

FUNCTIONAL/ DISSOCIATIVE SEIZURES

FACT SHEET



FUNCTIONAL / DISSOCIATIVE SEIZURES (FDS)

There are other events that can be mistaken for epileptic seizures.

Functional/dissociative seizures (FDS) are events that appear similar to epileptic seizures but in fact, do not come from abnormal activity in the brain which defines epileptic seizures. They are not a type of epilepsy, but a symptom of a condition called **Functional Neurological Disorder (FND)**.

It is important to understand the difference between an epileptic seizure, a medical event causing a seizure (which is not diagnosed as epilepsy) and functional/dissociative seizures.

We will primarily use the term “functional seizures” or “FDS” on this factsheet



Epileptic seizures

An epileptic seizure is a disruption in the brains' electrical activity.

This can cause changes in sensation, awareness and behaviour, or sometimes convulsive movements and loss of consciousness, depending on where the seizure starts and spreads in the brain.

Physiologic non-epileptic events or seizures

Some medical events can look like epileptic seizures but are actually caused by temporary changes in the body.

These are often called provoked or reactive seizures.

Because the cause is known, they usually don't happen again once the trigger is removed or treated.

Functional / Dissociative seizures

Functional seizures may look like epileptic seizures, with changes in movement, sensations, or awareness, but they are not caused by abnormal electrical activity in the brain. People with functional seizures may experience:

- **Blackouts or fainting-like episodes**
- **Weakness or loss of movement**
- **Unusual movements or shaking**

Functional seizures often develop due to a combination of factors that make the brain more vulnerable or affect recovery. Common triggers include:

- Injury or pain
- Anxiety or depression
- Past traumatic experiences

Functional seizures are thought to be linked to dissociation – when the brain “disconnects” as a way of coping with stress. This can feel like being disconnected from your body or thoughts or disconnected from your surroundings

You might also hear functional seizures described as non-epileptic seizures, non-epileptic attack disorder, dissociative attacks, conversion disorder, or functional neurological disorder.

Some people may have both epileptic seizures and functional/dissociative seizures.



Many people with functional seizures will have been wrongly diagnosed with epilepsy at some point and may have even taken medication for epilepsy.

DIAGNOSIS

Are functional seizures common?

FDS are more common than you think and are one of the most common conditions misdiagnosed as epilepsy. Approximately one in five people referred to a neurologist for drug resistant epilepsy have FDS, and up to 20% of people with FDS also have epilepsy. It can occur at any age.

How do I know this is the right diagnosis?

The best way to tell if an event is epileptic or not is with a **video EEG (electroencephalogram)**. This test records brain activity while also capturing a video of the event. However, this can be difficult to capture because seizures are often unpredictable.

A **good eyewitness account** of what happens during the event is also very helpful with diagnosis.

Getting the right diagnosis is very important, as treatment for functional seizures is very different from treatment for epilepsy. Unfortunately, FDS is sometimes misdiagnosed, and people may be given antiseizure medicines, which do not work for FDS.

When might a doctor suspect FDS?

A doctor may think your episodes are FDS if:

- Antiseizure medicines do not stop or reduce the seizures
- Seizures are often triggered by emotional stress
- Seizures usually occur in the presence of others
- Seizure patterns are inconsistent with epilepsy and may change over time
- Seizures can last much longer than epileptic seizures
- There is a history of trauma, abuse, anxiety, depression, or PTSD

If someone's seizures do not improve with antiseizure medication, it may mean they don't have epilepsy and need further testing.



A correct diagnosis will avoid being unnecessarily treated with antiseizure medication and can help start the right management

Diagnosis can be challenging

Getting the right diagnosis for FDS can take time. This is because FDS often looks very similar to epileptic seizures, and there isn't a simple test to confirm it.

The most reliable test is a video EEG, which records both brain activity and what happens during an event – but seizures don't always happen during testing.

Another challenge is that some people may have both epilepsy and FDS. The doctor may be uneasy about giving a conclusive diagnosis until there is more clarity.

Like an epilepsy diagnosis, you should first see a neurologist.



TREATMENT

What happens next?

After receiving a diagnosis of FDS or FND from your doctor, you may be treated by a multi-disciplinary team of health professionals. Your treatment will depend on your symptoms but may include physical and psychological therapies. Your treating team may include physiotherapists, psychologists, occupational therapist, psychiatrists, speech pathologists, social workers and nurses.

The first step in the treatment of FND is to gain a clear understanding of the condition.

It is also worthwhile to educate your support networks about FND such as your family and friends, as they will be able to help support you better during your treatment journey.

Your doctor should explain the condition, but these resources may also help:

[FND information and videos](#)

[FDS Treatment advice](#)

[FND Factsheet](#)

[FND Workbook](#)

It is important to work together with your team to set treatment goals and objectives to maximise good treatment outcomes.

Search this site to help you find Health Professionals with more expertise in FND – [CLICK HERE](#)

Generally, medications are not helpful in the treatment of FDS

Driving

Many people with FDS stop driving because they have been diagnosed with epilepsy. It is possible that drivers with FDS could be at increased risk of causing driving-related accidents.

There are many features of this condition that overlap with epilepsy, meaning the same driving regulations apply as they do for epilepsy and seizures.

So, **no driving until you are seizure free for a defined period.**

If you are experiencing FDS or unknown or undiagnosed attacks or events, you will need to stop driving until the diagnosis is clear. Then your doctor will be able to advise you of the best course of action regarding if you are eligible to drive or not.



OUTLOOK

Ongoing functional seizures can severely affect your quality of life. The outlook can depend on a few things including your age, mental health, co-existent epilepsy and how long the FDS have been happening. It also depends on you and your willingness to accept the diagnosis and receive treatment – the goal being to retrain the brain.

Treatments are not a quick fix and can take time. Many people improve with treatment, but even with access to the best multi-disciplinary treatment approach, recovery may prove difficult for some.

A common mistake is to deny the diagnosis and not follow up with the right treatment. Unfortunately, a person who makes this choice may continue to have FDS.

An important factor is early diagnosis, having a good understanding of the condition, and the sooner you receive treatment, the better the chance of a full recovery.

With the supervision of the neurologist, any antiseizure medications can be gradually weaned. If people also have epilepsy, medications will need to continue.

! Access to specialised FND services is limited but there are online self-help resources and peer support that can be of help.



For more information and to find FND professionals:

[FND Australia Support Services](#)

[FND Australia](#)

Contact us on:

Phone: 1300 37 45 37

Email: epilepsy@epilepsy.org.au

[Book a telehealth appointment with an epilepsy nurse](#)

Visit our website



Disclaimer: This information is given to provide accurate, general information about epilepsy. Medical information and knowledge changes rapidly and you should consult your doctor for more detailed information. This is not medical advice, and you should not make any medication or treatment changes without consulting your doctor.