

A Brief Description of NEAD

What is NEAD?

NEAD stands for non epileptic attack disorder. Other names include Psychogenic Non Epileptic Seizures (PNES) and Dissociative Seizures. The main symptom is seizures that look like epileptic seizures but are not caused by electrical activity in the brain. Associated symptoms may include fatigue, cognitive difficulties, memory loss, confusion on coming round from the seizure and temporary paralysis of parts of the body. As with Epilepsy, the seizures differ from person to person and range from staring blankly through apparent inappropriate behaviour such as shouting, laughing uncontrollably etc, to blackouts, to falling to the ground with various parts of the body, or the whole body, twitching and jerking. People are generally aware (but not always) of what is occurring but are unable to respond.

What causes NEAD?

It is believed that NEAD is the brain's response to overwhelming stress. For some people this may be a specific traumatic incident (such as abuse, accident or death of a loved one), for others, an accumulation of stress over time. Many people are confused by the diagnosis, as they don't feel particularly stressed.

How is it diagnosed?

Due to the similarity with epilepsy, NEAD is diagnosed by specialist neurologists, most often using the results of a series of EEGs and video evidence gathered by those close to the patient. Many people are sent to hospital for several days of video telemetry.

How people are affected.

The potential impact of NEAD on the patient and those close to them cannot be overstated. Many are afraid to go out in case they have a seizure and become increasingly isolated. All aspects of life are affected with most losing their jobs, often because employers are unwilling to make reasonable adjustments as required by the Equality Act 2010. NEAD sufferers are unable to drive until they are seizure free for 12 months and may be wary of using public transport. Relationships suffer with family members having to step in to the carer's role. Lack of knowledge amongst health professionals leads to people being accused of faking, drug abuse or attention seeking. Correct diagnosis takes on average five years with many being treated unnecessarily for epilepsy with attendant risks. People may become increasingly incapacitated and no longer able to care for themselves, needing help with normal day-to-day activities such as washing and getting dressed. A few people are reduced to using a wheelchair when they leave the house. Anxiety and depression are common co-morbidities.

Treatment

The currently accepted treatment is Cognitive Behavioural Therapy although this does not work for everyone and there are very long waiting lists. Other treatments, such as EMDR for those with traumatic causes, are being investigated. There are no currently approved medications for NEAD. Some people may be prescribed anti-anxiety medication or antidepressants as appropriate.

Outlook

With the correct treatment, some people are able to gain some control over their seizures with a significant reduction in the number of events. However others may continue to have daily, debilitating seizures for many years. Research is continually going on into this condition.

More information.

The following websites provide more information about NEAD:

www.nonepilepticattackdisorder.org.uk

www.nonepilepticattacks.info

www.neurosymptoms.org