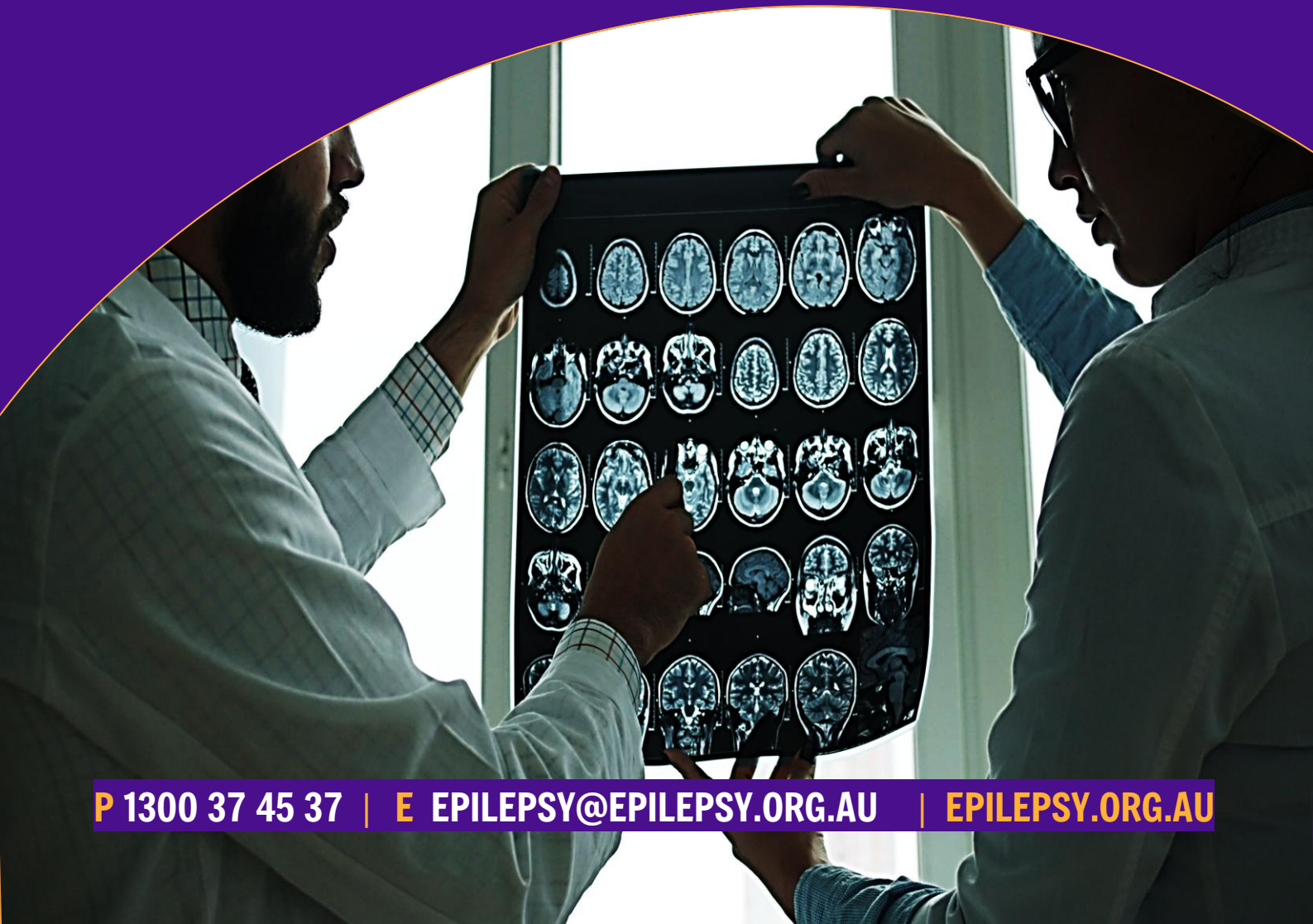


IS IT EPILEPSY?

FACT SHEET



IS IT EPILEPSY?

Seizure-like episodes are a reasonably common presentation in clinical practice, but not all are due to epilepsy

Epilepsy affects approximately 1% of the population. Distinguishing true epileptic seizures from mimics is essential to avoid misdiagnosis, unnecessary treatment, and patient harm.

What is epilepsy?



Epilepsy is when someone has a tendency to have recurring unprovoked seizures.

A diagnosis of epilepsy is made when someone has:

- At least two unprovoked (or reflex) seizures occurring more than 24 hours apart
- One unprovoked (or reflex) seizure and at least 60% probability of further seizures occurring

Accurate diagnosis is essential to guide management, avoid unnecessary interventions, and support patient quality of life.

When is a seizure not epilepsy?



Not all seizure-like events are due to epilepsy. Distinguishing features include:

Acute symptomatic seizures: Occur in response to acute insults (e.g., hypoglycaemia, alcohol withdrawal, concussion/head trauma).

Febrile seizures: Seen in children 6 years and under, triggered by fever, usually self-limiting.

Functional/Dissociative seizures: Episodes resembling seizures but without abnormal brain activity; often linked to psychological distress.

Syncope: Transient loss of consciousness due to reduced cerebral perfusion, sometimes convulsive movements occur.

Common medical events mistaken for seizures

- Cardiac arrhythmias → sudden collapse, pallor, convulsive movements.
- Transient ischemic attacks (TIAs) → focal neurological deficits mimicking focal seizures.
- Migraine with aura → visual disturbances, sensory changes, confusion.
- Sleep disorders → parasomnias, narcolepsy, cataplexy.
- Movement disorders → tics, dystonia, paroxysmal dyskinesias.
- Metabolic disturbances → hypoglycemia, hyponatremia, hypocalcemia.

Episodes more specific to children include:

- Breath holding attacks → typically in toddlers; triggered by crying or pain, leading to cyanosis and loss of consciousness.
- Self-gratification behaviours → rhythmic voluntary movements or postures in young children.
- Daydreaming → periods of inattention with a blank stare, but usually responsive to stimulation.
- Night terrors → sudden arousal from sleep with screaming, confusion, no memory of the event.
- Reflux → in infants can cause arching, irritability, or sudden movements.

MISDIAGNOSIS

Risks and consequences

The rate of misdiagnosis of epilepsy is high.

The main causes of misdiagnosis can be due to:

- the similarity of its symptoms to other conditions
- poor history taking
- over-reliance on diagnostic testing (often EEGs can return normal even in the case of epilepsy)

Additionally, sometimes diagnostic tests may not be helpful and sometimes even potentially misleading.

Aiding with diagnosis



To help with diagnosis of a seizure or medical episode, it can be helpful to:

1. Encourage your patient to keep a diary of when they occur and the circumstances in which they occur

This can help identify patterns or triggers of the episodes such as:

- How did it start?
 - Do they occur at specific times (eg first thing in the morning, during sleep)
 - Do they occur in relation to specific circumstances?
2. Ask the patient, family members or eyewitnesses specifics about the episode such as:
- Are they able to communicate or respond during the episode?
 - What does the person do during the episode?
 - Can the episode be stopped or interrupted?
 - How are they after the episode – tired or confused, did they remember anything?
 - How long did the episode last?
3. If possible, encourage family or carers to take a video recording of the (entire) episode.

Overdiagnosis of epilepsy:

Leads to unnecessary long-term antiseizure medication use.

Potential medication side effects: cognitive impairment, bone health issues, teratogenicity.

Underdiagnosis:

Delays treatment, increases risk of injury, and SUDEP (Sudden Unexpected Death in Epilepsy).

Psychosocial impact:

Mislabeling can affect employment, driving, and mental health.

Diagnosis

Seizures are sporadic and unpredictable making epilepsy diagnosis sometimes difficult.

If your patient has a suspected seizure:

- Take a detailed history and eyewitness account, if possible,
- Refer for appropriate investigations such as EEG and imaging,
- Refer to a Neurologist or Paediatrician.

Patient support

A diagnosis of epilepsy can be life changing. This is a good time to refer your patient to Epilepsy Action Australia to speak to an epilepsy nurse for support, information and how to manage their seizures and live with epilepsy.

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.