

# NON-EPILEPTIC SPELLS

Not all seizures are categorized as Epilepsy. Patients often have “events” or “spells” that look similar to epileptic seizures but are not caused from abnormal activity in the brain. They are sometimes referred to as “pseudo seizures”. It is not completely known what causes non-epileptic spells. While they can be brought on by factors such as excessive stress or emotional trauma, they can occur at any time. Patients typically do not have control over these events and don’t remember them when they are over.

## Symptoms

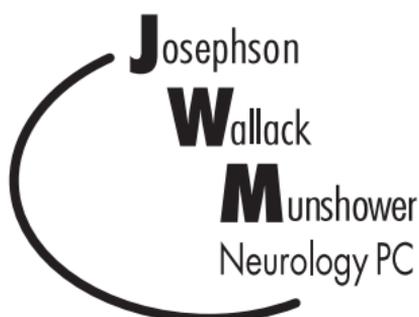
Non-epileptic spells can last anywhere from a few seconds to several minutes. Symptoms vary by individual and can include:

- Shaking or thrashing
- Body jerking and body stiffening
- Periods of non-responsiveness
- Staring spells
- Inability to move

## Diagnosing Non-Epileptic Spells

Accurate diagnosis of non-epileptic spells by a neurologist is essential. The neurologist will evaluate the patient by taking a thorough medical history and performing a neurological examination. Further testing such as EEG (electroencephalograph), video EEG monitoring and imaging may be performed.

These tests are often indicated when patients experience certain patterns common in non-epileptic spells or have been treated with epilepsy medications that have not been effective.



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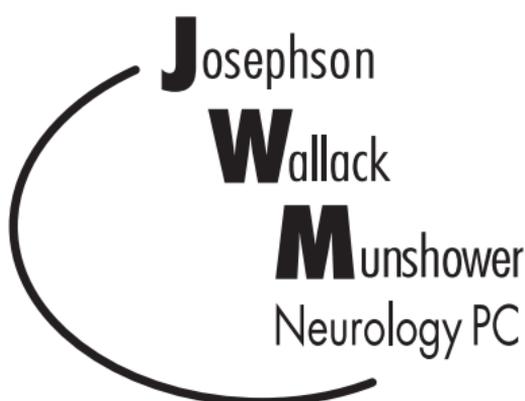
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## Treatment and Control of Non-Epileptic Spells

Treatment for non-epileptic spells varies by individual and will depend on multiple factors such as the patient's age, the type of "event" they are having and any other underlying medical conditions that they have. Patients that experience non-epileptic spells often have other illnesses such as depression, chronic pain or fibromyalgia. Often times, anti-depressants can be effective along with counseling therapy sessions.

## First Aid For Seizures/Spells

- DO call 911 if the person is confused, sustains an injury, has multiple seizures or does not start breathing within one minute of the seizure. Start mouth-to-mouth resuscitation in this case.
- DO turn the person on one side to allow saliva to drain from the mouth.
- DO clear the area of sharp/hard objects, and remove eye glasses.
- DO make sure someone stays with the person until he/she is fully alert.
- DON'T restrain the person.
- DON'T approach the person if he/she appears angry or aggressive.
- DON'T offer the person food or drink or force anything into the mouth.



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For more information visit:

[www.epilepsyfoundation.org](http://www.epilepsyfoundation.org) (National Epilepsy Foundation)  
and [www.indianaepilepsyfoundation.org](http://www.indianaepilepsyfoundation.org) (Indiana chapter).

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