

AMBULANCE AND A&E STAFF INFORMATION SHEET

A Brief Description of Non Epileptic Attack Disorder [NEAD]

What is NEAD

NEAD stands for non epileptic attack disorder. Other names may be used, including Dissociative Seizures/Attacks, Psychogenic Seizures, Functional Seizures/Attacks. 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 around 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, but there may be other causes. 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. Stress can be physical (e.g. pain) or emotional. Many people are confused by the diagnosis, as they don't feel particularly stressed.

What we would like ambulance staff to do

- Understand that the person is not faking, and that they may genuinely be unable to respond.
- Be guided by family members, or the individual themselves if they are able, as to whether it is necessary for them to be transported to hospital.
- Be aware that the person can probably hear everything you say.
- Take time to learn more about the condition.

What we would like A&E staff to do

- Understand that the person is not faking, and that they may genuinely be unable to respond.
- Do not make assumptions about drug or alcohol use being at the bottom of the seizures. Take a moment to check the person's medical history with them, or with their family member. The same goes for assumptions about attention seeking.
- Treat the person with kindness and courtesy. They know how busy A&E departments are and haven't come to cause problems but rather because they are genuinely afraid and distressed. Most often, the people who come to A&E don't yet have a diagnosis or have only recently been diagnosed. People who have had the condition for longer will only come if they have injured themselves in some way i.e. hit their head, hurt themselves when they fell etc.
- Be aware that the person having the event can probably hear everything you say. Speaking calmly and kindly to them will have much more effect than shouting.
- As far as possible, explain what is happening and try not to leave the person alone for long periods of time.
- Don't try to force them to move arms or legs that are temporarily paralysed.
- Take time to learn more about the condition. People who feel that they are understood will feel much less anxious and will be less likely to need a protracted stay in the A&E department.
- If a hospital admission is not required, ensure the person is fully aware of the reasons why and guide them to make an appointment with their gp to discuss treatment/care options.

More information

The following websites provide more information about NEAD:

www.nonepilepticattackdisorder.org.uk

www.nonepilepticattacks.info

www.neurosymptoms.org