

THE CONSORTIUM CONNECTION

Non-Epileptic Seizures in the Veteran Population

Psychogenic non-epileptic seizures (PNES) are events that often look like epileptic seizures (ES), but are not caused by abnormal electrical activity in the brain. PNES are often related to stress or emotional trauma. While we do not fully understand how or why PNES happen, these spells are a way for the conscious brain to react to unconscious or unresolved issues from the past. People do not intentionally produce these spells; they can be triggered by stress or can even occur in perfectly calm and normal situations.

Non-Epileptic Seizures NEC



A number of research studies have been conducted around PNES in civilian populations, but little information has been gathered about Veterans with PNES. Under the direction of Dr. Martin Salinksy, the Portland ECoE site director, researchers at the ECoEs in Portland, San Francisco, and Madison are currently participating in a study called COVE

(Characteristics of Veterans with Epilepsy) to discover more information about this condition within the Veteran population. Preliminary data gathered in a pilot study by the Portland ECoE, indicated that PNES was the single most common diagnosis encountered in their VA EMU (Epilepsy Monitoring Unit) over 10 years, and was more common than the diagnosis of ES. An unexpected (and concerning) finding was that the delay from onset of the habitual spells to definitive diagnosis by video-EEG monitoring was nearly 5 times as long for Veterans as it was for civilians, with a median of 60.5 months before a PNES diagnosis was given. As a consequence, the cumulative AED (Anti-Epileptic Drug) usage (AED-years) was four-fold higher for Veterans than for civilians. While the cause of PNES is not fully understood, the pilot study found that TBI and PTSD, as well as depression and other psychiatric disorders were strongly correlated with the development of PNES in Veterans. An understanding of these psychiatric disorders is essential for designing effective treatment strategies for PNES, and will aid in early recognition of PNES.

Effective treatment of PNES should involve the following steps: (a) present the diagnosis in an honest and supportive manner, (b) discontinue AEDs unless they are being used for another purpose, and (c) refer to mental health for supportive counseling. Research has shown that the combination of the diagnosis and these behavioral health interventions indicate the best prognosis.

The COVE study will prospectively evaluate Veterans with EMU verified PNES to determine the psychiatric co-morbidities associated with this disorder, and will evaluate the role of TBI in the genesis of PNES. Successful completion of this research will improve our understanding of PNES and will aid in the development of treatment strategies. A follow-up study will evaluate the influence of psychiatric co-morbidities and other factors on PNES outcome, 9-12 months following diagnosis. The COVE study will run for four years with a planned enrollment of 125 Veterans.

For a list of citations or for more information about the study or PNES, please contact John Haupert, research assistant, at the San

National VA Epilepsy Consortium Newsletter

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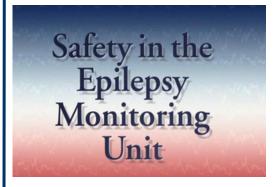
Successful Cross-VISN SCAN-ECHO Session



The San Francisco VA had its most highly attended SCAN-ECHO session to date, with participants dialing in from Madison, Wisconsin; Nashville, Tennessee and Chicago, Illinois. During the session, Dr. James Bourgeois, OD, MD shared his lecture on "Starting Antidepressants in Patients with Epilepsy." Manu Hegde, MD, PhD and Teresa Chiao, PharmD presented "AEDs and Bone Health."

SCAN-ECHO is a provider to provider consultation where participants receive clinical support from our epilepsy specialist team and other health care providers through videoteleconferencing. For information about joining regular SCAN-ECHO sessions or to learn how your center can become a SCAN-ECHO facilitating site please contact Angela Vargas at angela.vargas@va.gov.

EMU Safety Video on Talent Management System (TMS)



The Epilepsy Centers of Excellence (ECoE) is excited to announce that our new training video, "Safety in the Epilepsy Monitoring Unit" is now available on the Talent Management System (TMS) for 1 CEU/CME. The video, filmed at the Seattle VA Medical Center and featuring staff members of the ECoE, is a successful collaboration between the ECoE Nursing Workgroup and the VA Employee Education System (EES).

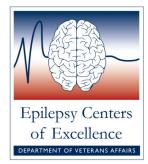
Please share the training program with all staff involved in caring for Veterans in the Epilepsy Monitoring Unit.

- Log in to TMS
- Using the Catalog search field in the upper right portion of the screen, type "Safety in the Epilepsy Monitoring Unit.
- · You can then go directly to the video or click "Add to To-Do List" to save it for later.

To get CEU/CME credit, you will need to watch the video, review the accompanying PowerPoint, take the post-test (15 questions), and complete the evaluation.

DVD copies of the "Safety in the Epilepsy Monitoring Unit" were mailed to all consortium members. If you did not receive a DVD or need additional copies, please contact Ryan Rieger at ryan.rieger@va.gov or Angela Vargas at angela.vargas@va.gov.

Epilepsy Consortium Newsletter To view the video, please follow these steps:



National VA

Improving the health and well being of Veteran patients with epilepsy and other seizure disorders through the integration of clinical care, research and education.

VISIT US ON THE WEB! www.epilepsy.va.gov

Do the Epilepsy Centers of Excellence Impact Care?



t h e $H \cap W$ has implementation of the Epilepsy Centers of Excellence (ECoE) impacted how you provide care for your patients with epilepsy?

That is one of the questions addressed by

Dr. Mary Jo Pugh, ECoE National Quality Assurance, in the study "Restructuring Epilepsy Care: Organizational Dynamics and Quality RECORD Quality's (RECORD Quality)." purposes are to comprehensively benchmark the quality of and access to epilepsy specialty care in the VA and articulate effective strategies that can be adapted and adopted by other sites to help improve care for Veterans with epilepsy.

The researchers aim to garner the insights of various epilepsy care team members in the ECoE and consortium. Confidential interviews are being conducted by phone and take about 15 to 20 minutes. If you are interested in sharing your experience, please contact Dr. Pugh at 210-617-5300, ext. 1719, MaryJoPugh2@va.gov, or team member Dr. Katharine McMillan at 210-617-5300, ext. 17355, Katharine.McMillan@va.gov.



Upcoming Events

Provider Education Audio Conferences

July 10, 2013 - "Epilepsy Surgery and Vagus Nerve Stimulator" with Dr. Paul Rutecki from the Madison VAMC.

> Dial-in: 1-800-767-1750 Access Code: 45129# 1:00-2:00 PM Eastern Time 10:00-11:00 AM Pacific Time Provider calls are CME accredited for Physicians and Nurses.

VA POEMS Study Continues

The San Francisco VAMC Epilepsy Center of Excellence has partnered with the free online patient community PatientsLikeMe conduct a study for Veterans with epilepsy (seizure disorder). We are still seeking any Veteran with access to a computer and email to participate.

Please tell your Veteran patients about this study and direct them to visit: www.poemstudy.com . For more information call (415) 379-5599 and ask for SFVAMC study lead Dr. John Hixson.

Helpful Links:

The Epilepsy Foundation www.epilepsyfoundation.org

American Epilepsy Society www.aesnet.org

Citizens United for Research in **Epilepsy** www.cureepilepsy.org

The Anita Kaufmann Foundation www.akfus.org

Contact Us:

Epilepsy Center of Excellence Department of Veterans

4150 Clement Street (127E) San Francisco, CA 94121 Phone: 415-379-5599

Fax: 415-379-5666 E-mail: ECoE@va.gov

