

Fact Sheet 29

Understanding Seizure Disorders

People can have seizures for many reasons. There are some medical problems that can cause seizures to occur, such as hypoglycaemia (low blood sugar), a sudden drop in blood pressure, sleep problems, the effects of drug and alcohol withdrawal, or febrile convulsions in young children, to name some of them. These seizures are said to be 'organically derived' because they have a physical cause and normally can be easily diagnosed and treated.

Others seizures though may occur at a deep subconscious level and sometimes can be called psychosomatic, non-epileptic, pseudo-seizures, conversion disorders, functional seizures, stress seizures, non-epileptic attack disorders, or psychogenic non-epileptic seizures (PNES). But a more correct term to use would be 'dissociative seizures' (DS).

These seizures involve the mind, rather than the brain, and can be difficult to diagnose, and treatment would involve some form of psychiatric or psychological support. An early diagnosis of DS and a treatment plan, often involving cognitive behavioural therapy, would hopefully improve the quality of life for those who often struggle daily with their dissociative seizures. These seizures are very real and a person with DS would face the same challenges as those with epilepsy including issues with employment, education, driving, independence and relationships. It is a very isolating condition because of the complex nature of it, and a wrong diagnosis and treatment plan would only add to a person's distress.

Most people identified as having DS would likely have been initially diagnosed with epilepsy and prescribed anti-convulsant medications whilst presenting with epileptic-type seizures. Sometimes these prescribed medications appear to work but, for most, they are proven to be ineffective.

Consequently, around 25% of people with DS in this situation would have been considered to have epilepsy with 'drug resistance'. People with DS are often subjected to multiple medication trials with associated medication side effects, possible hospitalisation for 'status epilepticus', and given various tests to understand a condition that they do not have.

It can often take between 7 and 10 years to properly diagnose a person with DS. Such diagnosis is usually made by a psychiatrist who, during an assessment, would understand the source of distress for the client. Many people with DS have experienced some form of lifetime physical or sexual abuse, or possibly an event or trauma that causes considerable pain that is subsequently buried at a deeper subconscious level. These events are then triggered by some stressful event that reminds them, consciously or subconsciously, of a past trauma and a person will consequently have a seizure. A smaller number of people with DS may simply find it difficult handling stress. Whatever the cause, a compassionate and caring approach to helping someone with DS is needed.