

Thousands wrongly diagnosed as epileptic

PIONEERING clinical trials at a British hospital have shown that thousands of people diagnosed as epileptic are in fact suffering from seizures brought on by psychological problems and can be successfully treated without drugs.

Medical staff conducting the first pilot study into the use of behavioural therapy to combat non-epileptic seizures have found that teaching patients simple techniques, such as relaxation and distraction, dramatically reduces the number of fits they have.

"There are 30,000 people who have been wrongly diagnosed as epileptic in this country," said Sara Mitchell O'Malley, a cognitive behavioural therapist who is conducting the trials at London's Maudsley Hospital.

"Although they may display all the outward symptoms of epilepsy, their seizures actually result from psychological problems related to stress, inability to cope and low self-esteem. They are taking anti-convulsant medication which doesn't prevent their seizures but which often has serious side-effects."

According to staff at the Maudsley, more than one in five patients attending epilepsy clinics do not suffer from the condition, which is caused by abnormal electrical discharges in the brain. A recent survey carried out by doctors at the David Lewis centre for epilepsy in east Cheshire indicated that as many as 100,000 people - around a quarter of those told that they are epileptic - have been wrongly diagnosed.

The problem of misdiagnosis has been attributed to the previous lack of definitive tests for the condition and the fact that many doctors base their diagnosis on a case history.

Doctors at the Maudsley's Lishman Unit for neuropsychiatry use telemetry, a form of EEG technology, to monitor the brain for between two and seven days, so that they can see what happens during seizures.

This gives more conclusive results than a simple EEG test, but it is less useful for diagnosing people whose seizures are infrequent. Around 90 per cent of the patients taking part in the pilot study were found to experience anxiety-related seizures.

"Once people know they have been misdiagnosed they tend to

BY JANE HUGHES

feel shocked and angry," said Mrs Mitchell O'Malley. "They find it very difficult to take on board because their condition has often severely restricted their lives, and they may have been unable to drive, work or even go out for years."

She admits that most patients will probably never know exactly why they began to have seizures, although the causes include high stress levels and over-exertion and, less frequently, childhood sexual abuse and trauma.

"They have built up a lot of 'avoidances' of certain situations and people which are based around their fear of having another attack," she said. "The stresses they experience prior to a seizure are similar to those which cause a panic attack and can be unintentionally reinforced by family who gather round to look after them when they begin to feel strange."

Over a 12-week period she works with them to identify what happens before a seizure and show how changing their thinking and behaviour can help. The techniques are simple but effective and give patients the confidence and skills to become more in control.

They include distraction techniques, how to regulate breathing to prevent dizziness caused by hyper-ventilation, and muscular relaxation.

In addition patients are set targets for increasing activities such as going out and using public transport, with the ultimate intention of teaching the patient to be his or her own therapist.

So far the study has achieved remarkable results. Some patients who were having up to 12 seizures a day are now experiencing fewer than half that number in a year.

According to Dr Bruce Scheepers, a majority of those found to have been misdiagnosed actually suffered from underlying cardio-vascular conditions which affected the blood supply to the brain.

He says that because a large number of eligible patients refused to take part in the survey, with many unwilling to come off medication, the real proportion of those misdiagnosed could be as high as 50 per cent.



Sara Mitchell O'Malley uses cognitive behaviour therapy to combat non-epileptic seizures MYKEL NICOLAOU