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Hansen, Anne Sofie: Rask, Charlotte Ulrikka: Christensen, Jakob: Nielsen, René Ernst

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Psychogenic non-epileptic seizures in children and adolescents a Danish nationwide cohort study

Anne Sofie Hansen^{1,2}, Charlotte U. Rask^{3,4}, Jakob Christensen⁵, René E. Nielsen^{1,2}

- 1. Unit for Psychiatric Research, Psychiatry Aalborg University Hospital
- 2. Department of Clinical Medicine, Aalborg University, Aalborg, Denmark
- 3. The Research Clinic for Functional Disorders and Psychosomatics, Aarhus University Hospital
- 4. Child and Adolescent Psychiatric Center, Aarhus University Hospital
- 5. The Department of Neurology, Aarhus University Hospital

Background

<u>Psychogenic non epileptic seizures (PNES):</u>

- Resemble epileptic seizures
- Are not associated with changes in electroencephalography
- Are considered as stressful and disabling as epileptic seizures
- The diagnostic management is complex and often delayed several years

<u>The diagnostic challenge:</u>

- A misdiagnosis of epilepsy can result in inappropriate and potentially harmfull treatment
- A misdiagnosis of PNES can result in lack of treatment and risk of multiple epileptic seizures

Pediatric onset PNES:

- 5-15% of children and adolescents referred to epilepsy centers are diagnosed with psychogenic non-epileptic seizures
- Risk factors:
 - Often school difficulties or family adversity
 - Less physical and sexual trauma compared to adult PNES
- PNES are considered even more challenging to diagnose in children:
 - More comorbid epilepsy
 - Less classic PNES motor symptoms

Methods

- The project is based on three studies
- The data is retrieved from the Danish national healthcare registries and from medical hospital records.

Study 1:

• Defining a Danish nationwide cohort of children and adolescents with PNES • A description of baseline characteristics of the cohort

Study 2: Comorbidity in pediatric onset PNES

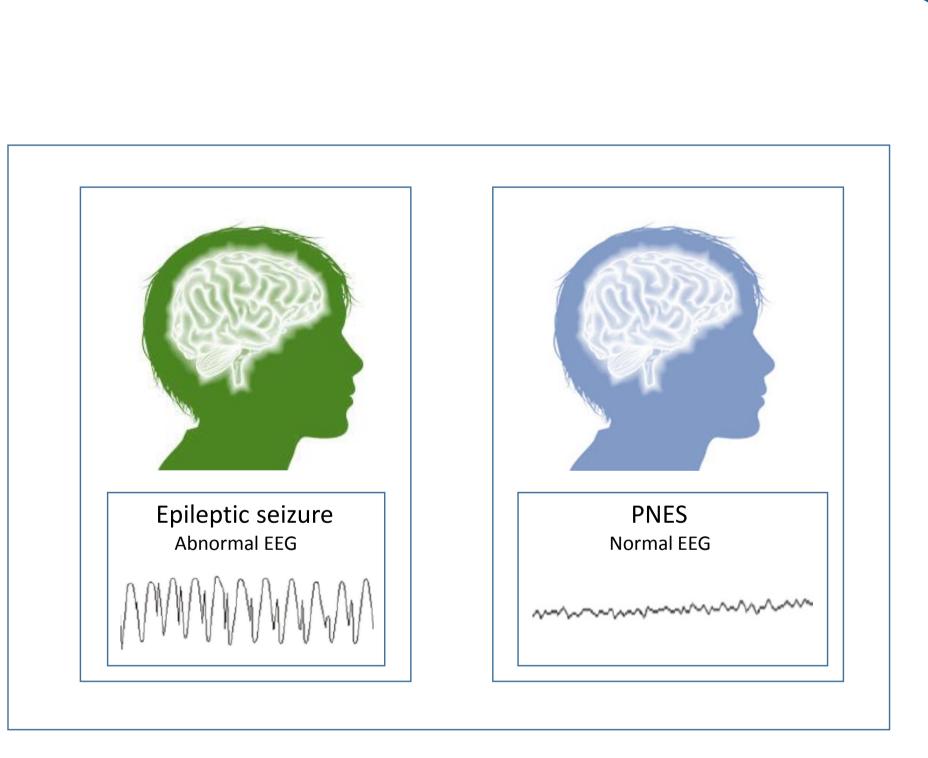
Study 3: All-cause mortality in pediatric onset PNES

Methods - study 1:

Two steps:

1. Defining a Danish national cohort of children and adolescents with onset of PNES.

• Incorrect treatment with antiepileptic drugs can impact learning abilities



- By conducting an examination of medical records, we will identify which ICD-10 diagnoses covers pediatric PNES in the Danish healthcare registers.
- 2. Description of baseline characteristics of the defined PNES cohort. Data describing demographic and clinical characteristics will be retrieved from the medical records.

Methods – study 2 and 3:

An investigation of outcomes of pediatric onset PNES:

- All-cause mortality:
 - PNES cohort compared to age and gender matched controls diagnosed with epilepsy
 - PNES cohort compared to age and gender matched controls without a diagnosed epileptic or psychiatric disorder
- Psychiatric and somatic comorbidity:
 - PNES cohort compared to age and gender matched controls diagnosed with epilepsy

Perspectives

Objectives & Aims

Lack of knowledge:

- Existing research primarily targets PNES in adults
- Prior research on children and adolescents is conducted with small study samples

<u>Aim of the project:</u>

- To describe characteristic features at onset of pediatric PNES and the course of disease for the disorder
- Achieve knowledge to inform future strategies for the diagnostic management of pediatric onset PNES

- The knowledge gained in this project can be used to create future recommendations and guidelines regarding:
- the need for correct detection and targeted intervention to reduce morbidity and mortality in this group of patients
- the number of children and adolescents affected by the disorder and the extent of treatment efforts needed

Future studies

- Social consequences: use of health care services, use of medication, labour market status, use of social services.
- Predisposing riskfactors: living in an institution, divorce of parents, adoption, premature birth, educational level and labour market status of parents.

Anne Sofie Hansen, MD, PhD student Email: ansoha@rn.dk

Conflict of interest: none





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