Newly diagnosed psychogenic non-epileptic seizures in the context of chronic pain: Addressing challenges in management

Nancy Dong, MD[1]; Robert Dicker, MD[2]
Department of Psychiatry[1], Department of Child Psychiatry[2], Zucker Hillside Hospital

Zucker Hillside Hospital
Northwell Health℠

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Introduction

- Chronic pain syndromes have been shown to be associated with psychogenic nonepileptic seizures (PNES).
- The comorbidity of chronic pain amplifies the challenge of managing PNES.
  - Anticipating the potential challenges in discussing diagnosis with families and coordinating care across multiple specialties is critical in providing empathic, appropriate, and cost-effective care.
- This case report presents the experiences of the consultation-liaison (CL) child psychiatry team with a patient newly diagnosed with PNES complicated by concurrent pain.

Case Presentation

- AZ is a 16-year-old boy with pelvic floor instability and no prior psychiatric history.

1. He was brought to the ED by his mother for abdominal pain and medically hospitalized and treated for constipation.

2. 2 weeks later, AZ was hospitalized again for abdominal pain.
   - AZ exhibited violent thrashing with reports of severe pain which led to a diagnosis of PNES, involving collaboration among neurology, physiatry, gastroenterology, psychiatry, physical therapy, and child life.

3. He was discharged to inpatient psychiatry for further management, then discharged home within 3 days.

4. He was immediately re-admitted medically for persistent abdominal pain and seizure-like activity.
   - AZ had multiple shaking episodes of fluctuating intensity, accompanied by severe pain.
   - As the hospitalization progressed, the episodes decreased in intensity and frequency. He was discharged with sertraline, outpatient follow-up (pain specialist, psychiatry, and cognitive behavioral therapy), and medical equipment to ensure his safety at home.

Case - Biopsychosocial Considerations

- Utilizing and sharing the biopsychosocial framework can help providers understand the targets and barriers of a successful treatment plan.

BIOLOGICAL FACTORS

- Debilitating chronic pain, unresponsive to multiple medications.
  - Patient was unable to perform ADLs or ambulate independently.
  - Retrospective study (n = 85) indicated that aggressive pain management (opioid use) was higher in patients with PNES vs. idiopathic generalized epilepsy.[1]
- Persistent seizure-like activity, leading to falls and worsening pain.
- Intermittent constipation.

PSYCHOLOGICAL FACTORS

- Patient and family have difficulty accepting the diagnosis and treatment plans.
- Poor emotional regulation.
  - At times, verbally and physically abusive with hospital staff.
- Poor coping skills for frustration and anger.
- Very close relationship with mother.

SOCIAL FACTORS

- Providers and family have limited understanding of PNES.
- Limited insurance coverage for specialized inpatient psychiatric admission.
- Patient reported feeling intensely distressed by the inpatient psychiatric hospitalization and appeared to be having flashbacks during shaking episodes.

What Can We Do??

Diagnose early.	• Along with a thorough medical workup, consider PNES on the differential especially when there are comorbid chronic pain and functional conditions.
Counsel the patient and family early and often.	• The patient may feel invalidated when diagnosed with PNES, making accepting the diagnosis and any treatment plan difficult.
Engage a multidisciplinary treatment team early and beyond hospital course.	• Provide education on PNES to guide treatment decisions/goals and to reduce bias. • Maintain this team of support during transfers of care.
Prepare patient and receiving providers when transferring to inpatient psychiatry.	• Advise patients and families on what to expect and how care of pain/seizures will be managed. • Advise providers on patient's current understanding of their illness and the pharmacological/ nonpharmacological management of symptoms thus far.
Consider implementing a behavioral plan.	• Support better emotional regulation and practice coping skills.

Conclusion

- CL psychiatrists play an important role in the comprehensive multidisciplinary management of individuals with PNES, especially when complicated by somatic comorbidities such as chronic pain.

References

1. Gazzola DM. Psychogenic nonepileptic seizures and chronic pain: a retrospective case-controlled study. Epilepsy Behav. 2012 Dec;25(4):662-5.
2. Elliott JO. Biopsychosocial predictors of psychogenic non-epileptic seizures. Epilepsy Res. 2014 Nov;108(9):1543-53.
3. Tsui P. Conversion Disorder, Functional Neurological Symptom Disorder, and Chronic Pain: Comorbidity, Assessment, and Treatment. Curr Pain Headache Rep. 2017 Jun;21(6):29.
4. Brown RJ. Psychological and psychiatric aspects of psychogenic non-epileptic seizures (PNES): A systematic review. Clin Psychol Rev. 2016 Apr;45:157-82.