

# Dissociative (Non-Epileptic) Attacks / Blackouts / Seizures

These are one of the **commonest** functional / dissociative symptoms seen in **neurology**

Dissociative attacks are also called '**non-epileptic attacks**', 'dissociative seizures', 'psychogenic seizures' & 'functional seizures/attacks'.

Dissociative attacks are **disabling** and **frightening** attacks that look very similar to epilepsy. People can experience shaking attacks or attacks when they simply 'blackout' often for quite a long time

Unlike epilepsy, dissociative attacks are **not** due to abnormal electrical activity in the brain or another neurological disease. They are however due to a **temporary** problem in the way the nervous system is working, a bit like a trance like state. They are potentially completely **treatable**, although not with tablets and the treatment is not that easy.

Dissociative attacks are **common**. **Nearly half** of all people brought in to hospital with suspected serious epilepsy have them. Many patients with dissociative attacks will have been wrongly diagnosed as epilepsy at some point and may have even taken drugs for epilepsy.

During a seizure, normally the patient is totally aware. These seizures are caused by a neurological problem and will never result in a patient harming anyone around them. Much more likely they may hurt or injure themselves, therefore if you ever see one happening like any other seizure you must (**if safe** to do so):

- remove any items surrounding the patient that has potential for causing injury;
- ensure the patient is **comfortable**;
  - pillows;
  - bedding;
  - blankets;
  - verbal and/or physical reassurance if safe;
- call an **ambulance** if the seizure goes on longer than anticipated;
- after a seizure, **patience** may be necessary as after-effects may be present. Symptoms can often be:
  - speech issues (either lack of clarity, stutter, or mutism);
  - fatigue;
  - spasms/twitches.

Having a **dissociative seizure** really is nothing to worry about. If you know they regularly occur, seek medical advice which also is likely to involve an assessment from an **Occupational Therapist** (OT).

To provide more information on this, there is some extremely helpful information below sourced from a website ([www.neurosymbols.org](http://www.neurosymbols.org)) written and compiled by a leading FND specialist called Dr. Jon Stone.

## Typical Features

There are two main types of dissociative attack:

### With Movements

Typically the patient has thrashing movements that look just like a generalised epileptic seizure (previously called 'grand mal').

### Without Movements

In these attacks patients fall down to the ground and lie motionless and unresponsive, often for many minutes.

### Common Signs

- Long duration of attacks
- The nature of abnormal movements of your head and limbs if there are any
- The presence of a prolonged period of unresponsiveness
- The appearance of your eyes and mouth during the attack
- Whether there is a warning before the attack. "Warnings" before dissociative attacks can be of variable length. Their duration can vary from being completely absent, to several hours. There is sometimes a

pattern of escalating and frightening physical symptoms before an attack, often with dissociative symptoms (see below and the page on 'dissociation').

- Patients with dissociative attacks often find it even harder to describe their attacks than patients with epilepsy

Making a diagnosis of dissociative attacks requires the doctor to be expert in the diagnosis of epilepsy, since epilepsy comes in many different forms. The two types of problem can look very similar, even to well trained observers such as paramedics, nurses and even hospital physicians.

## Triggers

Dissociative attacks are a complex problem. They arise for different reasons in different people. Often the symptoms are accompanied by feelings of frustration, worry and low mood but these are not the cause of the problem.

We recognise a number of different situations in which dissociative attacks can arise. Your symptom may fall in to one of these categories although often none of these appear relevant:

**1. Randomly** — One of the most confusing things about these attacks is that they often happen out of the blue without warning.

**2. At rest not distracted** - Dissociative attacks and the trance like state that goes along with them are more likely to occur when you are resting doing nothing, for example in bed or on the sofa. If you are distracted or focusing on something else, its difficult for that trance feeling to 'overtake' you.

**3. With hyperventilation** - In some people these attacks can occur at the same time as a shallow and rapid breathing pattern called hyperventilation. You may not even notice that you are breathing too fast but others may do so. If you are hyperventilating this may be making the attack worse. It is useful to know this because it may provide a way of stopping future attacks at an earlier stage. Other physical symptoms you may experience during an attack are hot flushes, a tight chest and tingling in your hands. Sometimes these symptoms are more clearly those of a panic attack.

**4. With depersonalisation / derealisation** - These words describe dissociative symptoms that many people have at the same time as their dissociative seizures. This is usually a frightening feeling that things around you are not quite real, or that you don't quite feel connected to your body or a feeling that everything is far away and weird. If you have these symptoms it is helpful to know what they are and that they are part of the attack. Many people who have never experienced these symptoms before are so frightened by them that they think they might be dying. You can get an 'out of body experience' with these attacks but you cannot die from them. Often people describe being aware of people around them but being unable to talk to them.

Patients with dissociative attacks often have a **brief warning** about **50%** of the time. Some have no warning. Others have a warning every time. Quite often patients start out with a warning which over time gets shorter and shorter and may disappear.

Learning about this warning phase, learning to **prolong** it and learning how the blackout may be your body's response to these horrible warning symptoms can be a **key part** of learning to **overcome** dissociative seizures.

## More Resources

- [www.nonepilepticattacks.info](http://www.nonepilepticattacks.info)
- [www.codestrial.org](http://www.codestrial.org)
- [www.nonepilepticattackdisorder.org.uk](http://www.nonepilepticattackdisorder.org.uk)