Non-epileptic Events: Frequently Asked Questions and Answers

What is a non-epileptic event?

A non-epileptic event happens when there are changes in body movements, sensations, and awareness. Many researchers have found that non-epileptic events are associated with psychological stressors. Non-epileptic events may be one type of physical response to emotional stress. Often, when we think of physical responses to stress, we think of fainting, palpitations or increased heart rate, abdominal pain, and sweating. Research suggests that non-epileptic events are another kind of physical response to stressful conditions. They are not voluntary acts or something done on purpose. Movements during these events vary from slight movement and staring to intense shaking similar to a generalized tonic-clonic epileptic seizure. However, non-epileptic events differ because there is no abnormal electrical activity on brain recordings.

How are non-epileptic events diagnosed?

There are very different patterns of body movement and brain electrical activity in non-epileptic events and epileptic seizures. Video-EEG (electroencephalographic) monitoring is the gold standard method for telling the difference between non-epileptic events and epileptic seizures by recording video of body movements and recording electrical brain activity at the same time. The medical team also closely evaluates a patient’s psychological, social, and medical histories using interviews and questionnaires. Patients are asked about traumatic events, anxiety, and depression, among other stressors. Both the EEG and the patient’s history help the medical team to identify whether the patient is experiencing non-epileptic events or epileptic seizures.

How common are non-epileptic events?

Non-epileptic events are common and it is estimated that nearly 30% of patients admitted to the hospital for seizure recording actually have non-epileptic events and not epileptic seizures. More women are seen with non-epileptic events than men. Many patients are treated a number of years for epileptic seizures before they are correctly diagnosed with non-epileptic events by the use of video-EEG monitoring. These patients often have a history of depression, anxiety, or traumatic events that may have caused significant psychological stress. These events may be happening now or may have happened in the recent or distant past.

What treatment options are available?

The good news is that these events do not require the use of antiepileptic medications, which can be costly and have unwanted side effects. People with non-epileptic events can be reassured that their brain is functioning without abnormal electrical seizure activity or brain damage. Studies have shown that a type of therapy called cognitive-behavioral therapy (CBT) is beneficial in reducing the number of non-epileptic events and improving coping skills. CBT is typically provided by a counselor, psychologist, or psychiatrist. CBT focuses on learning new skills in two areas: the way a person perceives the world and adapting behaviors to promote healthy living. People who experience significant anxiety and depression may also benefit from medication to treat these symptoms. Patients often also follow up with a neurology practitioner.

Additional Resources:
http://www.epilepsy.com/node/978904 (Educational Video)
http://hsc.usf.edu/com/epilepsy/pnesbrochure.pdf