

AMBULANCE AND A&E STAFF INFORMATION SHEET

(A Brief Description of Functional/Non-epileptic seizures)

Functional Seizure Disorder, currently more known as Non-epileptic Attack Disorder (NEAD), presents with seizures that are similar to those seen with Epilepsy, and can cause similar levels of disability and distress. They are caused by a problem with how the brain and nervous system is functioning. There can be associated symptoms present also, such as fatigue, cognitive difficulties, memory loss, confusion when coming around from the seizure, and temporary paralysis of parts of the body. As with Epilepsy, the seizures differ from person to person and may present as staring blankly, uncontrollable behaviour changes, blackouts, or falling to the ground with parts of the body twitching or jerking. People are generally aware (but not always) of what is occurring, but are unable to react or respond. Seizures may look bizarre at times given the altered brain messages/signals to and from the body.

Some people with Epilepsy also suffer from functional seizures. Those who suffer from functional seizures may also have other symptoms relating to the umbrella diagnosis of Functional Neurological Disorder (FND). These symptoms may include movement and motor impairments and sensory problems.

WHAT CAUSES FUNCTIONAL SEIZURES

It is currently believed that the seizures are the brain's response to overwhelming stress, but there may be other causes. For some people they may have been triggered by a traumatic incident (such as abuse, an accident, or death of a loved one), and for others an accumulation of stress over time. Stress triggers can be both physical (e.g. pain, trauma to the body following an accident or operation, or illness) or emotional. Many people can be confused by the diagnosis as they do not feel particularly stressed prior to a seizure.

WHAT WE WOULD LIKE AMBULANCE STAFF TO DO

- Understand that a person having a seizure is in no way self-controlling it, and that they may be unable to react or respond if they are in a dissociative state.
- Be guided by family members or friends, medical information they may have on them, or the individual themselves if they are able to communicate, to decide if it is necessary for them to be transported to hospital.
- Be aware that the person can probably hear everything you say whilst in/recovering from a seizure.
- Take time to learn more about the condition so people can be treated with compassion and understanding.

WHAT WE WOULD LIKE A&E STAFF TO DO

- Understand that a person having a seizure is in no way self-controlling it, and that they may be unable to react or respond if they are in a dissociative state.
- Do not make assumptions that drug or alcohol use, or critical mental illness, is the cause for someone to have a seizure. Take a moment to check the person's medical history with them, or with a family member. The same goes for assumptions about attention seeking as a person will be genuinely frightened and in need of help.
- Treat the person with kindness and courtesy. They know how busy A&E departments are and have not come to cause problems. Most often the people who come to A&E do not yet have a diagnosis, or have only recently been diagnosed and awaiting specialist care. People who have had the condition for longer will only come if they have injured themselves in some way, or seizures have changed presentation.
- Be aware that the person having the seizure/s 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.
- Do not try to force them to move limbs that may be 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 or Consultant to be able to discuss treatment/care options moving forward.

Further information about functional seizures/NEAD and FND can be found at www.neurosymptoms.org.