

Introduction: Psychogenic nonepileptic seizures (PNES) consist of paroxysmal changes in responsiveness, movements, or behaviour that superficially resemble epileptic seizures.

Objectives: Presentation of a clinical case of a PNES in a patient with a diagnose of secondary epilepsy, illustrating the relevance of an adequate evaluation, differential diagnosis, and intervention.

Methods: Description of the clinical case, with brief literature review and discussion. A search was conducted on PubMed and other databases, using the MeSH terms “nonepileptic seizure”, and “epileptic seizure”.

Results: We report the case of a 45-year-old female patient, brought to the emergency department because of tonic axial and limb nonsynchronous movements, closed eyes, long duration, with immediate awareness, no desaturation, tongue bite, facial flushing, dyspnoea or sphincter incontinency. She was medicated with clonazepam 1 mg and levetiracetam 1000 mg ev. TC-CE had no acute alteration. Bloodwork had no other major alteration except valproic acid below therapeutic levels (her usual medication, along with other antiepileptic drugs, antidepressant and antipsychotic). The antecedents of the patient: mild intellectual disability and an accidental traumatic brain injury in infancy, with secondary epilepsy. She was transferred to Psychiatry department. No electroencephalogram (EEG) was realized, because she had a recent one confirming PNES, and many other emergency observations with the diagnosis of PNES.

Conclusions: This clinical case showcases the diagnostic difficulties that clinicians face when there is an overlap in symptoms, emphasizing the need to combine patient history, witness reports, clinician observations, and ictal and interictal EEG to help distinguish these different clinical identities.

Disclosure: No significant relationships.

Keywords: Nonepileptic seizure; Epileptic seizure

EPV0036

Functional Neurological Disorder: a multidisciplinary approach

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Introduction: Functional neurological disorders (FNDs), also known as “conversion disorder”, consist in the appearance of neurological symptoms that do not correspond to any medical condition and produces an impairment in social, occupational and other areas in the patient’s life. This disorder can represent up to 30% of neurologist’s consultation. We introduce the case of a 23-year-old man who attended the emergency services due to fainting and was finally diagnosed with FND.

Objectives: To summarize the difficulties of making a diagnosis of FND and the importance of a multidisciplinary approach.

Methods: A narrative review through the presentation of a case.

Results: The patient presented many absence seizures during his stay in the hospital. These episodes were characterized by non-

reactivity, dysarthria, tremors, tachycardia and hyperventilation. The neurological examination and imaging tests didn’t show any pathological findings. During the psychiatric interview he revealed he had lived a severe conflict with his brothers the previous week and he was being excluded within his family. Furthermore he didn’t have any social support besides his mother in the city he was living, leading this situation to an incrementation of anxiety. Due to the absence of any abnormalities in the examination and recent psychological conflict that was affecting him, FND diagnose was made.

Conclusions: Very frequently the absence of a clear psychological trigger and the presence of neurological alterations can hinder the study of the patient. This makes necessary a multidisciplinary approach and the knowledge of signs that can help to carry out an accurate diagnosis.

Disclosure: No significant relationships.

Keywords: multidisciplinary; neurological; conversion

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A review on interventions for psychogenic nonepileptic seizures: which treatments improve outcome?

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Introduction: Psychogenic nonepileptic seizures (PNES), the most common conversion disorder, are episodic alterations in behaviour that resemble epileptic seizures without its characteristic EEG changes. PNES presumably reflect a physical manifestation of underlying psychological distress and can be as disabling as epilepsy. Standardized treatment approaches for PNES care are lacking.

Objectives: Our aim is to review the literature for therapeutic interventions in PNES.

Methods: A literature search was conducted in PubMed/MEDLINE database for randomized controlled trials (RCTs) examining the effect(s) of specific intervention(s) in patients with PNES. Search terms were “psychogenic-nonepileptic-seizures” and selection was based on the abstracts of all the studies retrieved. Priority outcome was frequency of PNES.

Results: We identified 8 eligible RCTs. Samples ranged from 19 to 82 patients. Follow-up periods varied from 6 weeks to 18 months. Regarding reduction of PNES frequency, several interventions were effective: motivational interviewing combined with psychotherapy; cognitive behavioural therapy informed psychotherapy (CBT-ip); combination of CBT-ip and sertraline; immediate withdrawal of antiepileptic drugs after PNES diagnosis; a standardized diagnostic approach associated with psychiatric inpatient consultation. Treatment with sertraline alone and brief educational interventions didn’t reduce PNES frequency significantly. Beside PNES rate reduction, most interventions conveyed some type of benefit such as improvement in quality of life, mood or functionality.

Conclusions: The majority of the beneficial interventions included a structured communicational approach and/or psychotherapeutic treatment. Our analysis highlights the importance of a multidisciplinary strategy that includes psychotherapy. Further studies with