



THE **Matty Fund**[®]
Epilepsy Resource Center
For children and families



May 2013



Save the Date: Saturday, June 8 is Matty's 5K Run/Walk for Epilepsy & "Matty's Mighty Dash." Join us for Rhode Island's largest Run/Walk for Epilepsy! Cash prizes for top finishers and course record! Additional prizes for top finishers in 7 age categories, T-shirts for the first 300 to register, free BBQ & free raffle for all registrants. Sign your child up for Matty's Mighty Dash - all dashers receive a tee shirt and prizes! Support The Matty Fund by creating a Firstgiving page and participating in Matty's 5k Run/Walk! Visit: www.firstgiving.com/mattyfund or www.MattyFund.org for more information

FAQ: What are non-epileptic seizures?

Many families have inquired about what a non-epileptic seizure is and how they differ from seizures caused by epilepsy. We recently came across a guide for patients and families from **The Comprehensive Epilepsy Program at Tampa General Hospital** and **The University of South Florida College of Medicine** written by Selim R. Benbadis, MD and Leanne Heriaud, RN which we think is worth sharing. Some excerpts are below but to read or print the entire guide visit: <http://professionals.epilepsy.com/pdfs/PNESbrochure.pdf>

What is the difference between an epileptic and non-epileptic seizure?

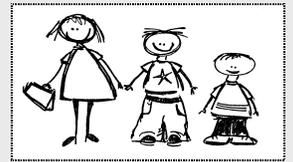
A seizure is a temporary loss of control, often with abnormal movements, unconsciousness, or both. Epileptic seizures are caused by sudden abnormal electrical discharges in the brain. Psychogenic (non-epileptic) seizures are attacks that look like epileptic seizures, but are not caused by abnormal electrical discharges. They are stress-related or "emotional." They are sometimes called pseudoseizures, but "psychogenic non-epileptic seizures" (PNES) is now the preferred term.

Are non-epileptic seizures rare?

PNES are the most common condition misdiagnosed as epilepsy. In general, 1 in 5 of patients sent to epilepsy centers for difficult seizures is found to have PNES instead of epileptic seizures.

How can I be sure that PNES is the correct diagnosis?

Your physician may suspect PNES when the seizures have unusual features (e.g., type of movements, duration, triggers, frequency, etc.). PNES may look like generalized convulsions (similar to "grand-mal" seizures) with falling and shaking. Less often, they may mimic "petit mal" or "complex partial" seizures with temporary loss of attention, or "staring." The routine, 20-minute electroencephalogram (EEG) is often helpful in diagnosing epilepsy because it can detect the abnormal electrical discharges in the brain that indicate epilepsy. However, the EEG is very often normal in patients with proven epilepsy, so it cannot be used alone to exclude epilepsy. The most reliable test to make the diagnosis is EEG-video monitoring, which is the only way to be sure. This procedure monitors a patient for several hours to several days with a video camera and an EEG until a seizure occurs. By analyzing the video and EEG recordings, the diagnosis can be made with a nearly 100% certainty. However, this can only be done if the episodes in question occur frequently enough (once a week or more). Sometimes techniques can also be used to trigger seizures during monitoring.



Discovering My Epilepsy[®] Family Support Group

Upcoming meetings:

Tue. 5/21
In Warwick
(with Music Therapy)

Wed. 6/5
In Wakefield
(Pajamas and kid movie meeting!)

Tue. 6/18
In Warwick
(Pajamas and kid movie meeting!)

RSVP: 401-789-7330 OR
Jessie@mattyfund.org

Please note:
After June, support group meetings will start up again in September! We will share the fall 2013 - spring 2014 Support Group meeting schedule as soon as it is finalized!



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