



Why is psychogenic nonepileptic seizure diagnosis missed? A retrospective study.

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Purpose: The aim of this retrospective study was to scrutinize factors which are associated with a delay in making the diagnosis of psychogenic nonepileptic seizures (PNES).

Methods: In this study, patients with PNES, who were investigated at Shiraz Comprehensive Epilepsy Center, Iran, from 2008 until 2019, were studied. We categorized the patients into: 1. Those with a definite diagnosis of PNES in less than a year since the onset of their attacks; 2. Those with a definite diagnosis of PNES later than 10 years since the onset of their attacks.

Results: During the study period, 330 patients were recorded. In 98 patients (30%) the diagnosis of PNES was made in less than a year since their seizure onset. In 67 patients (20%) the diagnosis of PNES was made later than 10 years since their seizure onset. Taking antiepileptic drugs (AEDs) (Odds ratio= 6) and a history of ictal injury (Odds ratio=3.6) had a positive association and age at the onset (Odds ratio =0.8) had an inverse association with a delay in receiving a definite diagnosis of PNES ($p=0.0001$).

Conclusion: Some demographic variables (i.e., early age at the onset of seizures), patients' clinical variables (i.e., severe seizure manifestations such as ictal injury), and finally, some physician related variables (i.e., prescribing AEDs) have significant associations with a delay in making a definite diagnosis of PNES.