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Non-Epileptic Attacks

Information for patients

NEST

Non-Epileptic Seizures Treatment Group 2011

The NEST Group formed as an interdisciplinary collaboration of clinicians and academics working in Sheffield, Manchester and Leeds in 2005. The aim of the group is to develop and evaluate new treatments for non-epileptic attacks.

The group includes professionals from the fields of neurology, psychiatry, clinical psychology and psychotherapy.

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Introduction

This booklet is written for people with non-epileptic attacks. It may also be of interest to family members, friends and carers of people with non-epileptic attacks. It is designed to provide information about what non-epileptic attacks are, what causes them, how they are diagnosed and how they can be treated. This booklet also aims to provide some practical advice about things that you can do to get better and about topics related to living with non-epileptic attacks, such as driving and benefits.

There are many different names for non-epileptic attacks. Other names you may hear are non-epileptic seizures (NES), non-epileptic events, psychogenic seizures, functional seizures, dissociative seizures, pseudoseizures or pseudoepileptic seizures. People who have non-epileptic attacks may also be told they have Non-Epileptic Attack Disorder (NEAD).

These are all names for non-epileptic attacks and they all mean the same thing.

What are non-epileptic attacks?

Non-epileptic attacks are attacks that can look like epileptic seizures, but that are not related to epilepsy.

Epilepsy is caused by abnormal electrical signals in the brain. These signals stop the brain from working properly for a short time.

Non-epileptic attacks are not caused by abnormal electrical signals in the brain or by brain damage.

During non-epileptic attacks people lose some control of their body.

Non-epileptic attacks may involve:

- Passing out and falling to the floor
- Shaking movements of your arms, legs or head
- Other unusual movements
- Biting your tongue or injuring yourself
- Losing control of your bladder or bowel
- Going blank or absent
- Feeling out of touch with your surroundings
- Not being able to remember the attack

Some of these symptoms may lead people to confuse non-epileptic attacks with epileptic seizures or other causes of blackouts such as fainting.

How are non-epileptic attacks diagnosed?

Specialists in treating attacks (such as neurologists) can sometimes make a clear diagnosis of non-epileptic attacks when you, or someone who has seen them, describe them in detail. Although non-epileptic attacks resemble epileptic seizures or faints, there are small but important differences between these types of attacks. A description of the attacks allows experts to make a correct diagnosis in at least eight out of ten cases.

Seizure experts can accurately diagnose nine out of ten attacks if they can see a video recording of them (such as a video recorded on a mobile phone). The doctor would also be more likely to diagnose non-epileptic attacks correctly if they had observed an attack directly and examined you during it.

Sometimes it is possible to prove the diagnosis by recording a typical attack during observation with video and EEG. The EEG (electroencephalogram) is a test that measures the electrical activity produced by the brain. It shows abnormal patterns of electrical activity during epileptic seizures. These patterns are not seen during non-epileptic attacks.

Depending on the nature of your attacks, other tests may be helpful, including brain scans, blood tests and heart or blood pressure recordings. These tests may be carried out to look for other causes of blackouts. However, in many cases no further investigations are necessary when a seizure expert has heard a description of your attacks.

It is important to realise that the diagnosis of non-epileptic attacks and other seizure disorders is often a gradual process rather than a single event. The information available to the doctor about a first blackout is often limited. The diagnosis may become clearer as more events are observed and described.

Could the diagnosis be wrong?

It can be puzzling if you have been given a diagnosis of epilepsy in the past and then your diagnosis is changed to non-epileptic attacks. Some people have taken anti-epileptic drugs for several years before they are told their attacks are not epileptic. How can that happen?

One in ten healthy people have slight changes in their EEG which can be mistaken as a sign of epilepsy. It is not unusual for someone with non-epileptic attacks to have these changes, especially if they are taking medication that affects brain activity. This can lead the doctor to think you have epilepsy, or to be unsure about the cause of your attacks.

Doctors sometimes decide to start a trial period of anti-epileptic drugs even when the diagnosis is unclear. This is because some types of epileptic seizures can be harmful.

More tests may be carried out when anti-epileptic drugs don't work. Over time it may become clearer that the attacks are not actually epileptic and that the original diagnosis was wrong.

Research has shown that non-epileptic attacks do not get better with anti-epileptic drugs. For this reason, antiepileptic drugs are usually stopped when doctors have found that the true diagnosis is non-epileptic attacks and not epilepsy.

Sometimes people find that their seizures change or become more frequent for a while when they stop taking their anti-epileptic medication. This can cause them to feel confused about their diagnosis and think that they do have epilepsy. However, antiepileptic drugs have other effects on the brain than stopping epilepsy. For instance they may reduce anxiety or cause a degree of mental slowness. You may need to give your brain some time to get used to functioning properly without antiepileptic drugs. If your seizures fail to to improve after a month or so, you could consider discussing your concerns with your neurologist.

Only one in twenty people with non-epileptic attacks also has epilepsy. If this applies to you, your doctor will discuss it with you. It will be important to learn to tell the two types of attack apart so that each can be treated properly.

How do you feel about your condition?

You may have a range of emotional reactions to finding out that you have non-epileptic attacks. This is normal and understandable.

- **Confused?** It can be confusing to receive a diagnosis of non-epileptic attacks, especially if you believed you had epilepsy. Epilepsy is quite well known and understood and has a known cause in the brain. Non-epileptic attacks do not have a physical cause, and this can be very difficult to understand.

- **Angry?** People may feel angry that they have had a different diagnosis and treatment in the past. Some people also become angry because they do not accept that the cause of their attacks is not epilepsy or another physical illness. Others feel angry at having lived with the stigma and restrictions of epilepsy for so long.

- **Having doubts?** Some people do not accept the diagnosis and continue to believe they have epilepsy. These people may refuse to take up the right treatment, which means they are less likely to recover.

- **Relieved?** Some people are glad to have a definite diagnosis of non-epileptic attacks. It means they do not have epilepsy and can stop taking anti-epileptic drugs. It also means they can begin appropriate treatment to stop or reduce the attacks.

People with non-epileptic attacks can find it helpful to think about how they feel about their condition and why. This can make it easier for them to discuss the problem with other people, and to ask friends, family, doctors and nurses for help managing the problem.

How common are non-epileptic attacks?

Non-epileptic attacks are relatively uncommon but not as rare as often thought. They are a known condition with recognised treatment.

Around two or three people in every 10,000 have non-epileptic attacks. This means that in a typical town with around 300,000 people (such as Cardiff, Wigan or Doncaster) there will be about 60 to 90 people who have non-epileptic attacks.

Of all the people who come into hospital with attacks that do not settle quickly, nearly half turn out to have non-epileptic attacks.

About one in eight people newly referred to specialist epilepsy clinics turn out to have non-epileptic attacks.

What causes non-epileptic attacks?

Research is helping us to understand what causes non-epileptic attacks. We know that they are **not** caused by physical problems in the brain or by a disease. We also know that they happen for different reasons in different people.

It is likely that non-epileptic attacks happen when there is a temporary problem with the way the brain is working. The brain may become "overloaded" and "shut down" for a short while when faced with some kind of threatening feeling, situation, thought or memory**.** Although it is thought that stress plays an important part in non-epileptic attacks, people can have non-epileptic attacks at times when they do not feel particularly stressed.

Sometimes the first attacks are related to an upsetting or frightening experience (such as an assault or the death of a loved one), or some other great loss or change. These experiences may be recent or in the past. Sometimes it isn't clear why attacks have started, or they seem to have started just as some life stress was getting better. Stresses can also make it difficult for a person to get over their attacks once they have started. Examples of this include relationship problems, ill health, bereavement and money worries and even the stress of living with the attacks.

Individual attacks can be set off by many different things. Something that brings on an attack is called a *trigger*. Common triggers include unpleasant memories, upsetting thoughts or feelings, and stressful situations such as arguments. Sometimes attacks can happen without any obvious trigger or warning, **even when you may be feeling calm and relaxed**, particularly when attacks have been happening for a long time. This can make it difficult to work out what has triggered a particular attack.

How can stress be the cause?

It is very common for people to think that there must be a physical cause for non-epileptic attacks. They are physical symptoms after all. However, there are many examples of how emotional stress can cause physical reactions in the body. These include blushing when you are embarrassed, feeling "butterflies" in your stomach when you are nervous, and getting a headache when you have been worrying or have had a bad day. Another familiar idea is someone fainting when they are shocked.

When emotional stress is particularly severe or has been going on for a long time, more serious physical problems can arise. In some cases this leads to disability. There are many conditions where stress is thought to play a part, including chronic fatigue, non-cardiac chest pain, fibromyalgia and irritable bowel syndrome.

For some people it is relatively easy to identify stresses that might be related to their non-epileptic attacks. Other people with non-epileptic attacks say that they don't feel particularly stressed or upset, or that they feel calm and relaxed before an attack. This can make it very confusing if you have been told that your attacks are caused by stress. It may be that not all non-epileptic attacks are caused by stress but further research is needed to answer this.

Even though stress may be an important part of non-epileptic attacks, this does **not** mean that you are "mad" or "crazy". It also does **not** mean that the attacks are your fault, that the problem is "all in the mind" or that you are doing them "on purpose". Non-epileptic attacks are real physical symptoms that can cause real problems.

Some people feel that they are not believed by their friends and family or by doctors and nurses. Many people, including doctors and nurses, can find it difficult to understand that attacks can be caused by stress. This could lead them to wrongly believe that people with non-epileptic attacks have control over them.

However, specialists who diagnose and treat non-epileptic attacks know that they are real and take them seriously.

What about other symptoms?

There are many different symptoms that can occur in people with non-epileptic attacks. These symptoms often have similar causes to the non-epileptic attacks themselves.

These symptoms include:

- Numbness
- Tingling
- Fatigue
- Pain
- Headache
- Dizziness
- Blurred vision
- Bladder problems
- Bowel problems
- Limb weakness or paralysis
- Poor concentration
- Memory problems
- Worry
- Panic
- Anger
- Frustration
- Low mood
- Trouble sleeping
- Speech problems
- Feeling distant or "unreal"

Treatment for non-epileptic attacks may also help in relieving some of these other symptoms.

Talking about non-epileptic attacks

Telling people that you have a condition such as epilepsy or panic attacks is difficult. However, many people have heard of these problems and know something about them, which can make it easier to explain what's wrong.

Telling people about non-epileptic attacks can be much harder. Most people (including some doctors and nurses) have not heard of non-epileptic attacks, and it can be difficult to explain what they are. Having a good understanding of the diagnosis can make it easier to explain to others.

Here are some useful things that can be said:

"I have attacks that I cannot control. They are like epileptic attacks but they are not caused by the same things that cause epilepsy."

"Even though they are not epileptic, my attacks can still be difficult for me."

"They can be linked to stress."

"I have a condition similar to epilepsy, which means I have attacks."

"I have attacks which are similar to panic attacks, except that I can pass out with them."

It may be useful for you to discuss this booklet with friends and family so that they know about your attacks and can support you.

What should people do when I have an attack?

You can keep this card with you in case you have an attack. You could also give a copy of this page to family and friends. **Please check with your doctor that you do not have additional epileptic seizures before you use this card.**

I have non-epileptic attacks
This is what to do if I have an attack

- **Keep me safe from injury.** You may need to guide or move me from an unsafe place, move dangerous objects and protect my head by carefully placing some soft clothing under it.
- **Do not hold me down or try to restrict my movement**. This can make the attack worse or cause injury.
- **Do not put anything in my mouth** or try to give me medication.
- **Speak to me calmly.** I may be able to hear and feel what people are doing when I have an attack, and being spoken to in a calm, reassuring manner can help to make the attack shorter.
- **My attacks do not cause damage to the brain**, even if they go on for several minutes.
- **Do not call an ambulance unless I am injured or the attack goes on for a long time**. It is important that the ambulance crew know that my attacks are non-epileptic. Show them this card.

How are non-epileptic attacks treated?

Non-epileptic attacks can stop altogether. In other cases, treatment may help you to have fewer attacks and/or cope better with them.

The first step in treatment is helping you and your family understand the condition and how it is different from epilepsy. Many people find it difficult to accept the diagnosis, particularly if they have been told previously that they have epilepsy. This is understandable. However, coming to terms with the diagnosis is an important step on the road to recovery.

Anti-epileptic drugs do not control non-epileptic attacks. They can have unwanted side effects and should not be taken unnecessarily. Unless you also have epilepsy, anti-epileptic drugs should be reduced and stopped with the support of a neurologist.

The most important treatment for non-epileptic attacks involves talking – to begin with, to friends and family and to specialists in treating non-epileptic attacks. Neurologists are able to advise you about the local treatment options and may be able to refer you for treatment.

The best form of treatment for non-epileptic attacks is talking treatment.

What are talking treatments?

One common type of talking treatment is psychological therapy. There are different types of psychological therapy and they may be offered by people with slightly different types of training, including psychologists, psychiatrists, psychotherapists, counsellors, cognitive behaviour therapists and some epilepsy nurses.

Depending on the nature of the person and the problem, a number of things may be done during psychological therapy for non-epileptic attacks. These might include:

- Understanding why the non-epileptic attacks are happening
- Spotting triggers for attacks
- Learning specific techniques to control attacks where possible
- Identifying and exploring stresses or problems that are contributing to attacks and tackling these
- Developing new ways of relaxing and coping with stress
- Coming to terms with events in the past that may be related to attacks
- Viewing situations in more positive ways
- Increasing activity levels
- Learning how to reduce the impact of attacks on your life

Some people are reluctant to take up psychological therapy because they fear being thought of as “crazy” or “mad”. However, research shows that psychological therapy can help people learn to cope with all kinds of illnesses, such as cancer, diabetes and heart disease. As stress is often an important part of non-epileptic attacks, psychological therapy is likely to be particularly useful for people with this condition.

Therapy or counselling can be a very positive experience. It’s a chance to talk things through, and explore your own thoughts and feelings about things that matter to you.

The processes which cause non-epileptic attacks may be related to other conditions such as depression, anxiety and post-traumatic stress disorder. These can be treated with psychological help, drugs or both. If they are not treated, the attacks may not improve.

Who can help?

- **Your neurologist, psychiatrist or neuropsychiatrist** are medical doctors with specialist knowledge of non-epileptic attacks who will explain the diagnosis to you. If you do not have epilepsy, they may help you to reduce and stop anti-epileptic drugs and they will monitor your progress as these changes are made. They might also advise you about other types of medication that may help, for example for depression or anxiety.

- **A clinical psychologist, psychotherapist, counsellor or clinical neuropsychologist** may be able to offer talking treatments for non-epileptic attacks.

- **An epilepsy specialist nurse** may be able support you in understanding your diagnosis, advise you on how to deal with medication changes and help you to cope better with your attacks.

- **A social worker or welfare rights officer** can give you information about benefits and job schemes that may be available to you.

- **Your GP** can give advice and support and can let you know about local psychology or counselling services.

- **Your local Citizens Advice Bureau or DSS** can give you advice on social services and advice.

What can I do to help myself get better?

- **Feel comfortable and clear about the diagnosis.** If you understand and accept the diagnosis you are more likely to get better. Feeling comfortable with the diagnosis may also help you to discuss the condition with your friends, family or colleagues.

- **Use the specialist help on offer**. Talking treatments can help in a number of different ways (see page 13), including reducing stress, learning to control attacks, coming to terms with past experiences and addressing important issues in your life. You can find what specialist help is on offer in your area by talking to your doctor or by visiting www.nhs.uk

- **Look for your triggers.** Think about what is happening before or during an attack. Are you frightened? Are you worried about something? Understanding what triggers your attacks can help to prevent them. If your attacks seem to be brought on by a certain situation, then talking it through with someone can help to overcome the problem. However, it is not always possible to identify what has triggered a particular attack.

- **Learn to stop your attacks.** If you get a warning that an attack is going to happen you can learn to use breathing and stress reduction techniques. You can ask your family doctor about local services where you can learn stress management or relaxation. This may help to stop the attack. If your attacks happen without warning try to remain calm. Remind yourself that you do not have epilepsy and nothing serious is going to happen to you.

- **Talk to friends and family.** They are more likely to stay calm during an attack if they know what is happening. This can help to make the attacks shorter.

- **Remain positive.** Give yourself time to get better and remember that non-epileptic attacks can be overcome.

More detailed information about what you and others can do to help you to get better can be found at www.nonepilepticattacks.info

Should I stop doing anything?

Non-epileptic attacks can be frightening and you may feel worried about carrying on with your usual activities. Whilst this is understandable it is important to carry on as normal as much as possible.

Most people with non-epileptic attacks can carry out their normal daily activities without help. You should not assume that you can't do something just because of your attacks. Indeed, stopping activities because of non-epileptic attacks can actually make the problem worse in the long term.

If you feel that you may be at risk of injury during an attack, discuss this with your friends and family. They may be able to help you think about ways to keep yourself safe without giving up too many activities. For instance, there may be no need for you to stop going out if your attacks only happen at home. You may not need to stop daytime activities if your attacks only happen in the evenings or when you are really tired. You may be able to keep up activities such as jogging or fishing by joining up with others rather than doing them by yourself. It may be entirely reasonable for you to go swimming if you have never had an attack doing this, go to a swimming pool with a life guard and warn the lifeguard that you might have an attack.

Try to do as much as possible for yourself and be as independent as you can.

It is better if your friends and family encourage you to do things for yourself, and do not become more protective than they need to.

If you find your life is restricted by your attacks (for example, you have given up doing things or you no longer do things on your own), you should discuss this with your GP or whoever is seeing you for your attacks. Even if your attacks don't stop, it is possible for a professional to help you think of ways to reduce their effect on your life.

If you drive a motor vehicle, and have unpredictable attacks, you should discuss with your doctor what you should do – see page 21.

Will I recover?

People with non-epileptic attacks can recover fully and lead a normal life. Recognising that the attacks are non-epileptic is the first, and often most important, step on the road to recovery. It means that the right treatment can be started where necessary. It also means that unhelpful treatments can be stopped. Unless epilepsy is also present this should mean stopping anti-epileptic drugs altogether.

Sometimes just receiving and accepting the diagnosis can be enough for some people to get better. For other people, recovery comes about as a result of psychological therapy. Psychological treatment can be a long process, and it can take weeks or months before the attacks improve. However, if treatment is started, attacks often improve over time. Over the course of a year many peoples' attacks reduce a lot or stop completely.

In some cases, attacks can become a long-term problem. Some people with non-epileptic attacks find it very difficult to accept the diagnosis and take up psychological treatment. People who have this problem often continue to take anti-epileptic drugs. These drugs do not control the attacks and there can be harmful side effects.

Even if the attacks continue, people can still lead a full and active life. It is possible to learn how to cope with attacks in a similar way to how people deal with uncontrolled epilepsy.

Driving

If your attacks involve a sudden loss of awareness with no warning then you should not drive until the attacks have stopped. People who currently hold a UK driving license will need to inform the Drivers and Vehicle Licensing Authority (DVLA) and return their driving licence.

The DVLA are likely to contact your neurologist for information about your attacks. If you hold a driving license and are unsure whether you need to inform the DVLA, you may want to discuss your individual circumstances with your neurologist.

Once the attacks have stopped the DVLA will issue a new driving licence without the need for a new driving test.

For more information you can contact the DVLA on 0870 600 0301 or go to the website www.dvla.gov.uk

Benefits

People who have attacks, whatever the cause, may be able to claim benefits depending on the effect the attacks have on their life.

If you have received benefits or been unable to work because you thought you had epilepsy, this should not change just because the diagnosis has changed to non-epileptic attacks. These are real attacks which can be disabling.

There is a good chance that, with the right treatment, your attacks will improve and you may be able to work again in the future. If this happens, then getting off benefits and starting work again can be stressful in itself. People have often not worked for some time. It can be useful to discuss this with any doctors involved.

The Job Centre Plus provide advice about returning to work after claiming benefits. You can also talk to the Citizen's Advice Bureau or the Department of Social Services if you have any questions about benefits.

Tips to remember

- Non-epileptic attacks are not caused by epilepsy, but they are real and can have a big impact on your life.

- Having non-epileptic attacks does not mean you are faking them or going ”crazy”.

- Having non-epileptic attacks does not mean the attacks are your fault: they are not done “on purpose”. With help, however, it may be possible to learn how to stop the attacks from occurring.

- The attacks do not cause damage to the brain, even if they go on for some time.

- Having a longer attack does not mean you have epilepsy. Epileptic attacks usually last for less than 2 minutes.

- Accepting and understanding the diagnosis is the first step to recovery.

- Psychological help can be very useful in finding out what causes non-epileptic attacks and in helping people control or stop their attacks.

- Non-epileptic attacks can be easier to deal with if your friends and family have a good understanding of the problem. It may be useful for them to read this booklet and to discuss the attacks so that everyone knows what is happening and what to do.

- There are many things that you and your family can do to help you to get better. For more detailed self help information visit www.nonepilepticattacks.info

How can I find out more?

The following websites have some information on non-epileptic attacks:

Sheffield Neurotherapy Service - a site dedicated to information and self-help advice for people with non-epileptic attacks and others who are seeking more information about the condition:
www.nonepilepticattacks.info

NEAD-Trust - a self-help group for people with non-epileptic attack disorder with a web-forum and a Medical Advisory Panel which will answer questions about non-epileptic attacks:
www.neadtrust.co.uk

Epilepsy Action
www.epilepsy.org.uk/info/nonep.html

National Society for Epilepsy
www.epilepsynse.org.uk/pages/info/leaflets/factsnea.cfm

Enlighten – Tackling Epilepsy
www.enlighten.org.uk/factsheets/factsheet26.pdf

Further information about non-epileptic attacks is limited, but you may find out more about your attacks by looking at conditions which can have things in common with non-epileptic attacks.

Try searching the internet using a search engine such as www.google.co.uk. These are some words you could search for: Post Traumatic Stress Disorder; Conversion Disorder; Somatoform Disorder; Somatization; Dissociation; Hyperventilation; Panic Attacks; Stress; Psychological treatment; Therapy; Help; Advice.

The NHS Prodigy website has patient information leaflets about many topics. Try looking at some of these at:
www.prodigy.nhs.uk/Portal/PatientInformation/PilsListResults.aspx?GroupingId=20

Remember that information from the internet may not be accurate if it is not from a recognised organisation.

Are there any support groups?

The NEAD trust is a registered charity dedicated to supporting patients with non-epileptic attacks and their families. They have an online forum and hold regular support meetings. Visit www.neadtrust.co.uk for more information.

There is an online support group for non-epileptic attacks.
http://groups.msn.com/Epilepsy----AreYouSure

This site has accounts by people living with non-epileptic attacks and an online support group.
www.growingstrong.org/epilepsy/nonepileptic.html

Your neurologist is …….

Your therapist is …….

You can call ……..… for advice

Glossary

Anti-epileptic drugs - Drugs used to treat or prevent seizures in epilepsy. They are also used to treat certain mental, emotional and pain disorders. Also known as anticonvulsants. They are not effective treatments for non-epileptic attacks.

Clinical Neuropsychologist - A specialist in the branch of psychology that deals with the relationship between the nervous system and mental functions such as language, memory, and perception. They understand broader aspects of peoples' problems such as anxiety and depression due to their training in clinical psychology.

Clinical Psychologist - A person trained to perform psychological research, testing, and therapy.

Counsellor - A person trained to listen to peoples' problems and help to find ways of dealing with them.

Diagnosis - The act of identifying a disease from its signs and symptoms or a name for a condition or illness.

Dissociative seizures - Another name for non-epileptic attacks.

Epilepsy - Various disorders in which attacks are caused by abnormal electrical signals in the central nervous system (brain).

Epilepsy Specialist Nurse - Provides support and advice for people with epilepsy and related conditions, their families and carers.

Functional seizures - Another name for non-epileptic attacks.

Neurologist - A medical specialist in the branch of medicine dealing with the nervous system and the disorders affecting it.

Neuropsychiatrist - A medical specialist in the study of disorders with both neurological and psychiatric features.

Non-epileptic attack - A clinical spell that resembles an epileptic seizure, but is not due to epilepsy. The EEG is normal during an attack, and the behaviour is often related to psychological distress.

Non-Epileptic Attack Disorder - Another name for non-epileptic attacks.

Non-epileptic events - Another name for non-epileptic attacks.

Non-epileptic seizures - Another name for non-epileptic attacks.

Pseudoepileptic seizures - Another name for non-epileptic attacks. This name is now not generally used because it implies that the seizures are "made up", which is not the case.

Pseudoseizures - Another name for non-epileptic attacks. This name is also not generally used now.

Psychiatrist - A doctor who specializes in psychiatry.

Psychiatry - The branch of medicine that deals with the diagnosis, treatment, and prevention of mental and emotional disorders

Psychogenic seizures - Another name for non-epileptic attacks.

Psychotherapist - A person trained in working with people with emotional problems to help resolve them.

Psychological - Relating to or arising from the mind or emotions.

Seizure - A sudden attack, spasm, or convulsion.

Stigma - A mark of shame or discredit.

Stress - Difficulty that causes worry or emotional and mental tension. Can produce physiological reactions that lead to illness.

Talking therapies - Treatment of problems through conversation between patient and therapist.

Therapist - A person skilled in a particular type of therapy.

Trigger - Something that sets other events in motion. An event, situation, sensation or emotion that sets off a non-epileptic attack.