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The opinion of the general practitioner toward clinical management of patients with psychogenic nonepileptic seizures

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Abstract

Objective. The purpose of this work was to assess the opinion of general practitioners (GPs) regarding the diagnosis of psychogenic nonepileptic seizures (PNES) and the role they feel they should play in the management of the disorder. *Methods.* Patients with PNES were identified from hospital records. Seizure and patient characteristics were recorded. Their GPs were surveyed regarding their understanding of the diagnosis and ongoing management of PNES. *Results.* Twenty-three patients were identified over a 3-year period as having been diagnosed with PNES. Sixty-five percent of GPs agreed with the diagnosis, and when asked to grade their understanding of the diagnosis (poor = 1, excellent = 10), the mean score was 5.7 (±SD 2.3). Thirty-five percent of GPs felt psychological input was of benefit to their patients. Fifty-two percent of GPs felt comfortable following up these patients, either with or without neurology outpatient services. *Conclusions.* PNES remains a difficult disease to manage. There is a high level of uncertainty regarding the optimum management of PNES among primary care physicians, for which further education is needed.

Keywords: Psychogenic nonepileptic seizures; Pseudoseizures; Nonepileptic attack disorder; General practitioner

1. Introduction

Psychogenic nonepileptic seizures (PNES) have previously represented a diagnostic challenge, with many reports of misdiagnosis of PNES as epilepsy in tertiary referral centers [1,2]. Despite improvements in diagnostic accuracy using video/EEG monitoring, there still remain delays in the suspicion and subsequent confirmation of this diagnosis, often longer than 15 years [3]. The management of this disorder is even more challenging, with few consistent data regarding the clinical outcome and optimal treatment of these patients. Studies have demonstrated that psychiatric variables such as major depression, dissociative, and personality disorders are associated with poor outcomes [4–6]. Similarly, studies have also found a correlation with a poor prognosis of PNES in those patients with certain socioeconomic variables, including personal relationships, potential litigation, and poverty [7,8]. It is therefore not unexpected that research has been undertaken to investigate the possible benefits of psychological interventions, with positive results obtained in some [9–11] but not all [12] studies.

A currently unresolved issue is who is best to manage the patient with PNES, and whether there is a possible role for the general practitioner (GP). In the investigation of patients with dissociative psychopathology such as PNES, it is highly likely that the neurologist will remain a principal player in initial assessment in the future. Previous studies would suggest that there is certainly a role for the psychiatrist or psychologist, possibly as the main caregiver for this condition. Some authors suggest that care should be undertaken by a multidisciplinary team including these specialities from the beginning of investigations, but that the referring physician should remain involved to avoid "abandoning the patient to the psychiatrist" [13,14]. Therefore, one must not forget the GP, who may be most aware

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of the patient's condition, not only from a medical perspective, but also from a more "holistic" biopsychosocial one. In PNES, as with other chronic conditions, it may be the GP who is the patient's first source of reference with queries regarding their diagnosis.

Previous research has demonstrated that there is a large degree of duplication of care between GP care and hospital outpatient follow-up for many patients with chronic conditions. GPs were found to be willing to resume responsibility for most patients with chronic conditions if specialist advice was accessible when needed [15]. This would be of likely benefit not only in patient management, but also to the economy of health care services [16].

A study by Carton et al. investigating the effect of patients' understanding and reaction to the diagnosis of PNES on outcome reported that 63% of patients did not have a good understanding of the diagnosis, and the most common reaction to the diagnosis was confusion [17]. This reaction was found to have a negative impact on prognosis, with no significant differences in extent of psychological follow-up. The aim of this study is to ascertain the level of understanding of the diagnosis of PNES among such patients' GPs, their opinions of the diagnosis and its management options, and the role they feel the GP should play in the overall management of this condition.

2. Methods

Patients were recruited from a retrospective review of the reports of all video/EEG telemetry recordings performed in Cork University Hospital between 2001 and 2003. Those patients for whom there was a recorded episode of typical seizure-like activity, but was deemed to be nonepileptic by a consultant neurophysiologist and neurologist on the basis of video/EEG recordings were included for review. The medical records of these patients were reviewed, and only those patients with whom the diagnosis of nonepileptic attacks had been discussed and documented, with similar correspondence from their GPs, were further investigated. The medical records of included patients were reviewed to ascertain whether the patient had epilepsy in addition to PNES and the frequency of seizures before the diagnosis was made.

The patients eligible for inclusion in the study were followed up by means of a questionnaire sent to their GPs. The questionnaire was relatively brief to increase the

1. Seizure frequency since diagnosis
How many?
Have seizures stopped?
If so, how soon after the diagnosis of nonepileptic seizures was given to patient?
If not, has there been any "seizure-free period"?

2.* Antiepileptic drugs (AEDs*)
Is patient still on AEDs?
If so, have doses been reduced?
Were AEDs reintroduced? Why?

3. GP's opinion of diagnosis
Do you agree with diagnosis?
If not, why?
Do you feel you understand the diagnosis adequately? That is, how confident are you in dealing with patient's queries (graded 1–10: 1 = poor, 10 = excellent)

4. GP's opinion of role of psychologist/psychiatrist
Has your patient attended a psychologist or psychiatrist?
If so, who arranged this follow-up?
How many times did the patient attend?
Do you feel that follow-up by a psychologist or psychiatrist is/would be beneficial?
If a psychologist or psychiatrist has not seen the patient, do you feel you should refer?

5. Future follow-up
Who do you feel is the most appropriate to follow up and manage this condition? GP/psychology outpatient clinic/psychiatry outpatient clinic/neurology outpatient clinic/a combination of these?

Fig. 1. Questionnaire sent to GPs to determine their opinions on the management of patients with a diagnosis of pseudoseizures/psychogenic seizures/nonepileptic attacks and what they believe is their potential role.