



Psychiatric disorders in patients with psychogenic non-epileptic seizures, with and without comorbid epilepsy

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Received 7 November 2005; received in revised form 27 March 2006; accepted 11 April 2006

KEYWORDS

Psychogenic non-epileptic seizures;
Conversion;
Dissociation;
Posttraumatic stress disorder;
Psychiatric institutionalization;
Psychopharmacotherapy

Summary

Purpose: The aim of this study is to describe similarities and differences in epidemiological, psychiatric and semiologic variables between patients with psychogenic nonepileptic seizures (PNES) and comorbid epilepsy (mixed PNES), and patients with PNES without comorbid epilepsy (pure PNES).

Results: Forty-three patients with PNES diagnosed by Video-EEG were included. Twenty-four had pure PNES, and nineteen mixed PNES. Female population, age, duration of PNES, psychiatric institutionalization, psychopharmacotherapy, dissociative disorders and posttraumatic stress disorder (PTSD), were significantly higher in the pure PNES patients. Suicide attempts, antiepileptic therapy, conversive, affective and personality disorders were frequent in both groups. In the analysis of seizure semiology, the total lack of responsiveness was significantly higher in the mixed PNES group.

Conclusions: Pure PNES patients showed similarities and differences in the psychiatric profile, with a greater prevalence of dissociative disorders and PTSD, factors related to psychiatric severity.

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Introduction

Psychogenic non-epileptic seizures (PNES), is diagnosed when disruptive changes in behavior, thinking or emotion, resemble epileptic seizures (ES), are present without epileptic cause (paroxysmal neuro-

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nal discharges detectable by EEG), and are not originated from another medical illness.^{1–8} Usually, the PNES diagnosis emerges from an erroneous judgment of “epilepsy” which is frequently due to an inadequate interpretation by the physician, of the episodes reported by the patient or their relatives. In the case of patients with epilepsy who develop PNES, it is the patient or the family who give the label of “epileptic seizures”. Recognition of this entity increased significantly in the last years, following the setting-up of Video-EEG.^{3,9–11}

Psychiatrically, PNES represents an underlying psychiatric disorder, categorized in Axis I of DSM IV, and many studies showed high rates of conver- sive, dissociative and other coexisting disorders in these patients.^{12–19} Different psychiatric factors like sexual abuse, trauma and posttraumatic stress disorder (PTSD), dissociative disorders, and person- ality disorders, have been associated with poor out- come of PNES.^{20,21}

PNES accounts for approximately 20% of all intractable seizure disorders referred to epilepsy centers and have been found to occur also in epi- leptic patients with a frequency that ranges from 20 to 60%.^{1–6} A few studies compared psychiatric aspects of pure PNES patients with mixed PNES— epilepsy patients, showing differences and simila- rities in the psychiatric profile.^{20,22–28} The results are controversial, and different diagnostic meth- odologies were used. Higher rates of personality disorders were reported in mixed patients, and somatoform and anxiety disorders were found to be more frequent in pure PNES patients.^{20,22,24,26}

The aim of this study is to compare epidemiolo- gical, psychiatric, and semiologic variables of two groups of patients, pure PNES (PNES patients with- out co morbid epilepsy) and mixed PNES (patients with both epilepsy and PNES).

Material and methods

Subjects

The Epilepsy Reference Center of Ramos Mejía Hos- pital serves a population with high rates of refrac- tory epilepsy. In this study we included 43 Argentinian patients with PNES, diagnosed by ictal Video-EEG. All patients were admitted in the Epi- lepsy Center from July 2000 to December 2005 designed as having refractory epilepsy. Two groups of PNES patients were identified after Video-EEG performed by qualified epileptologists.

Group 1—Patients with pure PNES.

Group 2—Patients with mixed PNES and ES

The following variables were analyzed and com- pared between groups: sex, age, duration of PNES (time to reach diagnoses), neurological and psychia- tric institutionalization history, antiepileptic drugs treatment, psychopharmacological history, and sui- cide attempts. We have not considered antiepileptic drugs in the variable “psychopharmacological his- tory”, neither benzodiazepines. In G2 the time to reach PNES diagnosis was determined after recogni- tion real epileptic seizures (ES) from PNES, both suffered by these patients.

Diagnostic criteria for PNES were:

- 1- Atypical paroxysmal behavioral episodes recorded in the Video-EEG monitoring, without electroencephalographic ictal activity (almost one attack recorded).
- 2- No other clinical, electroencephalographic, neither neuro-imaging evidences suggestive of epilepsy or another neurological or medical dis- order.

PNES patients who also have other recognized paroxysmal behavioral episodes, with clear clinical, electroencephalographic, and imaging evidences suggestive of coexisting real epileptic seizures, sup- ported by Video-EEG results, were included in Group 2. In this group, epileptic seizures diagnosed accord- ing to International League Against Epilepsy criteria (ILAE),²⁹ were clearly differentiated from PNES.

Forty-three patients with PNES were included in this study. Twenty-four patients (56%) had no evi- dence of epileptic seizures co morbidity, and were included in the pure PNES group (G1). Nineteen patients (44%) had clear evidence of epileptic sei- zures co morbidity and were included in the mixed epilepsy group (G2).

Instruments

All 43 patients included in this study were assigned to standardized psychiatric interviews. Extensive historical and psychiatric data, together with infor- mation about social background, were obtained from each patient, supplemented by information from family or friends and medical records.

Psychiatric assessment

After PNES diagnoses, all patients underwent psy- chiatric interviews using DSM IV instruments: SCID I Spanish Clinical Version for Axis I for psychiatric disorders, and SCID II to determine the presence of personality disorders.^{30–32}

First, all types of PNES recorded in the Video-EEG were considered the “core syndrome” for making a

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