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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Psychogenic Nonepileptic Seizures (PNES / Functional Seizures)

Patient education guide · Epilepsy & Seizures · Madison Neurology LLC

What is it?

Psychogenic nonepileptic seizures — also called functional seizures — are episodes that look like epileptic seizures (shaking, unresponsiveness, collapsing) but are not caused by abnormal electrical discharges in the brain. They are a real, involuntary symptom of how the nervous system processes stress, trauma, or emotional overload — not faking, and not 'all in your head.'

How does it happen?

PNES is a functional neurological disorder: the brain's alarm and emotion circuits can trigger seizure-like events, often in the context of past trauma, chronic stress, PTSD, anxiety, or depression. Many patients have no obvious current stressor; the events are automatic and outside conscious control.

Common symptoms

- Seizure-like episodes: shaking, stiffening, collapsing, unresponsiveness
- Events often longer and more variable than epileptic seizures, with side-to-side head or body movements
- Normal or only briefly altered awareness afterwards (variable)
- Often triggered by stress, conflict, or reminders of past events
- Frequent coexisting anxiety, depression, PTSD, or chronic pain/fatigue

How is it diagnosed?

The gold standard is video-EEG monitoring: capturing a typical event while the EEG shows no seizure activity confirms the diagnosis. A clear, compassionate explanation of the diagnosis is itself the first step of treatment — understanding what the events are (and are not) is powerfully therapeutic.

How is it treated?

The most effective treatment is specialized psychotherapy — particularly cognitive behavioral therapy adapted for PNES — which helps the nervous system stand down its alarm response; many patients' events stop entirely. Treating underlying anxiety, depression, or PTSD with therapy and (when useful) medication is part of care. Anti-seizure drugs do not treat PNES and are tapered if there is no coexisting epilepsy. Physical therapy can help when events have led to deconditioning.

What does the future hold?

The outlook is genuinely hopeful: with accurate diagnosis and engaged treatment, roughly half or more of patients become event-free, and many others improve substantially. Earlier diagnosis and treatment predict better outcomes. Shame is common but misplaced — this is a recognized, treatable neurological condition.

Questions patients commonly ask

Q: Are you saying I'm faking it?

A: Absolutely not. PNES events are involuntary and real; the diagnosis describes their mechanism (functional, not electrical) and points directly to treatments that work.

Q: Why do anti-seizure drugs not help?

A: Because the events are not caused by electrical seizures; the effective treatment targets the brain's stress-response circuits through therapy.

Q: Will they ever stop?

A: Yes, they can — many patients become completely event-free with the right therapy, especially when treatment starts early.

National support groups & resources

- **Epilepsy Foundation (24/7 Helpline)** — epilepsy.com — 1-800-332-1000
- **FND Hope** — fndhope.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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