



Attachment style, relationship quality, and psychological distress in patients with psychogenic non-epileptic seizures versus epilepsy



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ABSTRACT

Objectives: Psychopathology levels are elevated in patients with psychogenic non-epileptic seizures (PNES) and those with epilepsy. However, patients with PNES report higher rates of trauma and neglect, poorer health-related quality of life (HRQoL), and an increased prevalence of insecure attachment. We examined to what extent attachment style and relationship quality with their main informal carer impact on levels of HRQoL, depression, and anxiety in patients with PNES versus those with epilepsy.

Method: Consecutive patients with PNES ($N = 23$) and epilepsy ($N = 72$) completed questionnaires about attachment style, quality of their relationship with their main informal carer, seizure severity, HRQoL, depression, and anxiety.

Results: Patients with PNES reported higher levels of anxiety and depression and lower HRQoL than those with epilepsy. **PNES:** No significant correlations were found with HRQoL but depression correlated positively with attachment avoidance, attachment anxiety, and relationship conflict. Anxiety correlated positively with attachment avoidance, attachment anxiety, and relationship conflict, and negatively with relationship depth and support. **Epilepsy:** HRQoL correlated negatively with seizure severity, depression, anxiety, attachment avoidance, and attachment anxiety. Depression correlated positively with attachment avoidance, attachment anxiety, and relationship conflict. Anxiety correlated positively with seizure severity, attachment avoidance, and attachment anxiety. Correlations between measures of relationship quality and anxiety were stronger in patients with PNES versus those with epilepsy ($z_s = 2.66$ to 2.97 , $p_s < 0.004$). Attachment style and relationship quality explained larger amounts of variance in depression (45%) and anxiety (60%) in the patients with PNES than those with epilepsy (16% and 13%).

Significance: Levels of anxiety and depression were higher in patients with PNES than those with epilepsy. Interpersonal problems were much more closely associated with anxiety and depression in patients with PNES than those with epilepsy. The findings support the use of therapeutic interventions for PNES focusing on attachment and relationship issues.

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1. Introduction

Psychogenic non-epileptic seizures (PNES) superficially resemble epileptic seizures, but are not caused by the kind of abnormal electrical activity in the brain which characterizes epileptic seizures [1]. Instead

PNES are a response to perceived adverse internal or external stimuli associated with reduced self-control and, typically, impaired consciousness [2]. Although the incidence of PNES in the general population is lower at up to 33 per 100,000, compared to 780 per 100,000 for epileptic seizures [3], PNES are a significant health problem generating high costs to the patient, health system, and society [4].

PNES and epilepsy are both associated with higher levels of anxiety and depression than those found in the general population [5]. However, patients with PNES consistently report poorer HRQoL and higher levels of anxiety and depression than those with epilepsy [6]. To date, very little is known about whether the causes of psychopathology in patients with these two different seizure disorders are identical or whether they differ – for instance because of the well-recognized higher rates of previous trauma, neglect, and family dysfunction reported by patients with PNES that are considered important predisposing factors

Abbreviations: AED, antiepileptic drug; ASQ, Attachment Style Questionnaire; EEG, electroencephalogram; GAD-7, Generalised Anxiety Disorder 7-item scale; HRQoL, health-related quality of life; LSSS-3, Liverpool Seizure Severity Scale – Version 3; NHS, National Health Service; PHQ-9, Patient Health Questionnaire; PNES, psychogenic non-epileptic seizures; QOLIE, Quality of Life in Epilepsy; QRI, Quality of Relationships Inventory.

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for this disorder [7,8]. These experiences in early life could be linked to PNES in later life through the disruption of attachment processes. Factors such as parental ill-health, abuse, or neglect may cause a child to grow up without a caregiver attuned to the child's emotional state, and may limit the opportunity for the child to experience positive arousal and relaxation cycles [9]. The absence of this experience from a primary caregiver could impair the development of a positive internal working model of the self as loveable and worthy and of others as trustworthy and responsive with adverse consequences on interpersonal relationships in later life [10]. Indeed, patients with PNES have been found to be more likely to have fearful attachment styles and a history of abuse and neglect compared to patients with epilepsy [11], and trauma history, fearful attachment style, psychopathology, and dissociation have been observed to be associated with PNES but not epileptic seizure frequency [12].

Relatedly, family dysfunction has also been proposed as an important predisposing factor for PNES. It has been argued that, rather than PNES developing as a consequence of childhood abuse, both childhood abuse and PNES could result from family dysfunction [13]. However, understanding of family functioning in patients with PNES is limited and family function before the onset of PNES has only been studied by retrospective self-report. Family functioning is affected in patients with PNES or epilepsy [7], but after the manifestation of seizures, families of patients with PNES have been found to be more dysfunctional in areas of affective involvement, communication, and general functioning than families affected by epilepsy [14]. Family functioning has been found to explain an additional 18% and 24% of the variance in HRQoL reported by patients with PNES and epilepsy respectively (after controlling for levels of depression and seizure frequency) [7].

The present study extends previous work by (1) examining differences in relationship quality, attachment style, HRQoL, depression, and anxiety between patients with PNES versus epilepsy, and (2) assessing the extent to which measures of relationship quality, attachment style, and seizure severity are associated with HRQoL, depression, and anxiety in patients with PNES versus those with epilepsy.

2. Method

2.1. Procedure and participants

Potential participants were approached consecutively in outpatient seizure clinics at the Sheffield Teaching Hospitals and Chesterfield Royal Hospital NHS Foundation Trusts in the United Kingdom over a seven-month period (July 2014–February 2015). Consultant neurologists with a special interest in seizure disorders identified eligible patients at both sites, according to the following criteria: (i) aged over 18 years of age with a clinically firm diagnosis of epilepsy or PNES (i.e., the patient's consultant neurologist was sufficiently sure about the diagnosis only to offer treatment for one disorder), (ii) able to provide informed consent, (iii) sufficient English skills to complete the questionnaire booklet themselves, (iv) patients with a mixed PNES and epilepsy diagnosis were excluded from the study. Potential participants were sent information about the study at least two weeks before their appointment. Questionnaires could be completed at the time of their clinic visit or returned by post later. Ethical approval for this study was granted by East Midlands Nottingham 2 Research Ethics Committee.

2.2. Measures

2.2.1. Demographics

Patients self-reported age, gender, ethnic group, marital status, and the number of people in their household.

2.2.2. Seizure characteristics

Patients were asked to report the duration of their seizure disorder. Seizure severity was measured using the Liverpool Seizure Severity Scale – Version 3 (LSSS-3) [15]. The LSSS-3 is a 12-item forced-choice self-report measure asking about the number of seizures experienced in the past four weeks and quantifying the severity of the seizures in this time. Scores range from 0 to 100, with high scores reflecting increased seizure severity. This scale has been used widely within PNES and epilepsy populations.

2.2.3. Relationship quality

The Quality of Relationships Inventory (QRI) [16] explores the relationship between the patient with PNES or epilepsy and their main informal carer (e.g., a spouse, partner, family member, friend). The 25-item measure yields three subscales: support (7 items, $\alpha = 0.87$, e.g., "To what extent can you count on this person for help with a problem?"), conflict (12 items, $\alpha = 0.91$, e.g., "How much do you argue with this person?"), and depth (6 items, $\alpha = 0.86$, e.g., "How responsible do you feel for this person's wellbeing?"). Each statement is rated on a four-point scale ranging from one (not at all) to four (very much). Subscale scores were obtained by computing the mean response to each subscale.

2.2.4. Attachment style

The short-form, 29-item version of the Attachment Style Questionnaire (ASQ) [17] was used to assess two dimensions of attachment style; namely, attachment avoidance (16 items, $\alpha = 0.82$, e.g., "I find it hard to trust other people") and attachment anxiety (13 items, $\alpha = 0.92$, e.g., "I wonder how I would cope without someone to love me"). Participants rate each statement on a six-point scale ranging from totally agree to totally disagree. Unlike the original ASQ which produces categorical data, the short form of this questionnaire yields continuous scores for each dimension which are obtained by computing mean responses to questions contributing to the two subscales.

2.2.5. Depression and anxiety

The nine-item Patient Health Questionnaire (PHQ-9) measures depression in the preceding two weeks ($\alpha = 0.86$ – 0.89) [18]. General anxiety was measured using the seven-item Generalized Anxiety Disorder (GAD-7) measure ($\alpha = 0.92$) [19]. Cut-off scores of ≥ 10 and ≥ 8 indicate clinically significant symptoms of depression and anxiety respectively.

2.2.6. HRQoL

HRQoL was measured using the 10-item patient version of the Quality of Life in Epilepsy (QOLIE-10-P) questionnaire [20]. The QOLIE-10-P comprises single items corresponding to seizure worry, overall QoL, emotional well-being, energy-fatigue, cognitive functioning, physical and psychological effects of AEDs (antiepileptic drugs), work, driving, and social function ($\alpha = 0.85$). The QOLIE-10-P correlates highly with the QOLIE-31, the most commonly used HRQoL measure in these patient groups [21].

2.3. Analysis

A series of independent samples t-tests and chi-square analyses were used, as appropriate, to examine differences between patients with PNES and epilepsy on all demographic, seizure, and psychological variables (see Table 1). Pearson correlations were computed to assess associations between relationship quality, attachment, seizure severity, and the psychological variables (separately for patients with PNES and epilepsy) (see Table 2). Fisher's z transformation was used to assess the significance of the differences between the correlation coefficients for patients with PNES and epilepsy. Pearson correlations and t-tests, as appropriate, were also conducted to test associations between the demographic/seizure variables and the psychological variables.

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