

CONTRIBUTION OF CURRENT AND PAST TRAUMATIC EVENTS TO PSEUDOSEIZURES AND EPILEPSY

Comparative Study of Trauma-Related Phenomena in Subjects with Pseudoseizures and Subjects with Epilepsy

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PURPOSE: The purpose of this study was to examine potential differences in measures of trauma-related phenomena between subjects with pseudoseizures and subjects with intractable epilepsy.

METHODS: Thirty-one adult subjects with pseudoseizures and 32 subjects with intractable epilepsy (confirmed by video-EEG) were recruited from the epilepsy unit of a tertiary care hospital. Each participant completed the Impact of Event Scale, the Davidson Trauma Scale, the Mississippi Scale for Combat-Related Post-traumatic Stress Disorder (PTSD), the Dissociative Experience Scale, and the Pittsburgh Sleep Quality Index, as well as demographic, seizure history, and family-functioning measures.

RESULTS: Subjects with pseudoseizures had significantly higher mean scores on the Davidson Trauma Scale, Mississippi Scale for Combat-Related PTSD, Impact of Event Scale, and Pittsburgh Sleep Quality Index than did subjects with epilepsy. In addition, a significantly higher percentage of subjects with pseudoseizures had scores above the clinical cutoff level of 30 on the Dissociative Experience Scale.

CONCLUSIONS: Subjects with pseudoseizures exhibited trauma-related profiles that differed significantly from those of epileptic comparison subjects and closely resembled those of individuals with a history of traumatic experiences. Interventions aimed at trauma-related issues may be beneficial for patients with pseudoseizures.

COMMENTARY

The genesis of psychogenic pseudoseizures remains unclear; such events are thought to be evidence of a somatization disorder, dissociative disorder, personality disorder, or in some cases, no discernable psychopathology at all. This article documents that subjects with pseudoseizures have increased trauma-related scores on scales measuring both former traumatic experiences and current stressful life events. This finding could be an important key in understanding the onset of psychogenic pseudoseizures.

Clinicians are often perplexed as to why patients who are known to have a psychiatric diagnosis, suddenly have pseudoseizures. These results strongly suggest that remote, but more important, current, stressful or traumatic life events may be precipitants of psychogenic pseudoseizures.

The methods of this study varied from those of most series of psychogenic pseudoseizure patients. They did not study consecutive patients, which likely would have resulted in an even greater gender preponderance of women. Instead they matched ten men and 21 women in each group for demographic characteristics including education, income, and marital status. Further, they did not exclude subjects with pseudoseizures and epilepsy, but used them in the pseudoseizure group. This seems appropriate in that the characteristics of this important group are generally not included in most series, and the factors precipitating pseudoseizures in persons with epilepsy are likely similar to those without epilepsy.

Clinicians working in epilepsy are usually aware of the association between childhood sexual abuse and psychogenic pseudoseizures, but do not often discuss this with their psychogenic pseudoseizure patients. Further, this association has not been reliable in all series. However, the perception and intuition that a traumatic experience is related to pseudoseizures is hard to shake and, based on this report, is correct. The scale scores of the psychogenic pseudoseizure patients were consistent with stress-response syndrome and posttraumatic stress disorder. This means that these patients may be exposed to a current increase in stress or trauma, resulting in the onset of pseudoseizures. In their management of psychogenic pseudoseizure patients, clinicians should inquire about recent stressors, including recent physical trauma as a precipitating event.

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