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## **► To cite this version:**

Helene Kholi, Laurent Vercueil. Emergency room diagnoses of psychogenic nonepileptic seizures with psychogenic status and functional (psychogenic) symptoms: Whopping. *Epilepsy & Behavior*, 2020, 104, pp.106882. <10.1016/j.yebeh.2019.106882>. <hal-03489977>

**HAL Id: hal-03489977**

**<https://hal.science/hal-03489977v1>**

Submitted on 21 Jul 2022

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TITLE PAGE

Article reference: **EB\_2019\_950**

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To be published in: Epilepsy & Behavior

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# **Emergency Room Diagnoses of Psychogenic Non-Epileptic Seizures with Psychogenic Status and Functional (Psychogenic) Symptoms**

## **INTRODUCTION**

Ethical concerns represent a substantial and challenging part of the management of patients with psychogenic non-epileptic seizures (PNES). Among these complex issues, several are currently debated, such as the use of diagnostic procedures (for example, could seizure induction be administered without misleading the patient?), diagnosis announcement (for example, could the diagnosis be understood by the patient without causing further stigma?), and even more the act of naming the clinical events (for example, what neutral term could be used to qualify respectively the event and the causal disorder?). In clinical practice, the terminology used to describe PNES and functional symptoms is at least unclear and misleading, and at worst offensive [1].

## **MATERIALS AND METHODS**

As a part of a study addressing the retrospective diagnosis and medical cost of protracted PNES (assumed as “psychogenic status”) [2], we collected 130 electronic emergency room medical records regarding 11 patients with confirmed PNES over a 17-year period (2001-2018). During this time, all of the electronic medical records of patients who met, at one point in their history, our inclusion criteria, meaning at least one admission to the emergency department for a “suspected status epilepticus” and further PNES diagnosis with video-EEG recording, were reviewed retrospectively. CNIL National Commission of Computing and Freedoms (declaration 2205066v0) and the Ethic Committee of the University Hospital Center of Grenoble Alpes approved the study. The PNESSSE study has been recorded in the National Health Data Institute.

## **RESULTS**

By collecting the final diagnoses at the end of the emergency stay, as coded by intensivists, we identified 48 different diagnostic terms for the 130 stays. In detail, the terminology ranged from “anxious healthy person” (French “*bien portant inquiet*”) to “dissociative disorder.” The most frequent diagnoses were “epilepsy” (18 diagnostic codes), followed by “malaise” (17), “convulsion” (16), “somatoform disorder” (13), and “PNES” (11). Other recurring terms were “psychogenic epilepsy” (7), “hypochondria” (3), “simulation” (3), “hysteria” (5), “anxiety disorder” (5), “psychogenic convulsion” (2), “psychogenic malaise” (5), “psychogenic seizure” (2), “personality disorder” (3), and “agitation” (5). The occasional terms (one statement only) were “syncope,” “psychological disorder,” “social problems,”

“Munchhausen,” “Ménière’s disease,” “fatigue,” “motor deficit,” “suspected seizure,” “fall,” and “acute stress reaction.”

## **DISCUSSION**

Although practitioners and health professionals recognize PNES as having a psychological origin, they remain uncertain as to the appropriate terminology [3]. This is well reflected by the confusing, multiple, and unclear terminology currently used to describe PNES and other functional symptoms leading to emergency room admissions. Thus, the term “PNES” has been strongly advocated, but there are other choices, especially among non-specialists as demonstrated by our retrospective collection of emergency room diagnoses. If the purpose of labeling is to present the diagnosis to the patient with clarity and honesty, we must agree on a single, unoffensive term that includes not only PNES, but also the full range of paroxysmal functional manifestations associated with it [4]. The generic term “FNSD” (functional neurological symptom disorders) has been suggested for best embracing the whole range of functional symptoms, but herein, and in line with a recent proposal [5], we advocate the use of PFE (paroxysmal functional event) for acute clinical manifestations. Actually, the term “PFE” should encompass PNES and other motor, cognitive, or sensory episodes.

## **CONCLUSION**

Naming events and causal disorders is a key element of disease management. In the present retrospective analysis of emergency room diagnoses given to patients with functional disorders and PNES, many terms were used, emphasizing the need for a consensus regarding common terminology.

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