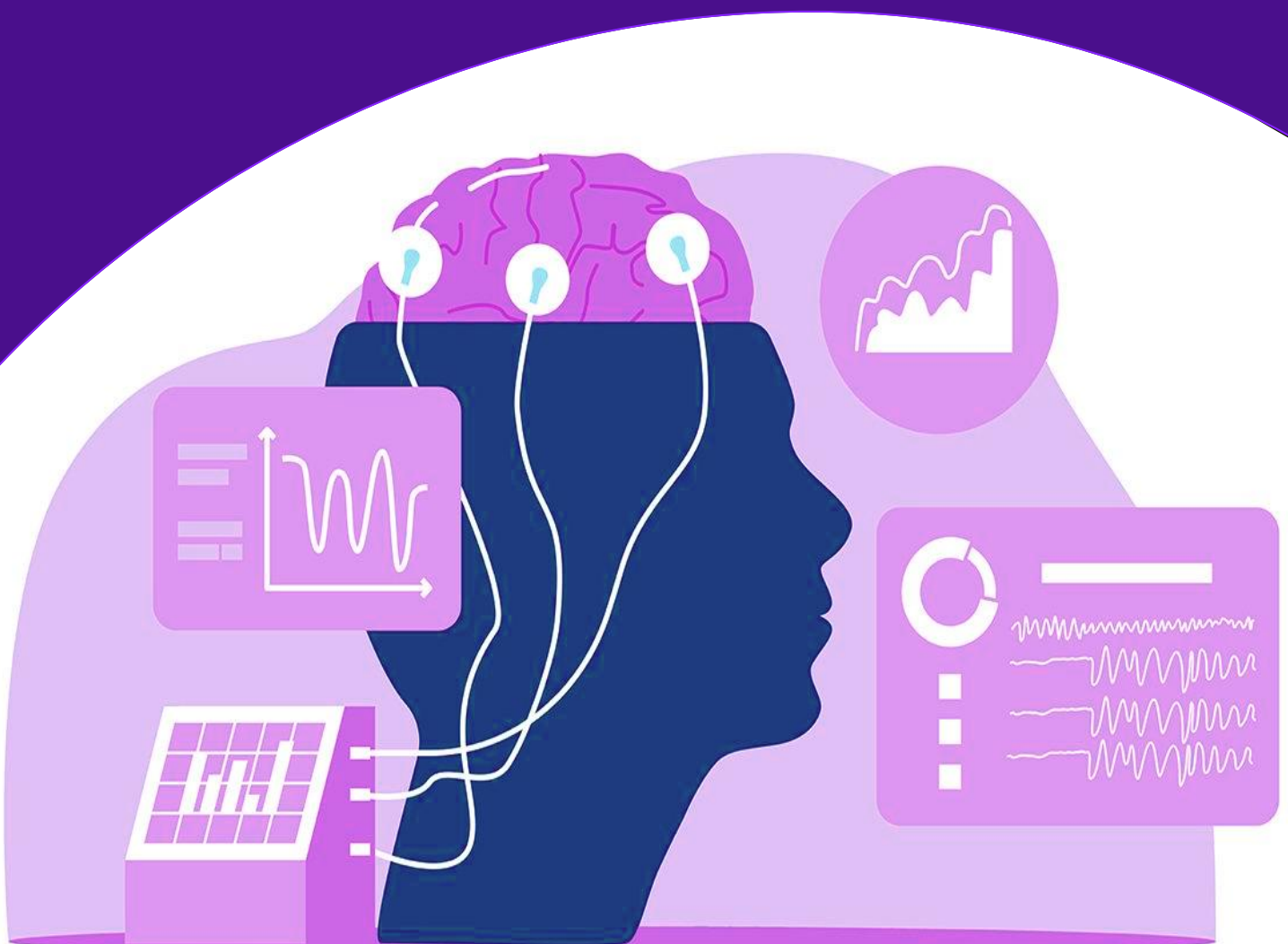


EVENTS THAT CAN BE CONFUSED WITH EPILEPSY

FACT SHEET



EVENTS THAT CAN BE CONFUSED WITH SEIZURES

Diagnosing epilepsy is not always straightforward.

Seizures cause short-term changes in movement, behaviour, awareness, or feelings. But some other medical events can look very similar to seizures, and sometimes even doctors need to do tests to tell them apart. This is one reason diagnosing epilepsy can take time.



Events that may be mistaken for seizures include:

Fainting: A sudden loss of consciousness, often caused by a drop in blood pressure or heart rate. Some people may experience brief muscle jerks or stiffening during a faint.

Migraine: Typically, severe headaches that may include nausea, and neurological symptoms such as sensitivity to light or sound, visual changes, or confusion. Symptoms vary.

Sleep disorders: Such as night terrors, sleepwalking, or sudden muscle jerks while falling asleep.

Movement disorders: Involuntary movements like tics, tremors, or jerks that are not caused by seizures.

Psychogenic non-epileptic seizures (PNES): Episodes that look like seizures but are not caused by abnormal brain activity.

Low blood sugar (hypoglycaemia): Can cause shaking, confusion, sweating, or collapse.

Transient ischaemic attacks (TIAs or “mini strokes”): Short episodes of weakness, numbness, or speech difficulties or vision problems.

Panic attacks: an episode of intense fear or discomfort that causes physical symptoms like a racing heart, shortness of breath, dizziness, or trembling.

Breath holding attacks: when a young child briefly stops breathing, often after crying or being startled, which can cause them to go limp or lose consciousness for a short time before recovering on their own.



If you or someone you know has any of these episodes, it's important to seek medical advice. Getting the right diagnosis means the right treatment and support.

EVENTS THAT CAN LOOK LIKE SEIZURES

Condition	Signs and symptoms	How it's different from a seizure
Fainting (syncope)	<p>Sudden collapse, pale skin, may twitch or have brief jerking movements.</p> <p>The person may feel weak, dizzy, lightheaded, nauseous, and have vision changes before fainting.</p>	Recovery is usually quick after lying down, but they may still feel weak or dizzy depending on the cause of the faint.
Migraine	Often a severe headache, with nausea, and neurological symptoms such as sensitivity to light or sound, visual changes, or confusion.	Symptoms can last for hours; headache is usually the main feature.
Sleep disorders (night terrors, sleepwalking, muscle jerks)	Strange movements, talking, walking, or jerks during sleep, often without memory of the event	<p>Happen during certain stages of sleep. Often last longer than a seizure. No EEG changes.</p> <p>Difficult to tell apart from a focal seizure without EEG.</p>
Movement disorders (tics, tremors, jerks)	<p>Vary greatly.</p> <p>Repetitive movements, stiffness, tremors or twitches</p>	Movements are often suppressible or change with distraction; no change in awareness.
Psychogenic non-epileptic seizures (PNES)	Can look like a seizure with shaking or collapse	Symptoms may vary or fluctuate, triggers may differ. PNES will typically last longer than a seizure. No EEG changes.
Low blood sugar (hypoglycaemia)	Shaking, sweating, confusion, collapse	Linked to long gaps between meals, insulin use, or diabetes. Recovery with glucose or sugary drink
Transient ischaemic attack (TIA or “mini stroke”)	Sudden weakness, numbness, vision or speech changes	Symptoms tend to last much longer than a seizure – usually resolve within 24 hours

TESTS FOR SEIZURES

The best way to determine if any event is a seizure is to record it on video EEG.

Unfortunately capturing an event can be difficult, as they are often sporadic, short-lived, unpredictable, and many people don't have access to these services.

Therefore, a careful description of what happened is valuable. Diagnosis is more difficult without this eyewitness description. Sometimes a home video of the event can also help.

Also, keep a record or diary of the events and the circumstances around them.

It is important to obtain a correct diagnosis to avoid being treated with medication unnecessarily. Unfortunately, sometimes, this does happen. In these cases, the chosen treatment does not work mainly because it is not the right one for the condition.

If you do not respond to antiseizure medications, further tests may be needed to explore other possible diagnoses. Sometimes a doctor may decide to wait and see if a similar event occurs again before undertaking further testing.



There are many events and episodes that can be confused with seizures and epilepsy

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