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.

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 Salinsky, 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 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 video-teleconferencing. 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).

Do the Epilepsy Centers of Excellence Impact Care?

How has the 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).” RECORD Quality’s 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.

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 to 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.