Attachment style, relationship quality, and psychological distress in patients with psychogenic non-epileptic seizures versus epilepsy

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Objectives: Psychopathology levels are elevated in patients with psychogenic non-epileptic seizures (PNES) and those with epilepsy. However, patients with PNES report higher rates of trauma and neglect, poorer health-related quality of life (HRQoL), and an increased prevalence of insecure attachment. We examined to what extent attachment style and relationship quality with their main informal carer impact on levels of HRQoL, depression, and anxiety in patients with PNES versus those with epilepsy.

Method: Consecutive patients with PNES (N = 23) and epilepsy (N = 72) completed questionnaires about attachment style, quality of their relationship with their main informal carer, seizure severity, HRQoL, depression, and anxiety.

Results: Patients with PNES reported higher levels of anxiety and depression and lower HRQoL than those with epilepsy. PNES: No significant correlations were found with HRQoL, but depression correlated positively with attachment avoidance, attachment anxiety, and relationship conflict. Anxiety correlated positively with attachment avoidance, attachment anxiety, and relationship conflict, and negatively with relationship depth and support. Epilepsy: HRQoL correlated negatively with seizure severity, depression, anxiety, attachment avoidance, and attachment anxiety. Depression correlated positively with attachment avoidance, attachment anxiety, and relationship conflict. Anxiety correlated positively with seizure severity, attachment avoidance, and attachment anxiety. Correlations between measures of relationship quality and anxiety were stronger in patients with PNES versus those with epilepsy (z scores 2.66 to 2.97, ps < 0.004). Attachment style and relationship quality explained larger amounts of variance in depression (45%) and anxiety (60%) in the patients with PNES than those with epilepsy (16% and 13%).

Significance: Levels of anxiety and depression were higher in patients with PNES than those with epilepsy. Interpersonal problems were more closely related with anxiety and depression in patients with PNES than those with epilepsy. The findings support the use of therapeutic interventions for PNES focusing on attachment and relationship issues.

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1. Introduction

Psychogenic non-epileptic seizures (PNES) superficially resemble epileptic seizures, but are not caused by the kind of abnormal electrical activity in the brain which characterizes epileptic seizures [1]. Instead, PNES are a response to perceived adverse internal or external stimuli associated with reduced self-control and, typically, impaired consciousness [2]. Although the incidence of PNES in the general population is lower at up to 33 per 100,000, compared to 780 per 100,000 for epileptic seizures [3], PNES are a significant health problem generating high costs to the patient, health system, and society [4].

PNES and epilepsy are both associated with higher levels of anxiety and depression than those found in the general population [5]. However, patients with PNES consistently report poorer HRQoL and higher levels of anxiety and depression than those with epilepsy [6]. To date, very little is known about whether the causes of psychopathology in patients with these two different seizure disorders are identical or whether they differ – for instance because of the well-recognized higher rates of previous trauma, neglect, and family dysfunction reported by patients with PNES that are considered important predisposing factors.

Abbreviations: AED, antiepileptic drug; ASQ, Attachment Style Questionnaire; EEG, electroencephalogram; GAD-7, Generalised Anxiety Disorder 7-item scale; HRQoL, health-related quality of life; LSSS-3, Liverpool Seizure Severity Scale – Version 3; NHS, National Health Service; PNES, psychogenic non-epileptic seizures; QOLIE, Quality of Life in Epilepsy; QRI, Quality of Relationships Inventory.

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2. Method

2.1. Procedure and participants

Potential participants were approached consecutively in outpatient seizure clinics at the Sheffield Teaching Hospitals and Chesterfield Royal Hospital NHS Foundation Trusts in the United Kingdom over a seven-month period (July 2014–February 2015). Consultant neurologists with a special interest in seizure disorders identified eligible patients at both sites, according to the following criteria: (i) aged over 18 years of age with a clinically firm diagnosis of epilepsy or PNES (i.e., the patient’s consultant neurologist was sufficiently sure about the diagnosis only to offer treatment for one disorder), (ii) able to provide informed consent, (iii) sufficient English skills to complete the questionnaire booklet themselves, (iv) patients with a mixed PNES and epilepsy diagnosis were excluded from the study. Potential participants were sent information about the study at least two weeks before their appointment. Questionnaires could be completed at the time of their clinic visit or returned by post later. Ethical approval for this study was granted by East Midlands Nottingham 2 Research Ethics Committee.

2.2. Measures

2.2.1. Demographics

Patients self-reported age, gender, ethnic group, marital status, and the number of people in their household.
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