

Psychogenic Non-Epileptic Seizures: Attitudes of Mental Health Staff

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Context

Introduction

Psychogenic Non-Epileptic Seizures (PNES) refer to actions resembling an epileptic seizure, yet lacking the neuronal changes in the brain (Rawlings and Reuber, 2018).

Individuals with PNES have described negative relationships with healthcare professionals, impacting treatment adherence (Rawlings and Reuber, 2016). Some healthcare professionals have reported negative attitudes towards PNES, but there is little research on mental health staff attitudes (Rawlings and Reuber, 2018).

Background Literature Search

Literature review on mental health staff attitudes towards PNES.

Search Strategy: 6 databases searched. 8 studies included for review.

Data from psychiatrists and therapists.

Theme 1: Attitudes towards diagnosis.

Theme 2: Attitudes towards aetiology.

Theme 3: Attitudes towards treatments.

Theme 4: Attitudes towards severity.

Limitations: No literature exploring mental health nurses.

Aim: To describe attitudes of mental health staff based on a recovery approach, rather than medical model.

Methods

Ethics: FREC, HRA Approval (IRAS), Trust approval

Participants: Mental health staff at local NHS Trust

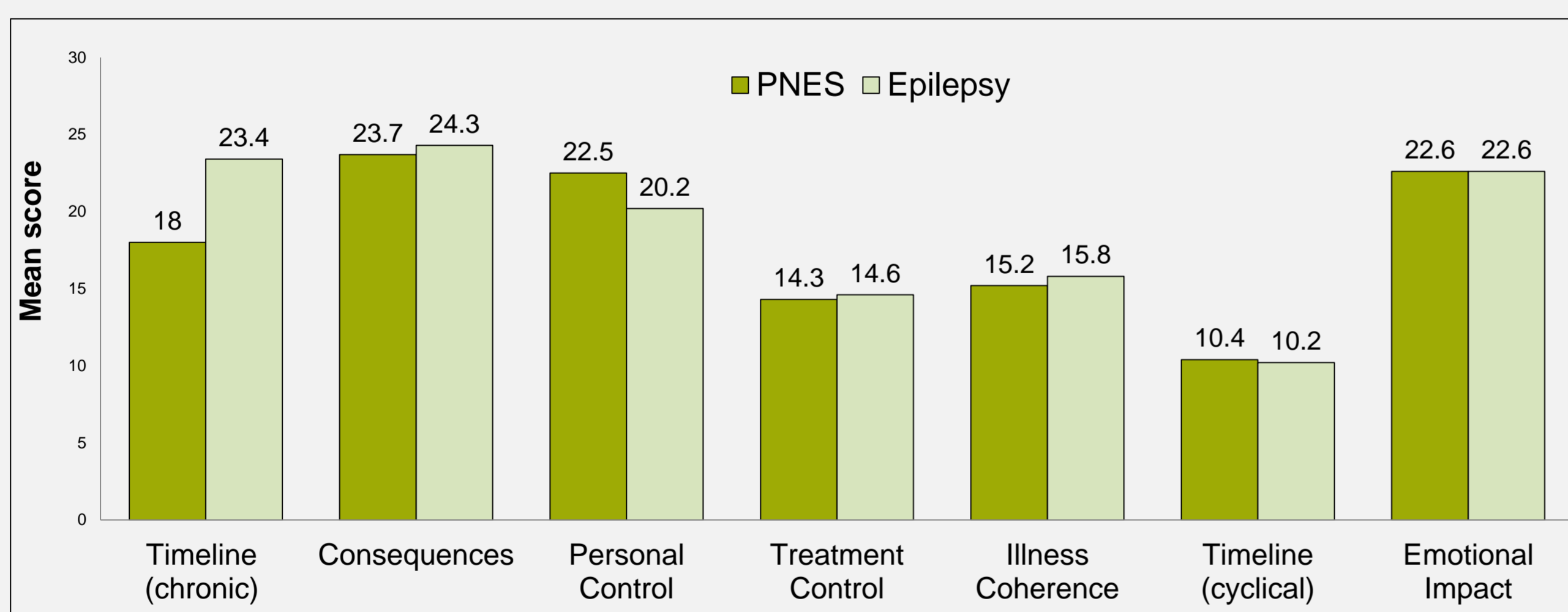
Materials: Illness Perception Questionnaire - Revised (IPQ-R). Adapted for PNES/Epilepsy. 38 items on a Likert scale, with 7 attitude subscales; 18 possible causes (Moss-Morris et al., 2002). Symptom Attribution Question (SAQ).

Procedure: Participants recruited via email from team managers. Provided link to online questionnaire on Google Forms to complete.

Results

Participants: 49 participants. 25 with a professional registration.

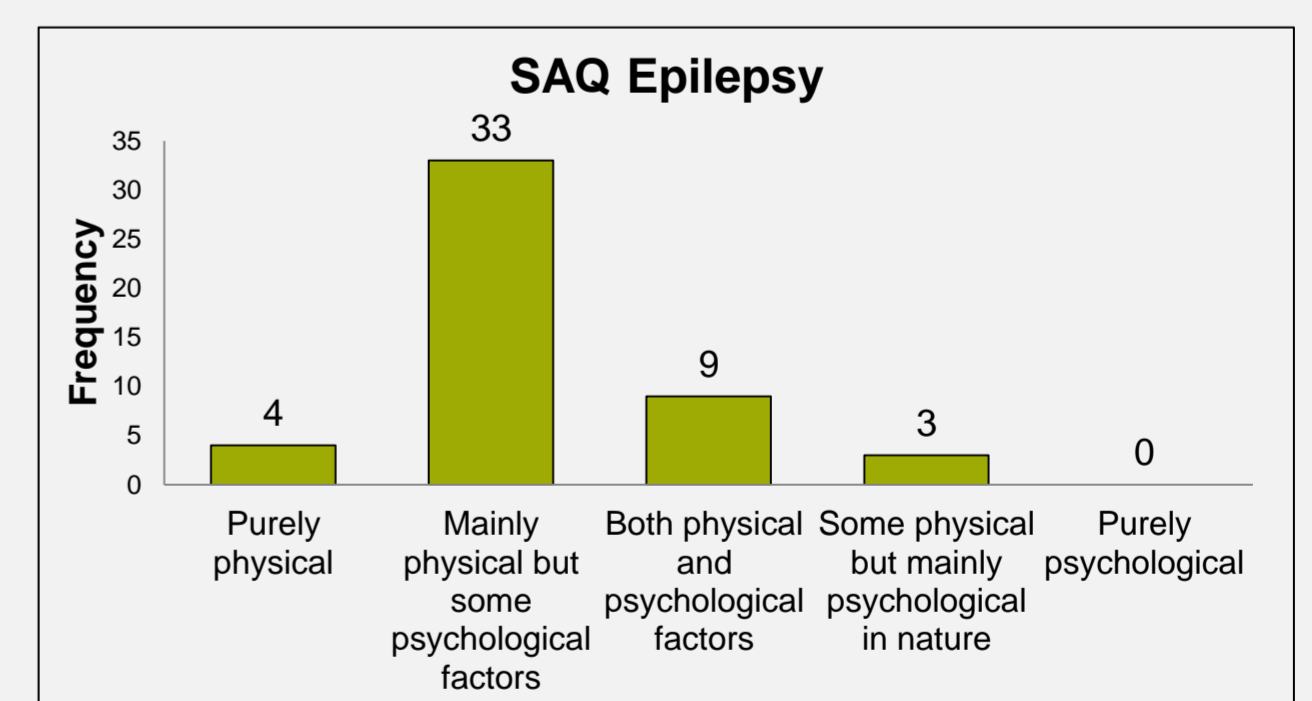
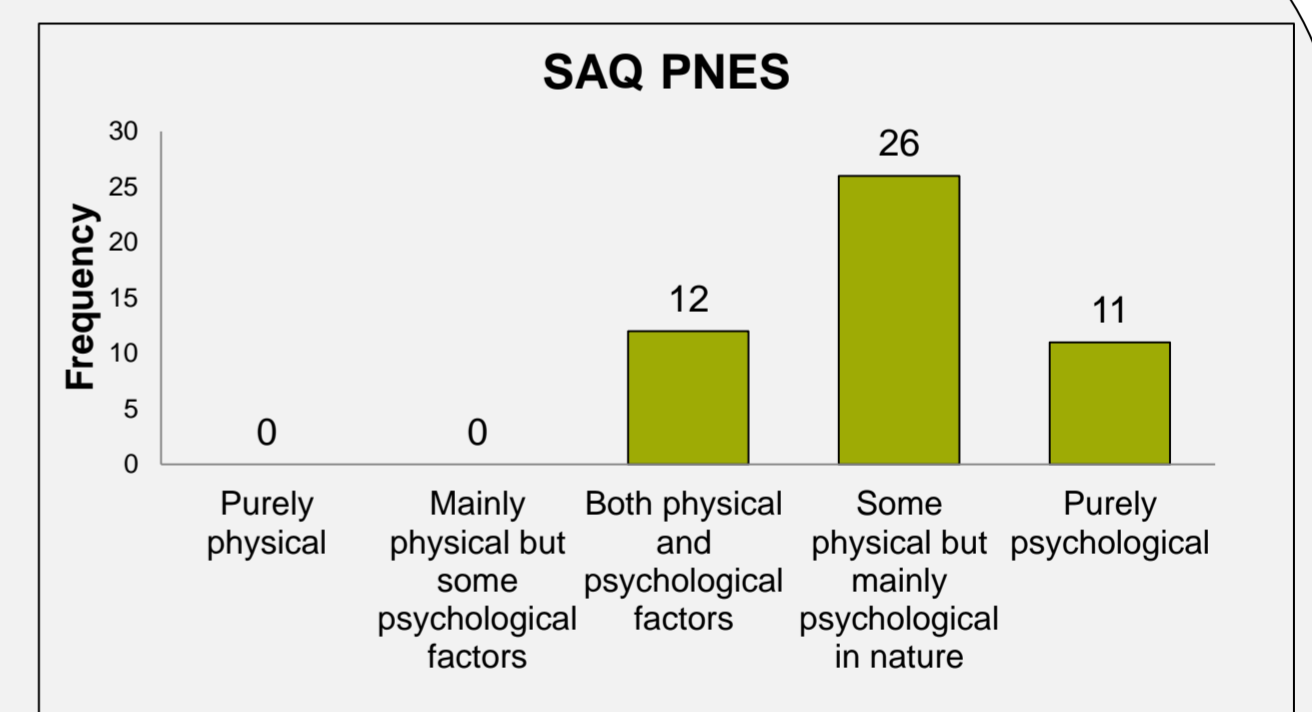
IPQ-R: Mean results of attitude subscales. Wilcoxon test found a significant difference between conditions on 'personal control' ($p < .001$) and 'timeline (chronic)' ($p < .001$).



IPQ-R Causes: Top three causes.

PNES	Stress or worry	Emotional state	Family problems
Epilepsy	Hereditary	Alcohol	Accident or Injury

SAQ Results



Discussion

Participants recognise the consequences and emotional impact PNES has on individuals lives. A high score of personal control of PNES may suggest a negative attitude that the individual can control their condition. This does not reflect the attitudes of individuals with PNES whom report an external locus of control (Rawlings and Reuber, 2016).

Participants recognise potential causes of PNES (Rawlings and Reuber, 2018). SAQ show participants identified some physical aspects to PNES.

Limitations and Future Direction

Does not provide in depth, qualitative attitudes of mental health staff, with limited opportunity to offer answers outside the IPQ-R.

Thus, further avenue for future research to qualitatively describe attitudes.

References:

- Rawlings, G.H and Reuber, M. (2016) 'What patients say about living with psychogenic nonepileptic seizures: A systematic synthesis of qualitative studies', *Seizure*, 41, pp100-111.
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- Moss-Morris, R., Weinman, J., Petrie, K., Horne, R., Cameron, L. and Buick, D. (2002) 'The revised illness perception questionnaire (IPQ-R)'. *Psychology and health*, 17(1), pp.1-16.