

# Understanding Pseudoseizures

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## Pseudoseizure vs. seizure

A seizure is an event when you lose control of your body and convulse, possibly also losing consciousness. There are two types of seizures: epileptic and nonepileptic.

A brain disorder called [epilepsy](#) causes the first kind. Epilepsy disrupts the nerve activity in the brain, causing seizures. You can tell a seizure is epileptic if brain electricity monitoring during the event shows neurons misfiring.

Nonepileptic seizures are caused by something other than epilepsy — typically by psychological conditions. This means a brain scan won't show a change during a nonepileptic seizure.

Nonepileptic [seizures](#) are also commonly referred to as pseudoseizures. "Pseudo" is a Latin word meaning false, however, pseudoseizures are as real as epileptic seizures. They're also sometimes called psychogenic nonepileptic seizures (PNES).


Pseudoseizures are fairly common. In 2008, the [Cleveland Clinic](#) saw between 100 to 200 people with this condition. According to the [Epilepsy Foundation](#), about 20 percent of people referred to epilepsy centers have nonepileptic seizures. Women are three times as likely as men to have a PNES.

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## What causes pseudoseizures?

Because these seizures are a physical manifestation of psychological distress, there are a lot of possible causes. [Research from 2003 shows](#)  these commonly include:

- family conflict
- [sexual or physical abuse](#)
- [anger management](#) problems
- [affective disorders](#)
- [panic attacks](#)
- [anxiety](#)
- [obsessive compulsive disorder](#)
- dissociative disorders
- [post-traumatic stress disorder](#)
- psychosis, such as [schizophrenia](#)
- [personality disorders](#), such as [borderline personality disorder](#)
- [substance abuse](#)
- [head trauma](#)
- [attention deficit hyperactivity disorder](#)

## What are symptoms of pseudoseizures?

People who experience pseudoseizures have many of the same [symptoms of epileptic seizures](#):

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- falling
- stiffening of the body
- loss of attention
- [staring](#)

People who experience PNES often also have [mental health conditions](#). For this reason, they may also have symptoms associated with their trauma or mental disorder.

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## Diagnosis

People with PNES are often misdiagnosed with epilepsy because a doctor isn't there to see the event happen. Psychiatrists and [neurologists](#) have to work together to diagnose pseudoseizures.

The best test to run is called a video EEG. During this test, you'll stay at a hospital or specialty care unit. You'll be recorded on video and monitored with an EEG, or [electroencephalogram](#).

This brain scan will show if there's any abnormality in the brain function during the seizure. If the EEG comes back normal, you might have pseudoseizures. To confirm this diagnosis, neurologists will also watch the video of your seizure.

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reasons that could be causing your seizures.

## Pseudoseizure treatment

There isn't one treatment for pseudoseizures that will work for every person. Determining the cause of the disorder is a significant part of treatment.

The most effective treatment methods include:

- individual counseling
- family counseling
- [behavioral therapy](#), such as relaxation therapy
- cognitive behavioral therapy
- [eye movement desensitization and reprocessing \(EMDR\)](#)

Counseling or therapy can occur at an inpatient facility or as outpatient. People who can administer counseling are psychiatrists, psychologists, and social workers.


Studies show it's not clear whether [epilepsy medication](#) can help this condition or not. However, medication for mood disorders may be a viable treatment plan.

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If you were diagnosed with epilepsy but aren't responding to medication, you may be experiencing pseudoseizures. Getting a correct diagnosis is the first step toward getting well.

In **one 2003 study**  of 317 patients, 29 to 52 percent experienced resolution of seizures and 15 to 43 percent experienced fewer seizures. If the person had a psychological condition that was diagnosed, they were more likely to experience long-term recovery.

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