

## Recognising Functional Seizures

- Think about functional seizures every time you see someone having a seizure.
- 50% of prolonged seizures are functional seizures, not epilepsy.
- Look for features that are typical for functional seizures and those that are typical for epilepsy.

### Some examples of helpful diagnostic features

Functional seizures	Epilepsy	Not helpful
Closed eyes	Eyes open	Incontinence
Longer than 3 mins	Rarely longer than 90 seconds	Report tongue biting
Hyperventilation	Stop breathing	Aura/confusion
Responsive to touch or voice	Not responsive during event	High Lactate

## Managing Functional Seizures

- If you are uncertain what kind of seizure the person has then manage as for epilepsy.
- If you are confident that this is a functional seizure, it **can usually be managed by maintaining a calm atmosphere and waiting for the event to stop.**
- There is **usually no need for oxygen unless saturations are definitely low (eg below 90%)**. Pulse oximetry can be artefactually low if hands are clenched or shaking. Consider an earlobe probe.
- **Reduce the number of people** present if possible.
- Be **guided by family or friends.**
- Speak calmly to the person and **assume they can hear you.** Usually, there is no need to touch them.
- **Do NOT use sternal rub** or hand drop tests.
- **Do NOT use benzodiazepines**, as this can make the event last longer.
- After the event, explain that you recognise functional seizures as a **common treatable problem.**
- There is usually no need to take the person to the hospital if they have recovered, can manage at home, and it was a typical event for them.
- Some people have both epilepsy and functional seizures so ensure it is a typical functional seizure for that person.

## Recognising and Managing Functional Paralysis/Stroke like presentations

- Functional limb weakness/paralysis/speech problems as part of FND is **one of the commonest 'stroke mimics'** along with migraine and epilepsy
- There are **typical features** of functional stroke like presentations that can be recognised
- Unless someone has had it many times before, an **episode of new stroke like symptoms usually needs to be assessed in hospital.**



**Functional facial dystonia** in FND can give the appearance of facial weakness

**Hoover's sign** is an example of a typical clinical sign in FND related leg weakness.

## Online Resources

- Neurosymptoms FND Guide - [www.neurosymptoms.org](http://www.neurosymptoms.org)
- Royal College of Emergency Medicine Learning - [www.rcemlearning.co.uk/foamed/functional-seizures/](http://www.rcemlearning.co.uk/foamed/functional-seizures/)
- [www.fndaction.org.uk](http://www.fndaction.org.uk)
- [www.fndhope.org](http://www.fndhope.org)
- [www.fndaus.org](http://www.fndaus.org)
- [www.fndsociety.org](http://www.fndsociety.org)

Reuber M. Dissociative (non-epileptic) seizures: tackling common challenges after the diagnosis. Pract Neurol. 2019 Aug;19(4):332-341. Finkelstein SA, et al Functional neurological disorder in the emergency department. Acad Emerg Med. 2021;00:1-12. <https://doi.org/10.1111/acem.14263> Bennett K, Diamond C, Hoeritzauer I, et al. A practical review of functional neurological disorder (FND) for the general physician. Clin Med (Lond). 2021 Jan;21(1):28-36.

## Key Resource Recommendation



**"Recognising Functional Seizures"**. A 5-minute video for health professionals describing how to tell the difference between a functional seizure and an epileptic seizure and important management differences. Available at [neurosymptoms.org](http://neurosymptoms.org)