

## Non-Epileptic Attack Disorder (NEAD) and Non-Epileptic Attacks

This leaflet aims to provide information about why non-epileptic attacks may occur, how they may be diagnosed, what someone having these attacks may experience and what can be done to help stop these attacks.

Non-epileptic attacks are not uncommon, but can be very frightening both to the person concerned and to their family and friends. They are often mistakenly thought to be epileptic attacks but, unlike epilepsy, they are not caused by a disturbance to the electrical activity of the brain. Rather they are a sign of a disturbance somewhere in the body's nervous system.

Because of the many apparent similarities between epileptic seizures and non-epileptic attacks, there is a significant risk of misdiagnosis. The process of diagnosis is further complicated because some people have only epileptic seizures, some have only non-epileptic attacks and a minority have both.

### Non-epileptic Attacks - NEAs

Non-epileptic attacks may happen

- to anyone (although more often in women)
- at any age (often begin in adolescence or early twenties)
- more commonly among those with previous traumatic experience
- to people with learning disability.

NEAs can happen at random although some people experience attacks only in very specific situations.

Symptoms experienced during NEAs can include loss of or altered awareness, breathing difficulties, prolonged unresponsiveness, eye flickering and side to side movements of the head, increased heart rate, rapid, shallow breathing, a sense of being disconnected from one's body or from one's surroundings. Some people may present emotional signs such as fear, trembling, weeping or swooning.

In the past, these attacks have wrongly had various labels applied to them, such as: hysterical epilepsy, hysterical seizures, psychogenic seizures, functional attacks, pseudoepilepsy, pseudoseizures and non-organic seizures. The use of such terms wrongly implies that the attacks are a pretence. These negative and stigmatising labels are detrimental to the people concerned because they feel everyone believes they are making up their symptoms. They are also detrimental to the process of diagnosis and treatment.

**Non-epileptic Attack Disorder (NEAD) is widely used to describe this condition.**

## Making a Diagnosis of Non-epileptic Attack Disorder (NEAD)

Research indicates that misdiagnosis is not uncommon therefore it is **vitaly important** to secure an **accurate diagnosis** to ensure appropriate treatment and management. The specialist will decide which investigations are appropriate for diagnosis and treatment.

The following procedures and tests may help to determine the kind of attacks the person is having:

- **Medical and Personal History:** An accurate background history including the following factors - psychological (personality and behaviour), social (home, school, and education), medical (psychiatric, learning disability, physical symptoms and illness), work and the person's environment and information on any traumatic life events (e.g. loss, bereavement).
- **Recording of typical attacks:** Clinical presentations of NEA features can be diverse. Clear and concise descriptions are needed of the period before, during and after an attack, therefore reliable witness accounts are very important. Video tapes, written accounts and diaries can be very useful.
- **Medical and Neurological Examination**
  - **EEG (electroencephalogram) monitoring:** EEG may show up characteristic patterns in an epileptic seizure which are not present in an NEA.
  - **Ambulatory EEG:** achieves longer recordings with portable EEG equipment and is possible within a home environment.
  - **Video Telemetry:** combines video and EEG monitoring in a hospital setting to accurately record attacks.

## Effective Management of Non-epileptic Attack Disorder

1. An early definitive diagnosis by an epilepsy specialist to identify or exclude epilepsy.
2. Referral to appropriate psychological services if epilepsy is excluded to enable the person to find ways of stopping the attacks. This is likely to involve:
  - Providing a clear and concise diagnosis supported by an explanation of relevant investigation findings.
  - Supporting the person to accept the diagnosis, which can be difficult. Responses may include disbelief, denial, anger, shame, guilt and anxiety. Coming to terms with these feelings and helping the person to believe and accept the diagnosis and take responsibility for their wellbeing is an important part of the recovery process.
  - Helping the person to recognise the warning signs of an attack and manage the attack itself. Strategies include:
    - encouraging the person to note what they feel at the start of an attack and reassuring them that nothing serious is going to happen during an attack.
    - breathing in and out of a **paper** bag at the first sign of an attack can control hyperventilation and reduce feelings of unreality.
    - ensuring that family and friends know how to respond to an attack.
    - getting the person to identify whether attacks happen in certain situations and if so, encouraging them to talk to family, friends, or professionals about those situations.
  - Involving family, friends and carers to support the treatment programme.
  - Offering encouragement and reassurance when there are setbacks. Although it's possible to stop NEAs, it is not easy and will probably take time.
  - Introducing stress management including exercise, healthy eating, relaxation techniques and appropriate complementary therapies, e.g. aromatherapy, reflexology, massage.

## Managing Non-epileptic Attacks (NEAs)

### Observers should:

- Take appropriate safety and first aid precautions to ensure no physical harm results – i.e. protecting the head if the person falls.
- Maintain a calm environment.
- Maintain discreet observation and leave the person in peace to recover.
- Be aware that the use of medical/accident and emergency services is rarely required and may complicate matters as non-epileptic attacks are not known to be life threatening or to cause brain damage.

## Non-epileptic Seizures and Antiepileptic Drugs (AEDs)

- Some people have both epileptic seizures and non-epileptic attacks and may require AED treatment appropriate to the epileptic seizures as well as treatment relevant to NEAs.
- If epilepsy has been ruled out, the use of antiepileptic drugs (AEDs) is not appropriate and could be harmful. (Up to 80% of people with NEAs might have already been prescribed AEDs).
- Reassessment/adjustment/withdrawal of AEDs must be supervised by an epilepsy specialist or GP.

## Non-epileptic Attacks and Driving

Non-epileptic attacks may affect eligibility to hold a driving licence. The Drivers Medical Enquiries, DVLA can advise. (Telephone number – 0300 790 6806 (car/motorcycles) or 0300 790 6807 (bus/coach/lorry).

## Support and After Care

Information, support, guidance and counselling are vital following a diagnosis of NEAD to promote self-confidence and self-esteem. Increasing self-confidence and self-esteem creates opportunities for realistic and achievable choices to be made about education, work, leisure activities and a satisfying lifestyle.

It is crucial that a person with a diagnosis of NEAD knows that they have the potential to gradually overcome their condition.

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Supporting people with epilepsy

**Head Office**

100 Wellington Street  
Glasgow G2 6DH  
tel: 0141.248.4125  
fax: 0141.248.5887

**Forth Valley Fieldwork Service**

Administration Offices  
Falkirk Community Hospital  
Westburn Avenue  
Falkirk FK1 5QE  
tel: 01324 673750

**Email: [info@epilepsyconnections.org.uk](mailto:info@epilepsyconnections.org.uk)**  
**Website: [www.epilepsyconnections.org.uk](http://www.epilepsyconnections.org.uk)**