

**Patient
Information**

Non-epileptic attacks

Introduction

This leaflet aims to help you understand a little more about non-epileptic attacks. You should discuss the content of the leaflet with the health professional who gave it to you.

What are non-epileptic attacks?

Non-epileptic attacks are episodes that usually involve a sense of losing control over your body and sometimes a loss of awareness of where you are and what you are doing.

Some people may experience shaking or other movements of their arms or legs. Others may drop to the floor or blackout or not be able to respond to what is going on around them.

These episodes can look like epileptic seizures but they happen for a different reason. Unlike epilepsy, non-epileptic attacks are **not** due to abnormal electrical activity in the brain.

Often these attacks can have a major impact on day-to-day life, especially if they happen frequently.

Non-epileptic attacks are very common and can be misdiagnosed as epilepsy.

How are non-epileptic attacks diagnosed?

A diagnosis is usually made by a neurologist following a description of your difficulties, and sometimes investigations such as scans and an electroencephalogram (EEG) (studying electrical brain waves) to rule out other conditions.

However, specialists can often tell differences between non-epileptic attacks and epileptic seizures when described in detail as they often have differing features. In some patients both can be present.

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**Clinical Health
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Why do non-epileptic attacks happen?

Unlike epileptic seizures, non-epileptic attacks are not the result of physical abnormalities in the brain or abnormal electrical discharges.

Non-epileptic attacks may happen for different reasons. In some people, it is thought that there may be a link with stress and difficult life events. Some people may be more likely to develop physical symptoms in response to stress.

Other factors thought to trigger or keep attacks going include:

- Physical injury or illness
- Family history of illness/a neurological condition
- Concern about bodily symptoms/attention focused on symptoms
- High levels of anxiety

For others there may be a build-up of circumstances over time.

Some people with non-epileptic attacks do not feel stressed and it may not be obvious why the attacks started or what is triggering them. The attacks may appear to happen out of the blue without warning.

However, attacks can often be related to things that are going on in the person's life, even when it is not obvious what. A lack of a specific answer can sometimes cause feelings of confusion, anger and anxiety and lead to doubt about the diagnosis.

It is important to remember than non-epileptic attacks are real symptoms and are not made up or imagined.

Following a diagnosis

When you get a diagnosis of non-epileptic attacks, it is important that you discuss any concerns or questions you have with your neurologist or specialist nurse.

If you are taking anti-epileptic medication then your neurologist may give you advice on how to slowly withdraw this medication as they do not help with non-epileptic attacks. However, you may need to keep taking the medication if your neurologist thinks you have a mixture of both epileptic and non-epileptic attacks.

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After being given a clear diagnosis, some people improve and get better without the need for further help. For others, the non-epileptic attacks may continue and may be having a major impact on their lives and they may need more help in recovery.

A specialist nurse may talk to you about techniques that can help some people gain control over these attacks.

Some people may also be referred to:

Clinical Health psychology

For some individuals, it is helpful to look more widely at possible triggers, thoughts, emotions and experiences that could play a role in non-epileptic attacks.

Non-epileptic attacks themselves are often experienced as stressful to manage and live with. Tailored self-help materials and psychological therapy can be helpful in developing confidence in managing attacks and reducing their impact.

Local talking therapy services (e.g. Let's Talk)

There is some overlap between Clinical Health Psychology and other talking therapy services so it is often unhelpful for people to be seen by both.

However, for individuals who may be experiencing anxiety and low mood, contact with local talking therapy services may be suggested instead. These services provide individual and group support for a range of difficulties including depression, anxiety and post-traumatic stress.

Medical Unexplained Symptom Clinic

This clinic is run by the liaison psychiatrists who are trained in working in the general hospital to help those patients who have mental health conditions alongside physical conditions. (This will not apply to all patients).

The clinical assessment process helps patients understand how their psychological health might be affecting their symptoms. In agreement with the patient, the assessment will generate a treatment plan to address their health needs and to advise others involved in their care.

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Psychiatry services

Some patients might be offered help from mental health teams for treatment of disorders such as depression or anxiety. These teams offer a variety of treatments including key working and outpatient appointments. They may also offer a wide range of psychological therapies and intensive home treatment via their colleagues in Crisis and home treatment services.

Referral to these services may not be appropriate or necessary for all individuals with non-epileptic attacks.

What can I do to help myself?

- Find out more about non-epileptic attacks. If you have doubts about your diagnosis, this may cause continuing worry/frustration and get in the way of managing and improving your symptoms.
You can find more information about non-epileptic attacks at the website <https://neurosymptoms.org> - this website was developed by Professor Jon Stone, a Consultant Neurologist. You may also wish to discuss your diagnosis further with your nurse or neurologist.
- Help family and friends understand your diagnosis by sharing information with them. This will help them to stay calm when your attacks happen.
- Notice triggers and factors that may make your attacks worse and signs for when you may be about to have a non-epileptic attack. This can help you gain more control over your attacks and start to develop some coping strategies.
- If you think you may be about to have a non-epileptic attack, it might help to think of something else, such as a distraction and by trying to stay calm.

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>