

5th Congress of the European Academy of Neurology

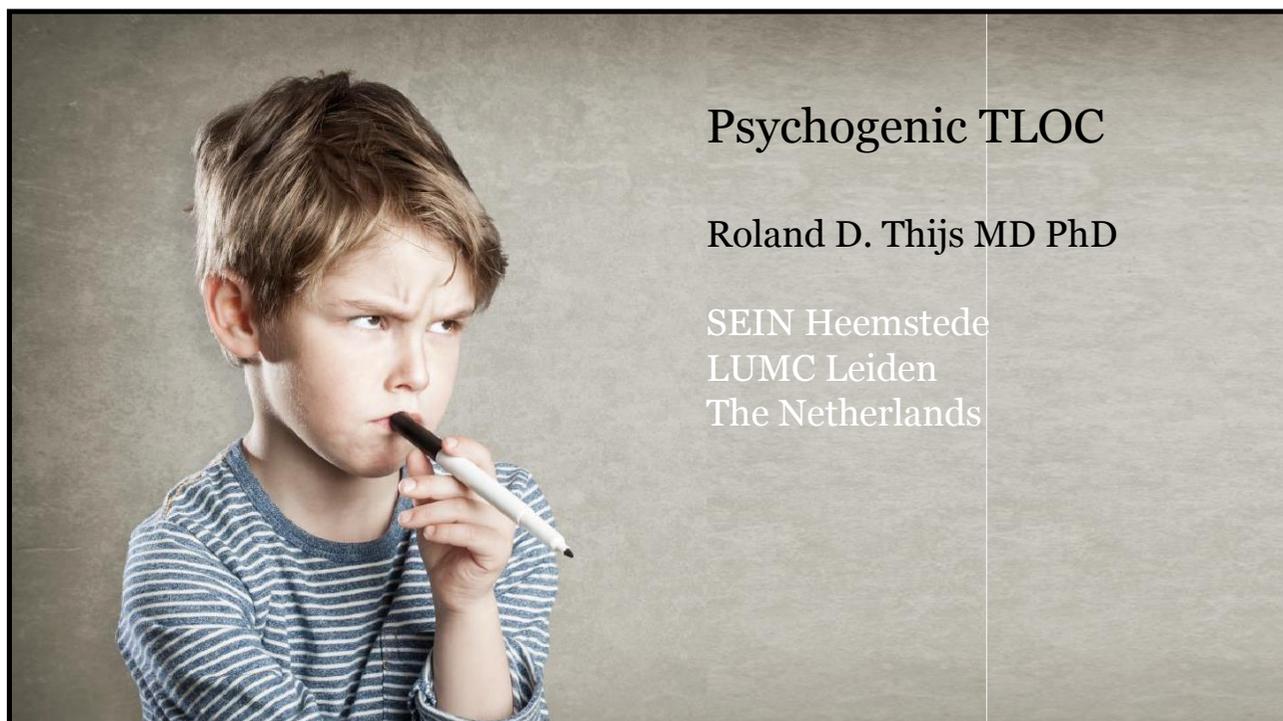
Oslo, Norway, June 29 - July 2, 2019

Teaching Course 4

**Emergencies in neurology: dealing effectively with
syncope and transient loss of consciousness (TLOC)
(Level 1)**

**Psychogenic Transient Loss of Consciousness
(TLOC) with a focus on syncope mimics**

Roland Thijs
Leiden, The Netherlands



Disclosures

▪ Funding

- Medtronic
- Dutch Epilepsy Fund
- Dutch Science Foundation
- AC Thomson Foundation
- CURE
- Nuts OHRA Foundation

▪ Speaker fees

- Medtronic
- UCB
- GSK



My aim for this talk

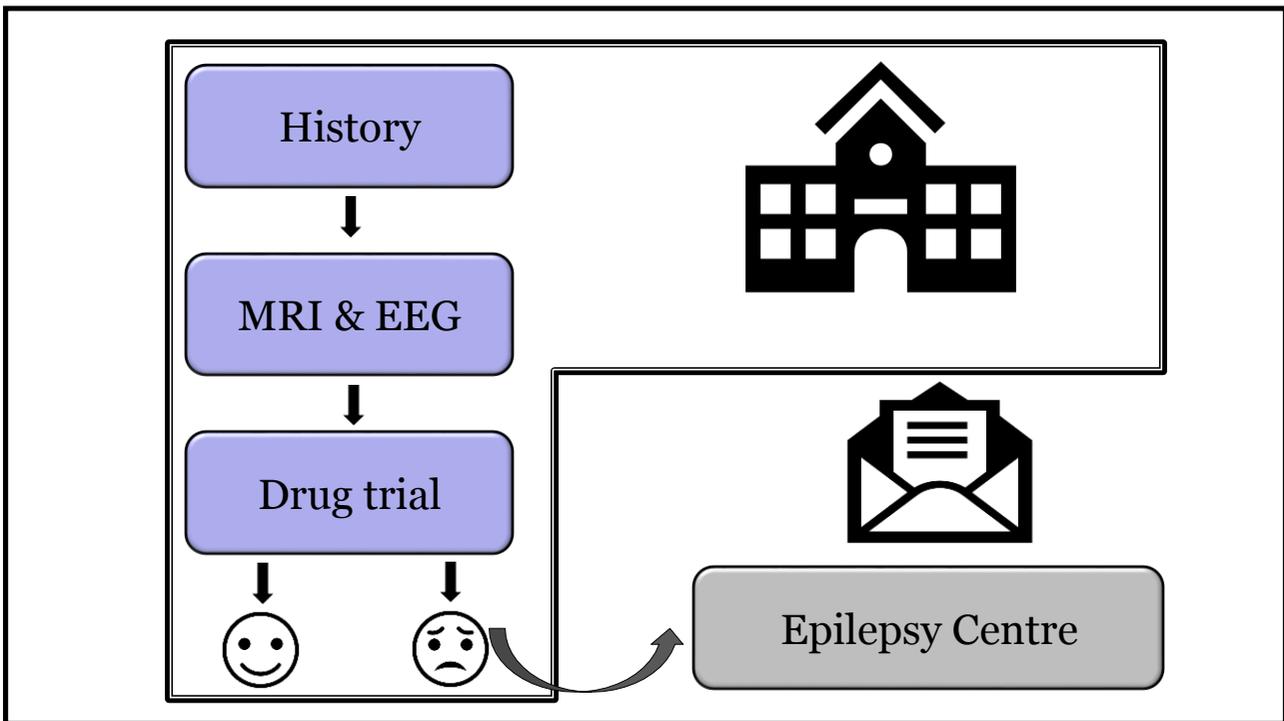


Diagnosis

Management

Diagnosis

Management





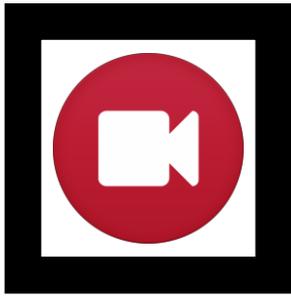
Farmer woman 42 years

Funny turns since 2 years
 Spouse: eyes closed, no reaction, sometimes chewing
 She can't recall anything of these episodes
 ECG, MRI-brain, EEG: normal



What would you do?

1. This is epilepsy: I start medication
2. I refer her to an epilepsy centre
3. She has non-epileptic seizures: I reassure her
4. She has non-epileptic seizures: I refer her to the psychologist



Student 18 years

TLOC with jerking movements
Always related to exercise (gym, football pitch)
Echo, Holter ECG (+ event), MRI-brain, EEG: normal



What would you do?

1. This is epilepsy: I start medication
2. I refer him to an epilepsy centre
3. He should go back to his cardiologist
4. He has non-epileptic seizures: I reassure him
5. He has non-epileptic seizures: I refer him to the psychologist



Actrice 24 years

TLOC during TV contest

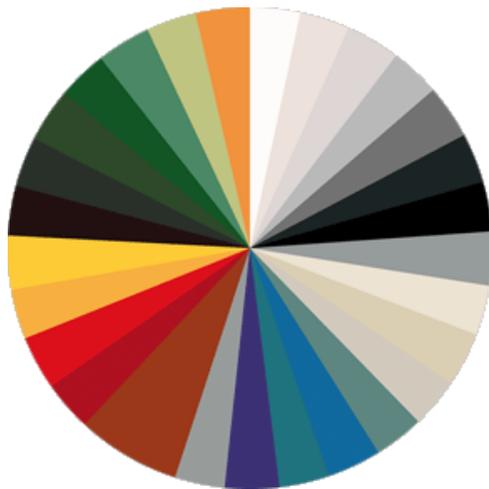


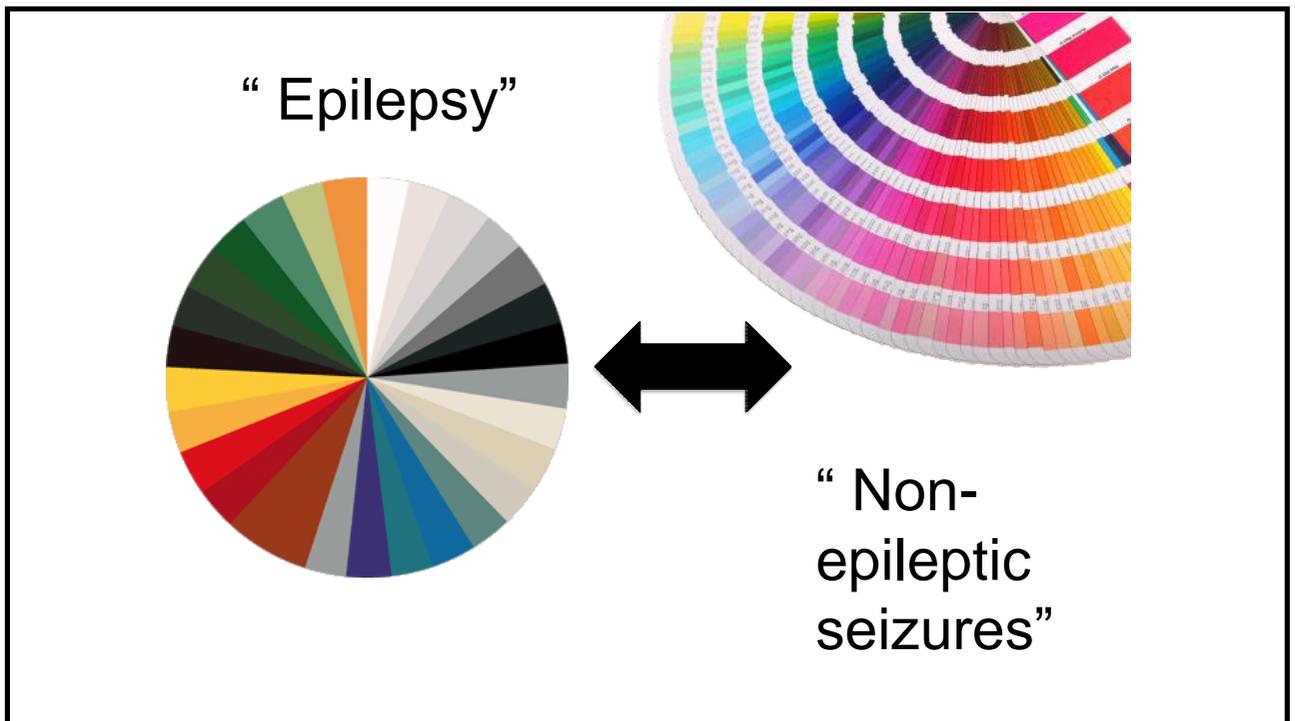
What do you think?

1. This is vasovagal syncope (no doubt)
2. This is probably vasovagal syncope but would need additional proof (tilt table testing)
3. This is psychogenic pseudosyncope (no doubt)
4. This is probably psychogenic pseudosyncope but would need additional proof (tilt table testing)
5. This is epilepsy (no doubt)
6. This is probably epilepsy but would need additional proof (video-EEG)



“Epilepsy”





Categories

TLOC

Transient loss of consciousness



Impaired awareness



Nocturnal restlessness

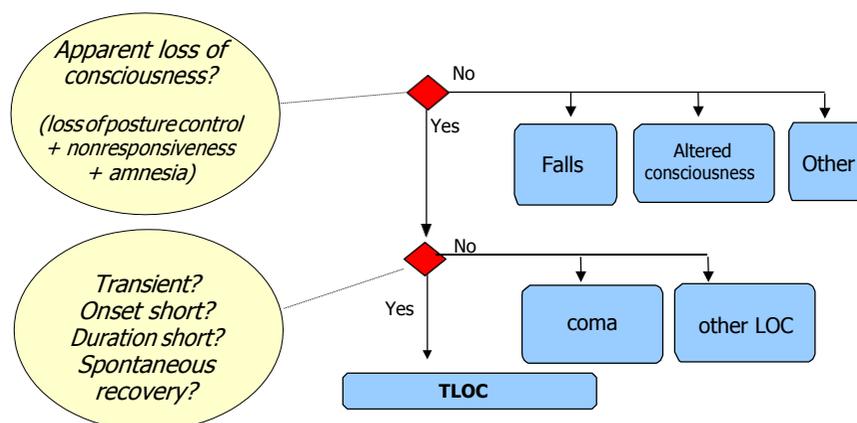


Etc.



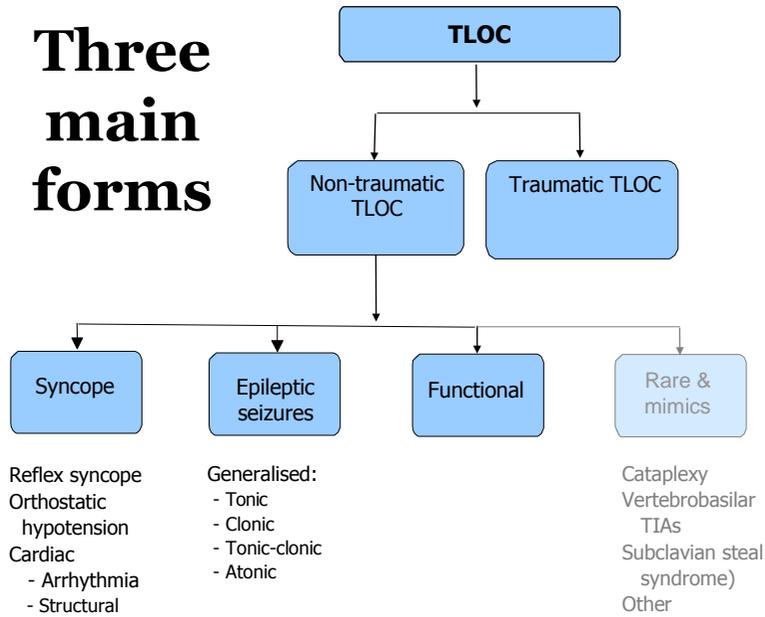
TLOC

Transient Loss of Consciousness

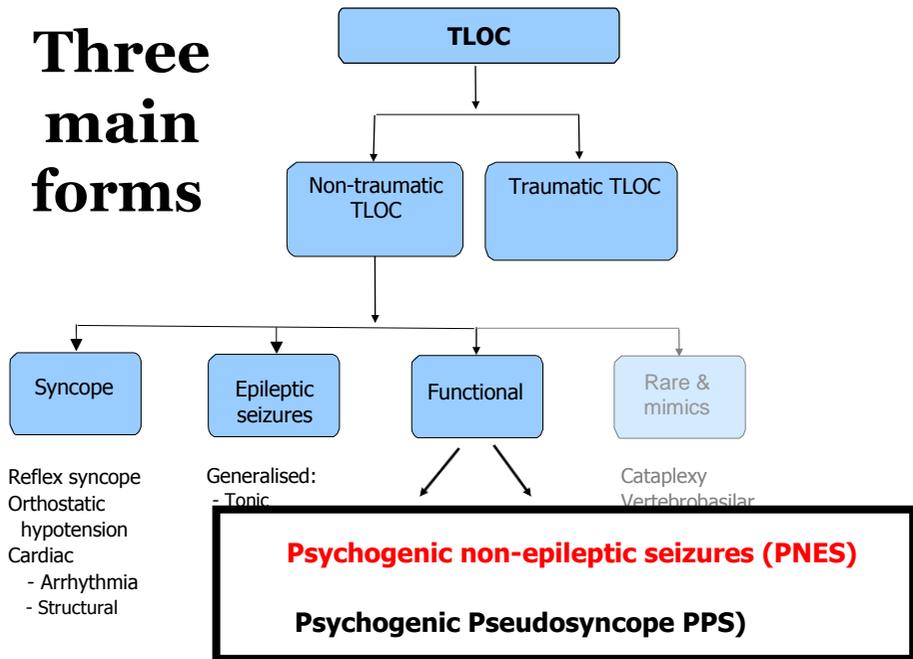


ESC. Eur Heart J. 2018; 30: 2631-2671
Van Dijk, Thijs, Benditt, Wieling. Nat Rev Neurol. 2009; 5: 438-448

Three main forms



Three main forms



Why bother about TLOC?

- Helps to specify differential diagnosis
- Extremely prevalent!
- Evidence about semiological details

Syncope



CONTRASTS: psychogenic TLOC

- Eye closure

Tannemaat et al. Neurology 2013
Blad et al. Neurology 2016





What do you think?

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5. This is epilepsy (no doubt)
6. This is probably epilepsy but would need additional proof (video-EEG)

CONTRASTS: psychogenic TLOC

- Eye closure
- Long duration
- High attack frequency
- No prodromes
- Ictal crying
- Delayed recovery

Tannemaat et al. Neurology 2013
Blad et al. Neurology 2016

Tonic Clonic seizure

- Tonic phase
 - “Epileptic cry”
 - Figure 4 sign
 - Extension arm contralateral
 - Flexion ipsilateral
- Clonic phase
 - Frequency ↓
 - Amplitude ↑



Beniczky et al. Epilepsia 2014



Lateral

Tongue bite

- Sensitivity 24%
- Specificity 96%

Benbadis Arch Int Med 1995



CONTRASTS: psychogenic TLOC

- Long duration
- Eye closure
- Fluctuating course
- Jerking movements
 - No deceleration
 - Asynchronous movements
 - Pelvic thrusting
 - Trembling
- Ictal crying

Avbersek et al. JNNP 2010
La France et al. Epilepsia 2013

Postictal recovery!



Epilepsy



Psychogenic TLOC



Vasovagal Syncope



Dangerous situations

Dangerous

- No TLOC



What would you do?

1. This is epilepsy: I start medication
- 2. I refer her to an epilepsy centre**
3. She has non-epileptic seizures: I reassure her
4. She has non-epileptic seizures: I refer her to the psychologist

Dangerous

- No TLOC
- Focus on one feature (e.g. eye closure)

Eye closure

Eye closure to differentiate PNES vs. “epilepsy”

SPECIFICITY eyewitness account: 48%

SPECIFICITY video recording: 96%

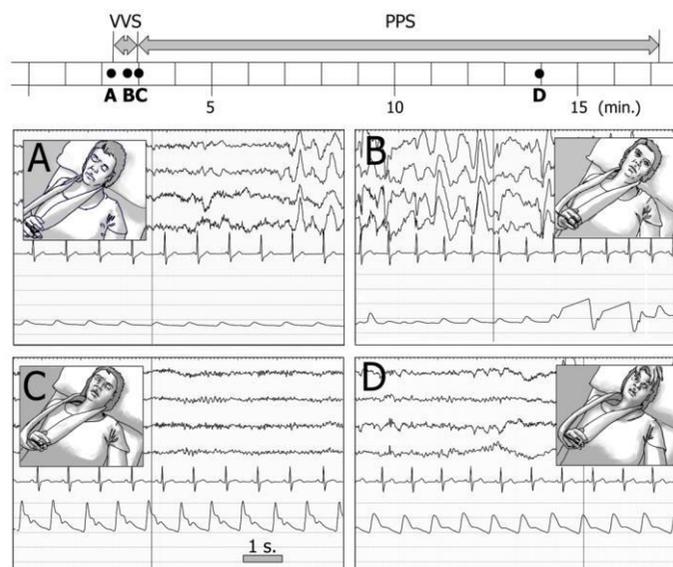
Brigo et al. Epilepsy Res 2013

Thijs et al. Neurology 2008

Dangerous

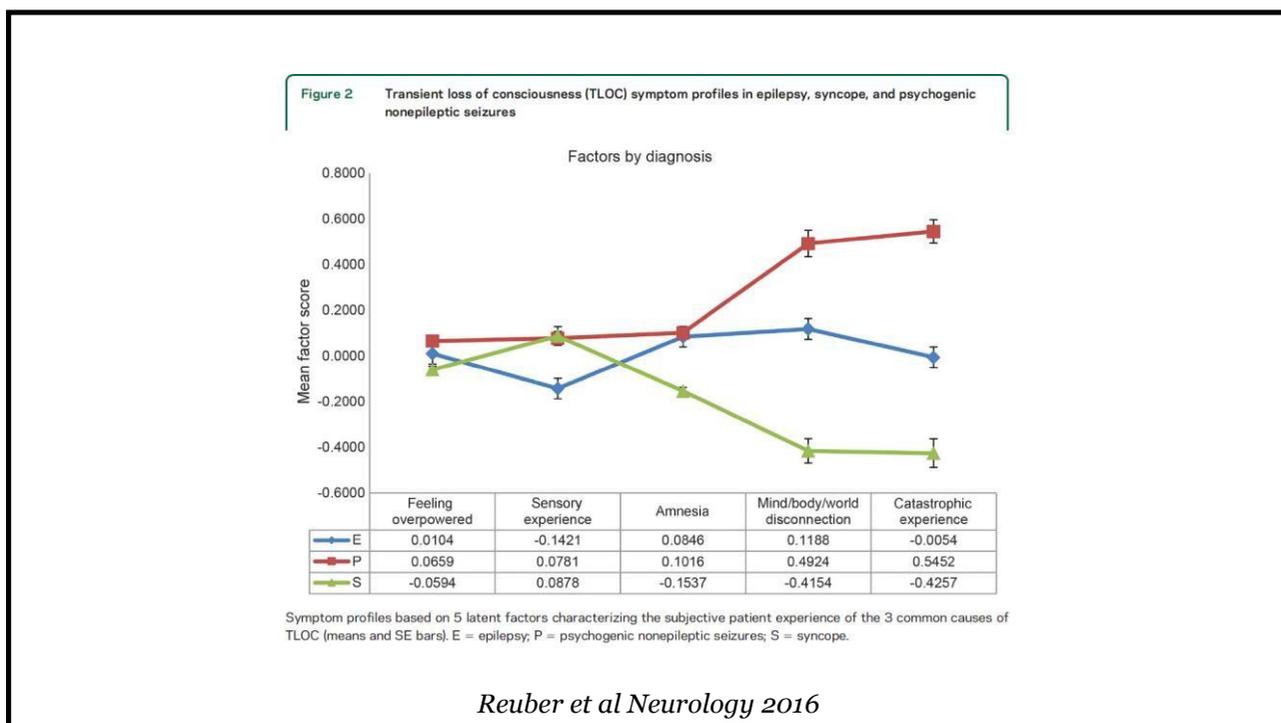
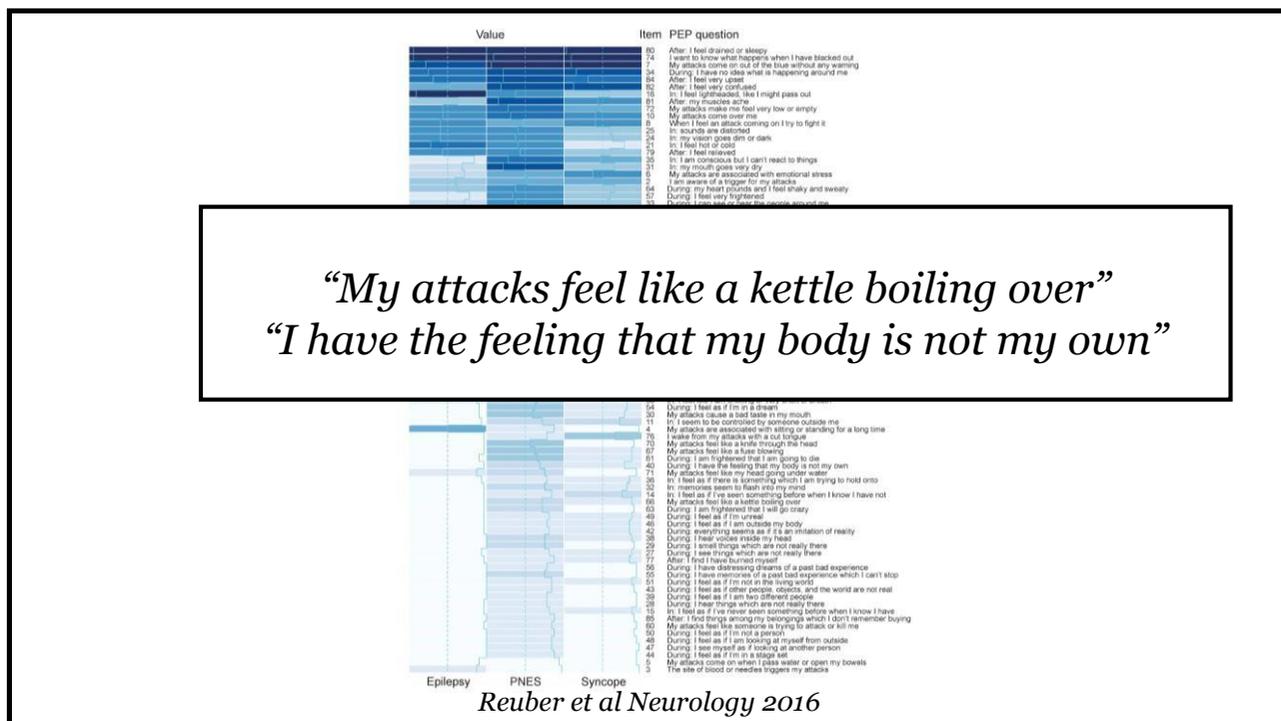
- No TLOC
- Focus on one feature (e.g. eye closure)
- Bizar presentation = psychogenic





Blad et al. Neurology 2016





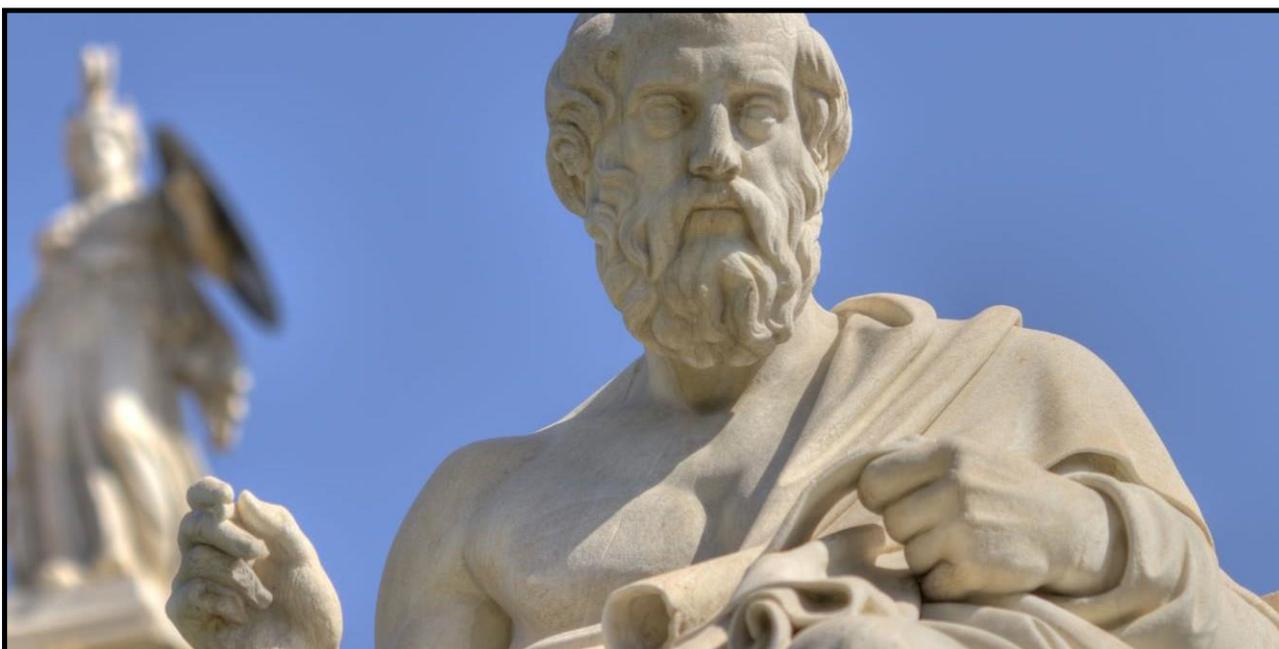


Diagnosis

- No TLOC
- Focus on one feature
- Bizar presentation
- Double diagnosis
- Stick to TLOC
- Smartphones
- Hidden messages

Diagnosis

Management



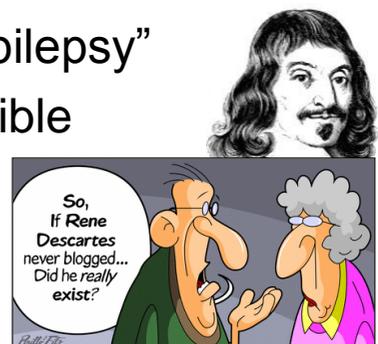
Know Thyself

- *Socrates*



Pitfalls: neurologist's perception of PNES

- Dualistic terms; PNES 100% psychological
- Patients “challenging & frustrating”
- “Less severe and disabling than epilepsy”
- Mixed views about who is responsible



Rawlings et al. Epilepsia 2018

Treatment

- Good communicating strategy may be enough!



Colchin et al. Neurology 2019, LaFrance JAMA Psych 2014

Table 1. Crib sheet with 14 core points of the strategy for the communication of the diagnosis of PNES

Genuine symptoms
<i>Real attacks</i> —can be frightening or disabling
Label
<i>Give a name</i> for the condition
<i>Give alternative names</i> they may hear
Reassure that this is a <i>common and recognized condition</i>
Cause and maintaining factors
<i>Not epilepsy</i>
Predisposing factors— <i>difficult to find out causes</i>
Precipitating factors— <i>can be related to stress/emotions</i>
Perpetuating factors— <i>vicious cycle—worry → stress → attacks → worry</i>
Provide a <i>model</i> for the attacks—e.g., brain becomes overloaded and shuts down
Treatment
<i>Antiepileptic drugs are not effective</i>
Evidence that <i>psychological treatment is effective</i>
Talk to the patient about <i>referral to a specialist</i>
Expectations
<i>Can resolve</i>
<i>Can expect improvement</i>
PNES, psychogenic nonepileptic seizures.

Hall-Patch et al Epilepsia 2010

Treatment

- Good communicating strategy may be enough!
- Psychological interventions
 - cognitive behavioral therapy
- Sertraline (only one RCT)



Colchin et al. Neurology 2019, LaFrance JAMA Psych 2014



Diagnosis

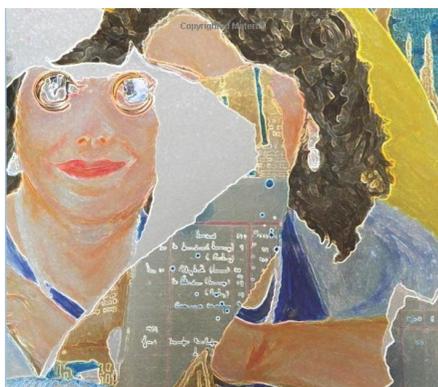
- | | |
|---|---|
| <ul style="list-style-type: none"> • No TLOC • Focus on one feature • Bizar presentation • Double diagnosis | <ul style="list-style-type: none"> • Stick to TLOC • Smartphones • Hidden messages |
|---|---|

Management

- | | |
|---|--|
| <ul style="list-style-type: none"> • Clash • No follow-up | <ul style="list-style-type: none"> • Know thyself • Communication strategy |
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efasweb.com



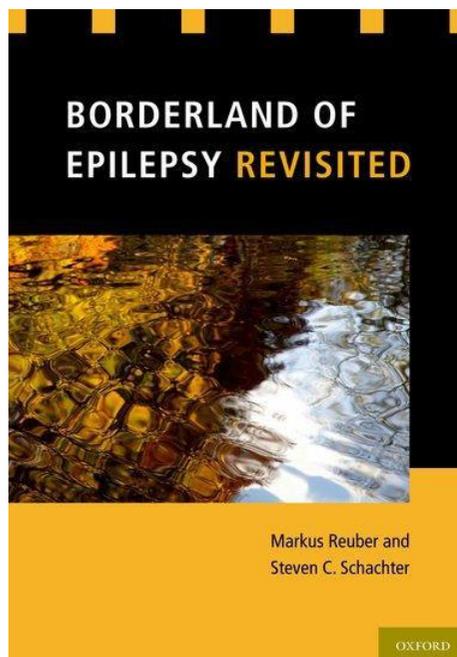
IN OUR WORDS

*Personal Accounts of Living with
Non-Epileptic Seizures*

MARKUS REUBER, GREGG RAWLINGS,
and STEVEN C. SCHACHTER

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