



A cross-sectional survey on French psychiatrists' knowledge and perceptions of psychogenic nonepileptic seizures



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ABSTRACT

Objective: The principal aim of the study was two-fold: to determine French psychiatrists' level of general knowledge of psychogenic nonepileptic seizures (PNES) and to evaluate their perceptions of this condition in a standardized way. The secondary aim was to describe the relationship between level of education and knowledge of PNES and level of experience of case management and perceptions of PNES.

Methods: In this study, psychiatrists were invited by email to answer an online survey. The questionnaire asked about their general knowledge of PNES, and perceptions of PNES were scored using the Brief Illness Perception Questionnaire (Brief IPQ).

Results: We received 1242 replies, and data from 963 respondents were included. The survey revealed that three-quarters of psychiatrists working in France (75%) had never received any training on PNES, and 42% had never managed patients suffering from PNES. In general, participants considered PNES to be a chronic disease with significant impact on patients' quality of life. Although psychiatrists were aware of the importance of psychological trauma in the etiology of PNES, they showed only moderate understanding of this pathology. Terminology and classification of these disorders were poorly known, and the relation between PNES and histrionic personality was massively overvalued. Prior training on PNES was associated with a better level of knowledge and different perceptions of trained psychiatrists compared with that of psychiatrists with no prior training.

Conclusions: The condition of PNES remains relatively unknown to French psychiatrists, and some of their perceptions were inaccurate. Specific training seems essential for a better understanding of PNES.

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1. Introduction

Psychogenic nonepileptic seizures (PNES) are defined as episodes of change in behavior or consciousness that resemble epileptic seizures but which have a psychological origin. The incidence of PNES in the general population is estimated at 4.9/100,000 persons per year [1]. About 25–30% of the patients referred to centers for refractory epilepsy have PNES [2]. The accurate diagnosis of PNES is delayed by a mean of more than 7 years [3], with significant consequences on quality of life [4].

Patients presenting with suspected PNES are usually referred to the nearest epilepsy center for video-EEG monitoring of an event. Once diagnosed with PNES, the involvement of a psychiatrist is required for optimal management. These patients, therefore, find themselves at the crossroads of two specialties, neurology and psychiatry, and the care pathway can be problematic from this point of view [5]. In order to provide optimum medical care, sound knowledge of PNES by the psychiatrist, as well as by the rest of the multidisciplinary team, is crucial.

It is recognized that psychotherapy may be indicated in many cases of PNES and may help with symptom resolution. The use of cognitive behavioral therapy (CBT) has been shown to be effective in the treatment of PNES [6]. Providing appropriate psychotherapy may be difficult for a psychotherapist dealing with a little known disorder that is scarcely featured in their university curriculum. The problem is that the information provided by the healthcare provider to the patient is crucial and

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will greatly influence the feelings the patient has about his or her condition, particularly in the case of a somatoform disorder [7,8]. It has also been shown that differences in perceptions of illness between patients and their doctors could have a negative impact on treatment outcome and be associated with more frequent demands on healthcare systems [9,10].

In recent years, several studies have described the illness perceptions of physicians from various medical specialties who interact with patients with PNES [9,11,12]. These studies demonstrated that the perception of PNES may differ widely among different health professionals. Based on these studies, we formulated our own questionnaire to evaluate knowledge and perceptions of PNES and applied this in a reasonably homogeneous population group of psychiatrists working in French territory.

The principal aim of the study was two-fold: to determine the level of general knowledge of PNES of French psychiatrists and psychiatric residents and to document, in a standardized way, their perceptions of this disease. The secondary aim was to describe the relationship between level of education and knowledge of PNES and level of experience of case management and perceptions of PNES. The lack of specific training on PNES in the majority of medical education programs, coupled with an ambiguity in the international classification systems, and the reluctance of many patients suffering from PNES to be referred to psychiatrists, led us to hypothesize that this illness remains relatively unknown to French psychiatrists and that some of their perceptions are likely to be inaccurate.

2. Methods

2.1. Participants

Between January and March 2015, 2642 emails were sent to psychiatrists practicing in France to invite them to participate in our survey. Emailing was carried out directly (2429 emails through personal or professional messaging) or indirectly (213 emails sent to hospital psychiatry department secretaries, residents, or mental health professional associations), to enable wide distribution. An email was also sent through a psychiatry healthcare professionals' website (<http://www.encephale.com>) and was included in the newsletter of a scientific French language journal (*Encephale*). An email reminder was sent in the same way a month after the initial request.

Our questionnaire was implemented using LimeSurvey software. It was only accessible by invitation. The email invited psychiatrists and residents in psychiatry to take part in the study by following a LimeSurvey link. The completed surveys were anonymous. Information about the pathology was available at the end of the questionnaire, and additional specific documentation was sent upon request.

2.2. Questionnaires

2.2.1. Demographic data

The first part of the survey consisted of eight questions, which asked the age, gender, professional status, regular workplace, type of practiced therapy, training in PNES, and clinical experience with patients with PNES. The questionnaire ended immediately for any respondent who was neither a psychiatrist nor psychiatry resident.

2.2.2. General knowledge

The second part of the survey consisted of 13 predefined multiple-choice questions and asked psychiatrists about their general knowledge of PNES. These related to their experience in the management of PNES and their knowledge of epidemiology, etiology, semiology, diagnosis, and, finally, treatment. A total score was then determined based on the number of correct answers. Some of these questions were directly inspired by the work of Whitehead & Reuber [9,11]. All questions were mandatory. Once validated, the answers could not be changed.

2.2.3. Brief Illness Perception Questionnaire (Brief IPQ)

The Brief IPQ is a short version of the Illness Perception Questionnaire—Revised (IPQ-R) [11], an illness representations questionnaire, initially intended for the patient, and developed to characterize the different representations of a pathology. This questionnaire is also frequently used to evaluate health professionals' perceptions of the pathology [10,11]. Previous studies have shown that there could be major differences of perception not only among patients with PNES, but also among the healthcare professionals who manage their disorder [10,11]. This questionnaire was used in its French version, which has previously shown good sensitivity, validity, and reliability [13]. As far as we know, there are no existing data on French psychiatrists' perceptions of PNES.

In the last part of the questionnaire, we used the Brief IPQ version of 9 items to document psychiatrists' perceptions of this condition. This tool has the advantage of providing rapid assessment of illness perceptions, with good test–retest reliability, and promotes maximum participation for large-scale studies [14]. The Brief IPQ is a short questionnaire designed to assess the cognitive and emotional representations of illness. It includes 9 items, 8 of which are rated using a 0-to-10 response scale (0 = not at all, 10 = extremely). These items assess illness consequences, timeline (how long the illness will last), treatment control, identity (the label used to describe the symptoms and their influence), concern, personal control (the extent to which the patient believes that he can control the illness), emotions, and illness understanding. For the causal representation assessment, respondents were asked to rate items on a list of 22 potential causes of illness, also on a 10-item Likert scale [10]. We considered that a rating of 7 out of 10 or above reflected a positive response.

2.2.4. Data analysis

Data were collected using the online software LimeSurvey. Descriptive statistics (mean, percentage) were performed. Nonparametric statistical procedures were used because the distributions of all relevant quantitative variables showed a significant decline from normal distribution (Shapiro–Wilk test). Subgroups were formed based on the existence of PNES training and follow-up experience with patients with PNES. A comparison of these subgroups was then carried out by means of Mann–Whitney tests to assess the relation of such criteria with the illness knowledge and representations. All analyses were performed using the software SYSTAT. All tests were two-tailed. A *p*-value less than 0.05 was considered statistically significant.

3. Results

We received 1242 questionnaires, and the data of 963 respondents were included in the final analysis (830 fully completed questionnaires and 133 with a few missing answers). There was a good representation of the French community of psychiatrists with participation of 95% of the different French regions (21 regions out of 22; Ile-de-France: 12%, North-East :36%, North-West: 29%, South-East: 13%, South-West: 9%). There was no significant difference between the descriptive data of participants who completed the questionnaire and the descriptive data of those who did not.

3.1. Respondents

Of the respondents, 70% were psychiatrists and 30% psychiatry residents. The median age of participants was 40 years (range: 23–84), and 45% were male. Respondents had a median postqualification experience period of 17 years (range: 0–56) for psychiatrists and 5 semesters for residents (Table 1).

Only 25% of respondents had received prior training on PNES. Among them, only half had been trained through their conventional university education; 42% of physicians recognized that they had never managed a patient with PNES (Table 1).

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