

effect of CBC on hormone synthesis and hypothalamic function are possible explanations. Despite the many changes in the serum sex hormone balance, the patients appeared to maintain ovulatory cycles during the first year of CBC treatment,

PSEUDOSEIZURES

A protocol for the presentation of a diagnosis of pseudoseizure to the patient is outlined from the Indiana University Medical Center, Indianapolis, IN. After the diagnosis of pseudoseizure arrived at by simultaneous video EEG recording, the authors had frequently noted a disintegration of the patient's medical care in their center, attributed in part to the presentation of the diagnosis. To address this problem, they developed a protocol which stressed the nonepileptic nature of the spells, defused tension resulting from the nature of the diagnosis, promoted compliance with medical and psychiatric follow-up, and provided hints to the patient for the voluntary control of attacks. The results of the video EEG monitoring were presented only if the patient agreed to long-term follow-up in the clinic. Of 8 patients followed by one of the authors, a history of sexual abuse was eventually discovered in six. A majority experienced an immediate reduction in the pseudoseizures after the diagnosis was conveyed and abortive maneuvers were encouraged. Psychosocial issues continue to handicap many patients on long-term follow-up. (Shen W et al. Presenting the diagnosis of pseudoseizure. Neurology May 1990; 40:756-759).

COMMENT The term pseudoseizure may be pejorative and psychogenic seizure is preferred by some. "Non-epileptic attack disorder" (NEAD) is suggested as a better and nonaccusatory term by Betts T (Lancet July 21, 1990; 336:163-164). Reporting from the Department of Psychiatry, University of Birmingham, UK, Betts classifies nonepileptic attack disorders into three groups: 1) organic attack disorders (neurological, cardiovascular), 2) psychiatric disorders mistaken for epilepsy (hyperventilation, panic, anxiety), and 3) emotionally based attacks (swoon, tantrum, abreaction or symbolic attack). The symbolic attack, described as "macabre pastiche of intercourse", is seen in patients who have been sexually abused. The author avoids blunt confrontation of the patient with the truth regarding the nature of the attack, a policy with which I personally concur particularly in adolescents and young adults. "The patient should be led gently into recognizing the nonepileptic nature of the attack and the diagnosis put in positive terms". "Above all do not reject the patient, but allow her to save face". Intensive anxiety management and counseling may be necessary, and the family or close relatives should be involved. Patients may learn to voluntarily control their "seizures", but relapses at times of stress are not uncommon.