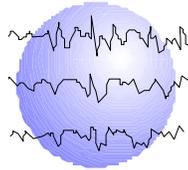# DSM-IV PSYCHIATRIC DIAGNOSES OF PSYCHOGENIC NON-EPILEPTIC SEIZURES

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REVISED ABSTRACT

RATIONALE: The assessment and diagnosis of psychogenic non-epileptic seizures (NES) in inpatient epilepsy programs is very common (20-50% of admissions). The underlying etiology of NES can reflect a variety of conditions as denoted by the DSM-IV. The aim of this study was to determine the most common psychiatric diagnoses of NES in a comprehensively evaluated sample of patients.

METHODS: The sample consisted of 58 consecutive admissions to the adult inpatient epilepsy unit who were eventually diagnosed with NES via video-EEG monitoring of target events. The determination of a psychogenic etiology was made after ruling out physiological causes, history review, neuropsychological and personality assessment (i.e., Personality Assessment Inventory or PAI), as well as psychiatric and/or psychological consultation. DSM-IV diagnoses were made by either a consulting psychiatrist or psychologist.

RESULTS: There were 58 NES patients (67% female) with an average age, education, and WAIS-III Full Scale IQ of 36.5, 13.2, and 94.0, respectively. The PAI results showed a clinical elevation on the Somatic Complaints scale (Mean T-score = 70.0) with Conversion being the most elevated subscale in the profile (Mean T-score = 71.0). The most common preexisting psychiatric diagnoses included Depression (47%), PTSD (12%), other Anxiety (15%), Somatoform (12%), and Substance Abuse/Dependence (10%). Fifty-nine percent (59%) of the sample reported a history of physical and/or sexual abuse. The final DSM-IV diagnosis for the NES was overwhelmingly Conversion Disorder (75%) or Somatoform Disorder NOS (7%). The remaining diagnoses for the NES included various anxiety, dissociative, and factitious disorders (18%).

CONCLUSION: In an inpatient epilepsy monitoring unit, the vast majority of NES cases confirmed by video-EEG are diagnosed as Conversion Disorder according to DSM-IV criteria. That is, the NES are thought to reflect psychological factors (unconscious) that are manifested by pseudoneurological symptoms or deficits. Other less common diagnoses include panic attacks, dissociation associated with PTSD, and/or a primary dissociative disorder. An accurate psychiatric diagnosis of NES is important in that treatment will necessarily be dictated by the underlying psychological disorder. Furthermore, diagnostic accuracy relies on a multidisciplinary approach that considers both the patient's medical and psychosocial history as well as current functioning.

Background:
The assessment and diagnosis of psychogenic non-epileptic seizures (NES) in inpatient epilepsy programs is very common, reflecting 20-50% of admissions.

The underlying etiology of NES can be explained by a variety of conditions as denoted by the DSM-IV.

The aim of this study was to determine the most common psychiatric diagnoses associated with NES in a comprehensively evaluated sample of patients.

Methods:
The sample consisted of 58 consecutive admissions to the adult inpatient epilepsy unit at United Hospital in St. Paul, MN, who were eventually diagnosed with NES via video-EEG monitoring of the target events.

The determination of a psychogenic etiology was made after ruling out physiological causes, history review, neuropsychological and personality assessment (i.e., Personality Assessment Inventory or PAI), as well as psychiatric and/or psychological consultation. DSM-IV diagnoses were made by either a consulting psychiatrist or psychologist.

Results
There were 58 NES patients (67% female) with an average age, education, and WAIS-III Full Scale IQ of 36.5, 13.2, and 94.0, respectively (see Table 1).

The PAI results (see Figures 1 & 2) showed a clinical elevation on the Somatic Complaints scale (Mean T-score = 70.0) with Conversion being the most elevated subscale in the profile (Mean T-score = 71.0).

Figure 4 shows the the most common preexisting psychiatric diagnoses were Depression (47%), PTSD (12%), other Anxiety (15%), Somatoform (12%), and Substance Abuse/Dependence (10%).

Fifty-nine percent (59%) of the sample reported a history of physical and/or sexual abuse (see Figure 5).

Figure 6 shows the final primary DSM-IV diagnosis for the NES was overwhelmingly Conversion Disorder (75%) or Somatoform Disorder NOS (7%). The remaining diagnoses for the NES included various anxiety, dissociative, and factitious disorders (18%).

Conclusions:
In an inpatient epilepsy monitoring unit, the vast majority (75%) of NES cases confirmed by video-EEG of target events are diagnosed as Conversion Disorder according to DSM-IV criteria.

Most cases of NES are thought to reflect psychological factors (unconscious) that are manifested by pseudoneurological symptoms or deficits.

Other less common diagnoses include panic attacks, dissociation associated with PTSD, or primary dissociative disorder.

An accurate psychiatric diagnosis of NES is important in that treatment will necessarily be dictated by the underlying psychological disorder.

Diagnostic accuracy relies on a multidisciplinary approach that considers both the patient's medical and psychosocial history as well as current functioning.

Table 1

Demographic Information

N	58
Age[1]	36.5 (13.0)
Gender (% Male)	33%
Education[1]	13.2 (2.0)
WAIS-III FSIQ[1]	94.0 (15.1)

[1] = *M*(SD)
FSIQ = Full Scale IQ

Figure 1

NES PAI Profile

SOM - Somatic Complaints
ANX - Anxiety
ARD - Anxiety-Related Disorders
DEP - Depression
MAN - Mania
PAR - Paranoia
SCZ - Schizophrenia
BOR - Borderline Features
ANT - Antisocial Features
ALC - Alcohol Problems
DRG - Drug Problems

Figure 2

NES PAI Profile

Somatic Complaints Subscales
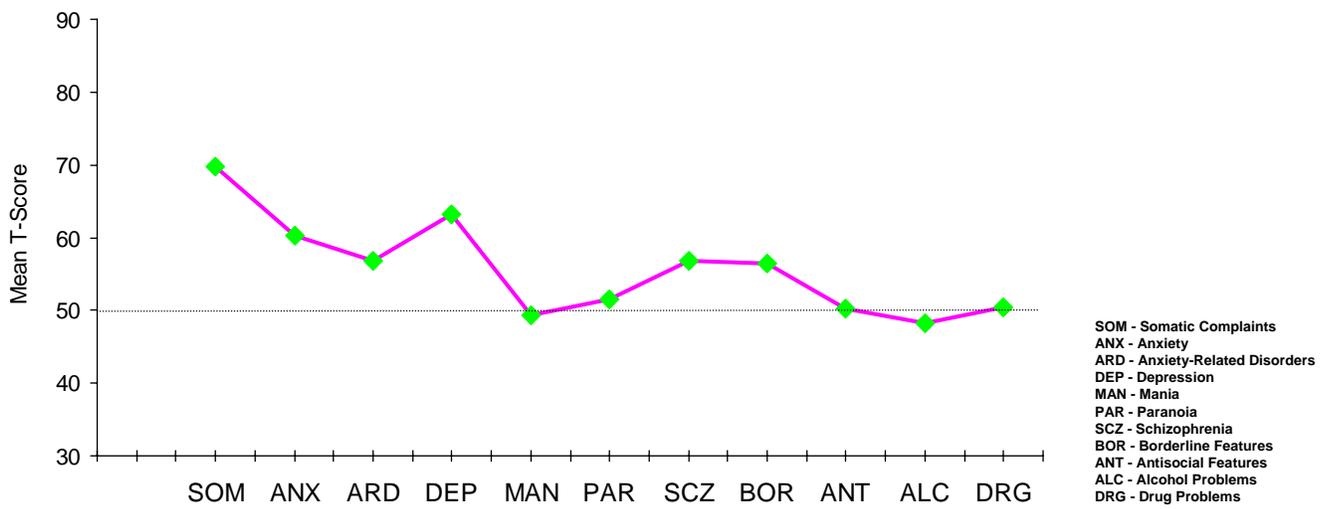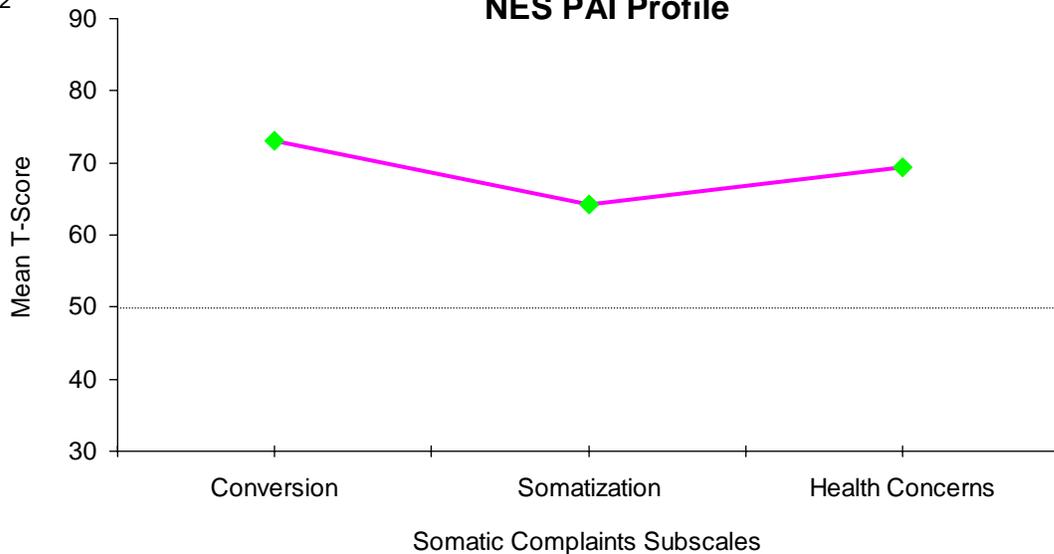
Figure 3
Pre-Admission Psychiatric History?

No
14%

Yes
86%
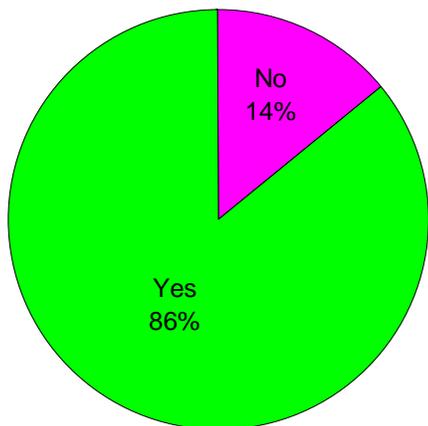
Figure 4
Pre-Admission Psychiatric Diagnosis

Somatoform
12%

Other
4%

PTSD
12%

Depression
47%

Substance
Abuse
10%

Anxiety
15%
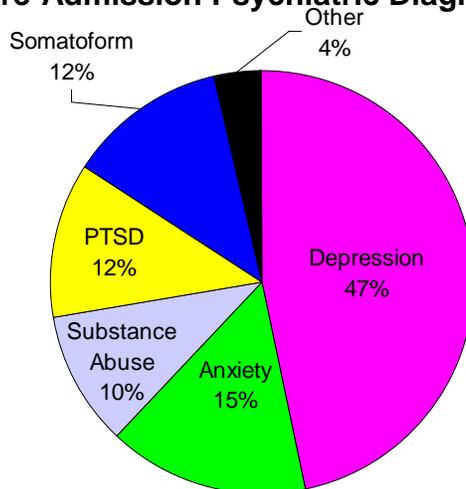
Figure 5
History of Reported Abuse

Unknown
10%

Other Trauma
7%

No Abuse
24%

Sexual &
Physical
19%

Sexual
24%

Physical
16%
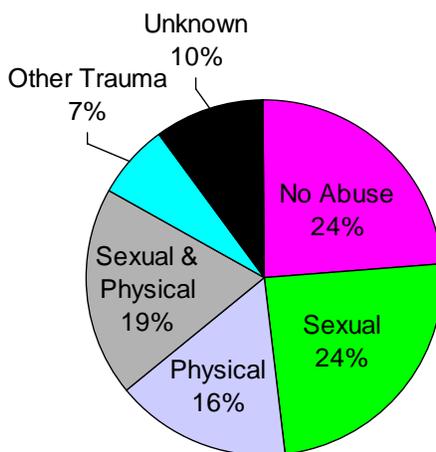
Figure 6
1º Discharge Psychiatric Diagnosis

Anxiety
5%

Other
4%

PTSD
5%

Somatoform
7%

Depression
4%

Conversion
75%

2º Discharge Psychiatric Diagnosis

PTSD
7%

Depression
14%

Other
18%

Anxiety
5%

No Dx
56%

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