Psychogenic Nonepileptic Seizure Disorder – A Drop in the Ocean of Seizures

Authors: Emio Halilović¹, Eva Podolski¹, Mara Parentić¹, Željka Petelin Gadže¹² (mentor), Saša Jevtović¹³ (mentor)
¹ School of Medicine, University of Zagreb, Republic of Croatia
² Referral Centre of the Ministry of Health of the Republic of Croatia for Epilepsy, Department of Neurology, University Hospital Centre Zagreb, Affiliated to ERN EpiCARE, Zagreb, Croatia
³ Department of Psychotherapy and Psychological Medicine, University Hospital Clinic Zagreb, Zagreb, Croatia

Background:
According to ICD-11 Psychogenic Nonepileptic Seizures (PNES) are defined as paroxysmic and episodic events associated with motor, sensory, mental, or autonomic manifestations, which resemble epileptic seizures (ES), but are not caused by epileptogenic activity. PNES mostly differ from ES by longer duration, hip, and head movements, and closed eyes. This case report will show the effect of stressful events causing seizures without organic etiology.

Case presentation:
A 22-year-old female was hospitalized at the Department of Neurology due to a history of frequent seizures. Day after the hospitalization the patient underwent video EEG monitoring. It showed no abnormalities although she suffered a seizure. During the 7 minutes of the seizure, she had closed eyes and was uncontactable with both head and hip movements and grimaces being present. Furthermore, the patient has been receiving psychiatric treatment for depression and anxiety attacks since 2017. They were triggered by the suicide attempt of her sister, father’s alcoholism, and bad family relations which all together led to the development of the seizures. The patient had a neuropsychiatric multidisciplinary examination which showed lower cognitive function with emotional instability and disorganized thoughts. Therefore, the neurologists and psychiatrists diagnosed the patient with PNES. She was transferred to the Department of Psychiatry where she was treated with appropriate psychopharmacotherapy with the support of psychotherapy. Clonazepam, Sertraline, Flufenazine, Quetiapine and Biperiden were introduced as therapy. Although the diagnosis and treatment proved to be successful, the patient regularly quits the therapy due to the weakening of the symptoms which leads to a recurrence of the seizures.

Conclusion:
The difference in the clinical presentation of PNES and ES must be recognized to avoid mistreatment with antiepileptics. Finally, it is crucial to highlight the importance of the patient being consistent with the therapy to see the long-term effects.

Keywords:
psychogenic nonepileptic seizure disorder, psychological trauma, seizures