope
- Identify stressors or triggers
- Manage thoughts and behaviors that cause physical and emotional problems

Cognitive Behavioral Therapy (CBT) is a specific type of psychotherapy that can be helpful in treating some children. Family therapy is also often helpful. For information about CBT, see our handout 'Cognitive Behavior Therapy' www.seattlechildrens.org/pdf/PE1554.pdf.

How do I find a therapist?

Find a therapist who feels comfortable working with people who have nonepileptic events and their families. If you need a referral to a therapist, contact your child's primary care doctor. They can offer names of therapists in your area. Once you have a therapist, you can sign a release of information at their office so that they can request medical records from us.

For information about how to find and establish care with a therapist, read 'How to Find a Therapist' www.seattlechildrens.org/pdf/PE2195.pdf.

Are there medicines to treat nonepileptic events?

Seizure medicines (anticonvulsants) are not useful for managing nonepileptic events. Your child's primary care doctor or a psychiatrist may suggest other medicines if your child also has anxiety or depression.

Can people with nonepileptic events drive?

Driving with nonepileptic events is a complex issue that should be discussed with your child's doctor. In addition to talking with your doctor, consult specific state regulations for more information.

Will this get better or go away?

Nonepileptic events can completely stop or become better controlled. Children and teenagers often respond well to treatment for non-epileptic events, particularly when treatment starts soon after diagnosis.

Working with a therapist or psychiatrist is more likely to result in success in stopping the events.

What can families do to facilitate improvement?

- Work to understand and accept the diagnosis.
- Ask for help.
- Be patient with your child's nonepileptic events and know that nonepileptic events can be treated.
- Attend family therapy or counseling sessions with your child.

To Learn More

- Neurology
206-987-2078
- Ask your child's healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

Who should we tell? What should we say?

What and who to tell is a very personal decision. Here are some suggestions:

- Family physicians and all care providers need to know up-to-date medical information to provide coordinated care.
- Sharing the diagnosis with close friends and family can help them better understand and provide support.
- Let family, friends, or people at school or work know what happens during events and know what they can or should do.

Resources

- Nonepileptic Seizures or Events
www.epilepsy.com/article/2014/3/truth-about-psychogenic-nonepileptic-seizures

During a crisis

To get help when a therapist is not available, be ready to contact your local crisis line. Consider adding your local number to your address book or your household emergency contact list for quick access in an emergency.

Western Washington contacts:

- King County: 1-866-427-4747, www.crisisclinic.org
- Snohomish County: 1-800-584-3578
- Pierce County: 1-800-576-7764
- Kitsap County: 1-800-843-4793
- Yakima County: 1-800-572-8122

Crisis centers by state:

- Washington: www.suicidehotlines.com/washington.html
- Idaho: www.suicidehotlines.com/idaho.html
- Montana: www.suicidehotlines.com/montana.html
- Alaska: www.suicidehotlines.com/alaska.html