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# Recognition and Management of Psychogenic Stroke & Seizures

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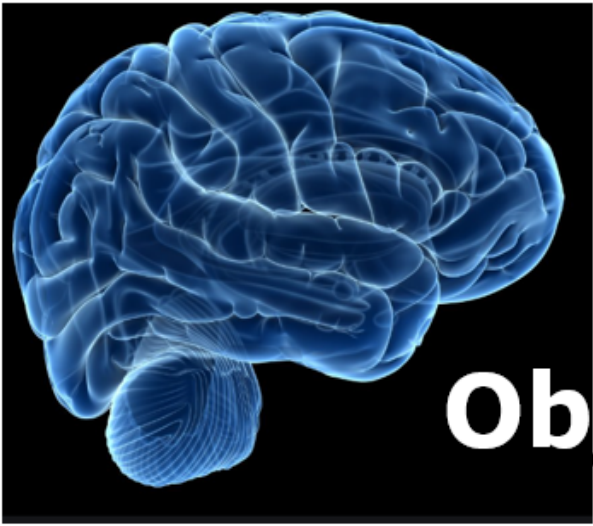
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## Disclosures

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No financial disclosures



# Objectives

- Overview of psychogenic pseudostroke & PNEE/PNES
- Explore why patients present with stroke-like symptoms
- Approaches to management
- Role of primary provider and consultants



## What do we call it?

- Psychogenic pseudostroke
- Psychogenic nonepileptic event
- Nonepileptic attack disorder
- Functional seizures
- Stress seizures
- Psychogenic seizures
- Pseudoseizures



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Review Article

## Psychogenic Pseudostroke

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<https://doi.org/10.1016/j.jstrokecerebrovasdis.2013.11.010>

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## Psychogenic non-epileptic event (PNEE)

### psychogenic nonepileptic seizure (PNES)

a behavioral or emotional manifestation of psychological distress, conflict, or trauma that resembles an epileptic seizure but is not produced by abnormal electrical activity in the brain. Most PNESs are conversion nonepileptic seizures, but they may also be associated with factitious disorder or malingering. Also called **psychogenic seizure**.



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# What disorders present with stroke-like symptoms?

- Conversion Disorder
- Factitious Disorder
- Malingering



# DSM-5 Conversion Disorder

## Conversion Disorder (Functional Neurological Symptom Disorder): Diagnostic Criteria

- A. One or more symptoms of altered voluntary motor or sensory function
- B. Clinical findings provide evidence of incompatibility between the symptom and recognized neurological or medical condition
- C. The symptom or clinical deficit is not explained by another medical or mental disorder
- D. The symptom or deficit causes clinically significant distress or impairment in social, occupational or other important areas of functioning or warrants medical evaluation

## Conversion Disorder (Functional Neurological Symptom Disorder): Diagnostic Criteria

- Specify symptom by:
  - With weakness or paralysis
  - With abnormal movement
  - With swallowing symptoms
  - With speech symptoms (dysphonia, slurred speech)
  - With attacks or seizures
  - With anesthesia or sensory loss
  - With special sensory symptoms (visual, olfactory, hearing disturbance)

## Quick & Dirty Conversion Disorder Definition:

1.  $\geq 1$  symptom altered motor/sensory function
2. Disconnect  $\rightarrow$  symptom vs. true neuro condition
3. Not explained by another medical or mental disorder
4. Impairment in work and/or social life





# DSM-5 Factitious Disorder

## Factitious Disorder(5): Changes in Diagnostic Criteria

### DSM - IV

- Intentional production or feigning of physical or psychological signs or symptoms
- The motivation for the behaviour is to assume the sick role

### DSM - 5

- Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception
- **(Dropped** as a criterion: but stipulates that behaviour is not better explained by another mental disorder)

# Malingering

“intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives”

- a. avoiding military duty
- b. avoiding work
- c. obtaining financial compensation
- d. evading criminal prosecution
- e. obtaining drugs



# Case of JS

**Psychogenic  
Nonepileptic Seizures  
(PNES),  
Epileptic Events (PNEE)  
& Psychogenic  
Pseudostroke (PS)**



# Etiology & Epidemiology of PNES/PNEE

## Etiology

- History of **physical or sexual abuse** and **female gender**.
- A disproportionate number of patients with PNES have **training in health care careers**.
- **Malingering or factitious disorder** is thought to be less common as a cause of PNES but might be suspected.
- A **conversion disorder** by definition implies that the patient is not aware and is not consciously feigning the events.

## Epidemiology

- **20% of patients** with epilepsy have PNES/PNEE
- **40% on epilepsy monitoring units**



# Epidemiology of Psychogenic Pseudostroke (PS)

- PNES estimated prevalence 2-33 cases per 100,000
- NO epidemiological data on PS  
Incidence believed to be similar to Multiple Sclerosis (5 per 100,000)

# Psychogenic Stroke Red Flags

- previous history of psychogenic symptoms (such as PNES or PS) <sup>11</sup> ;
- history of other unexplained conditions that have undergone extensive workup to no avail;
- coexisting, poorly defined, and probable psychogenic conditions, such as fibromyalgia, chronic pain without a cause, and chronic fatigue <sup>12</sup> ;
- a long history of recurrent “transient ischemic attacks” despite no clear mechanism and adequate stroke prevention therapy;
- history of psychiatric disorders <sup>13</sup> ;
- presence of medical background <sup>13</sup> ;
- presence of emotional or situational triggers <sup>13</sup> ; and
- symptoms triggered or ameliorated by placebo. <sup>13</sup>



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# How long does it take to diagnose?

7 to 10 years



# Key Points

- ▶ Always remember to screen for psychiatric comorbidities of PNES and plan treatment accordingly.
- ▶ Anti-epileptic drugs are not effective in treating PNES and may worsen symptoms.
- ▶ Approach PNES treatment with a focus on improved functioning rather than on making sure the patient is seizure-free.



# Clinical Pearls

- Give them an out
- Give it a name



**Treat comorbid psychiatric symptoms**

**Give them control**

-example: Vistaril “just in case”

**Psychotherapy**

- Cognitive Behavioral Therapy
- Psychodynamic Therapy
- Mindfulness

**Education**

# Treatment





- Patient Care & Health Info
- Departments & Centers
- Research
- Education
- For Medical Professionals

Patient Care & Health Information > Diseases & Conditions

# Functional neurologic disorders/conversion disorder

- Symptoms & causes
- Diagnosis & treatment
- Doctors & departments



Not always the best advice.....

## Psychogenic Pseudostroke

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