

# DISSOCIATIVE SEIZURES IN OLDER ADULTS

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## Introduction

Dissociative seizures (DS) are common in young adults, with the typical age of onset between 20 and 40 years.

It is relatively rare to have onset of dissociative seizures later in life and there is paucity of literature examining DS in older adults.

## Aim

To study the demographic profile, clinicopathological correlates and outcomes of late onset dissociative seizures (DS) in older adults.

## Methods

The William Quarriers Scottish Epilepsy Centre (SEC) is a 12 bed inpatient facility in Glasgow for adults aged 16 years and over. It is the only residential assessment and treatment centre in Scotland for adults with epilepsy.

A retrospective review of the central database was undertaken to identify older adults, 60yrs or above, admitted to the Scottish Epilepsy Centre (SEC) from 1<sup>st</sup> Jan 2012 to 31<sup>st</sup> Dec 2023 who received a diagnosis of DS.

## MEASURES

Patients' case notes were reviewed to collect data on

- demographics
- background history
- clinical features
- medications
- investigations
- acceptance of diagnosis
- presentation at the latest follow up upon discharge

## Results

**20 patients** were diagnosed with DS during the study period with the **age of admission to SEC** ranging from 60yr 9 months to 82yr 6 months. There were **7 males** and **13 females**.

Median age of onset of seizures was 58 years with the **mean duration of undiagnosed DS of 7.8 years**.

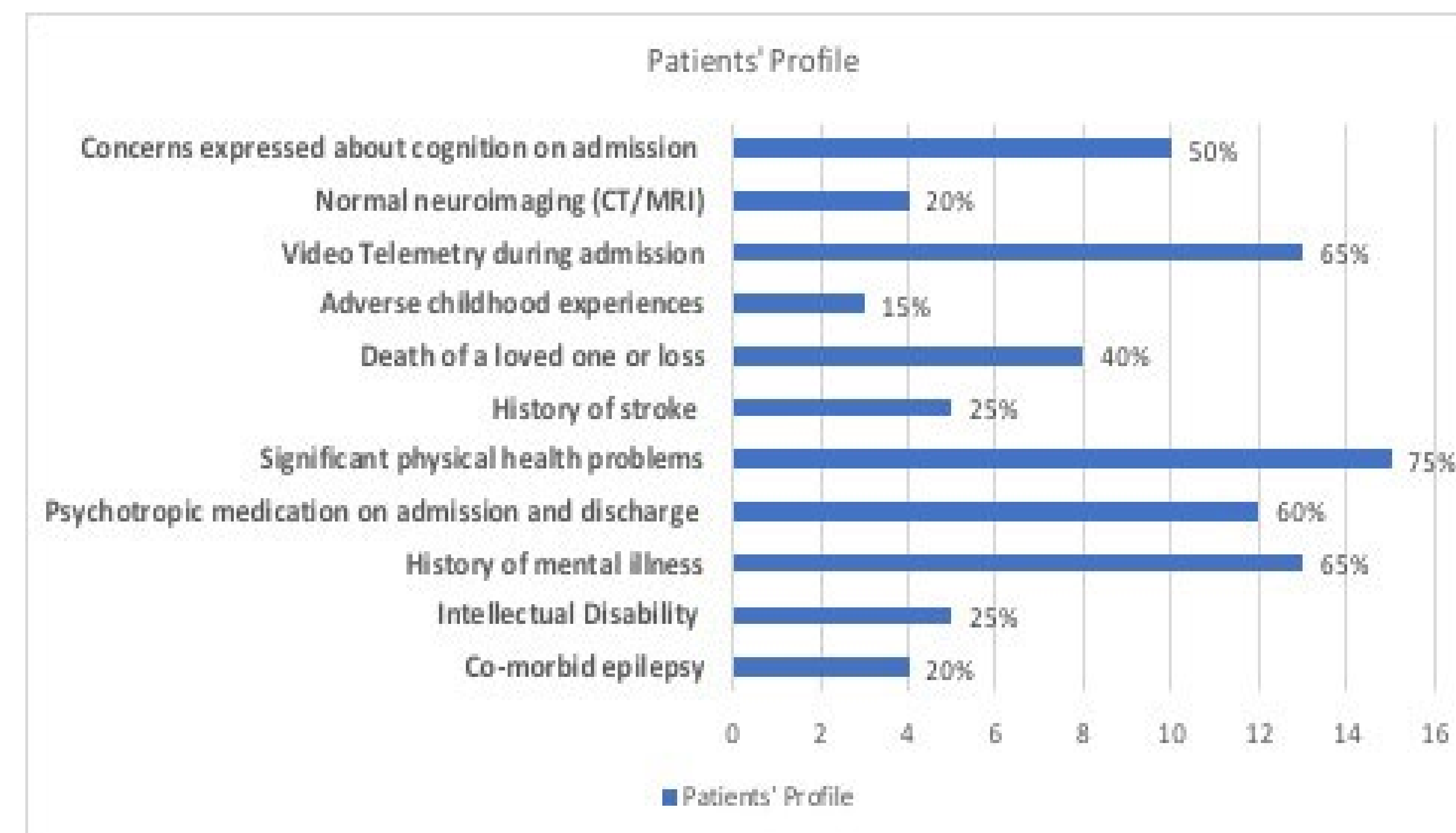


Fig 1: Bar chart detailing the patient characteristics and possible predisposing factors for developing Dissociative Seizures

None of the patients reported a family history of epilepsy.

Three patients suffered from daily episodes, seven patients reported a seizure frequency of 1 or more/week, five reported 1 or more episodes/month and five patients experienced infrequent episodes (less than one/month).

Tremulous attacks (n=14) were most common.

Four patients also had an emotional component of attack.

Most patients (**80%, n=16**) **accepted** the diagnosis of dissociative seizures.

In **65% of cases (n=13)** all anti-epileptic drugs were **withdrawn** before discharge. In the four patients with co-morbid epilepsy the medications were rationalized with less anti-epileptics being prescribed on discharge.

Most patients (95%, n=19) received input from psychologist.

**Most (80%, n=16) continued to do well**, only 3 patients were referred again later to neurology with worsening attacks.

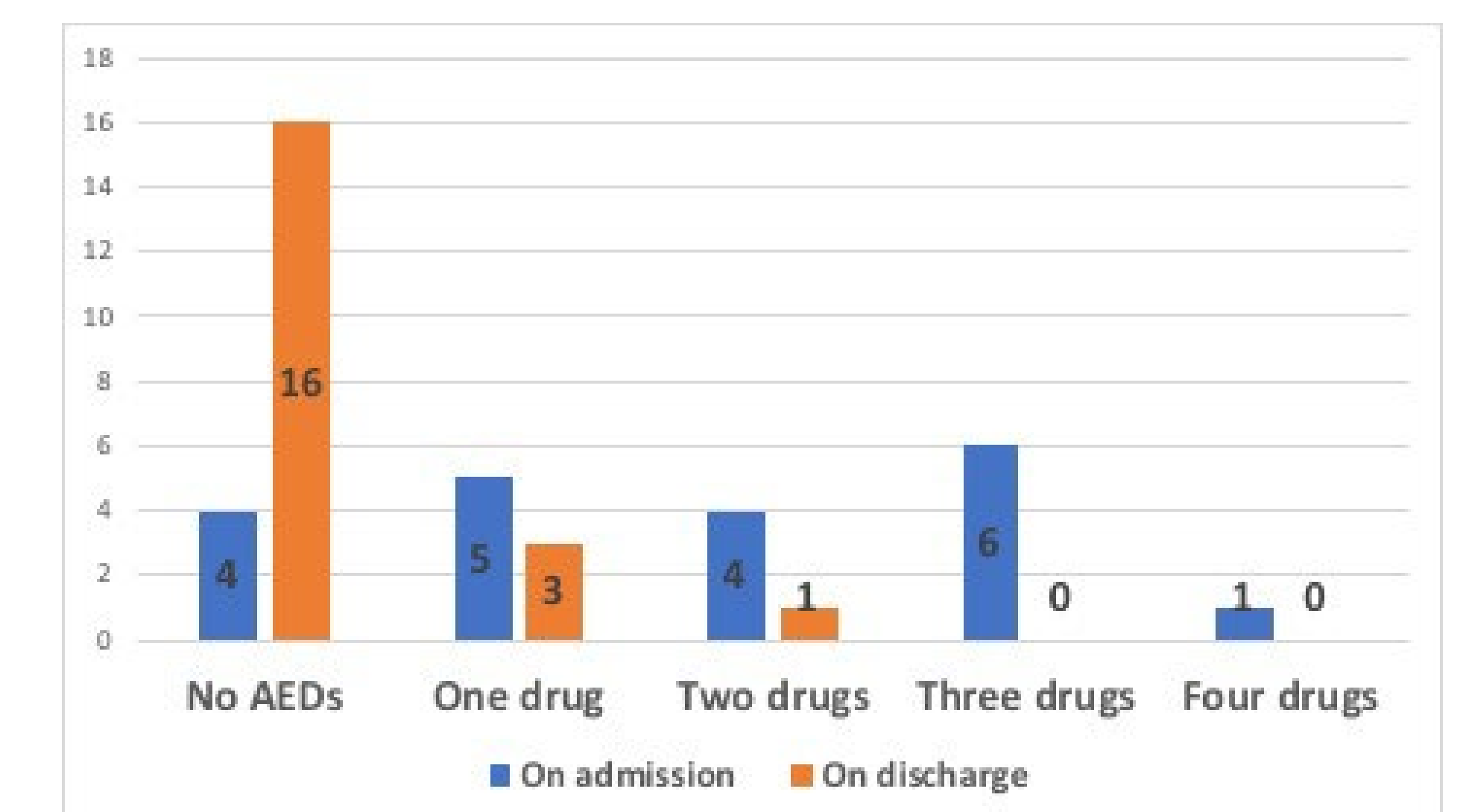


Fig 2: Number of anti-epileptic drugs (AEDs) prescribed on admission and on discharge

## Conclusion

Psychological impact of deteriorating physical health and loss appear to be relevant factors in the genesis of DS in older adults.

Discontinuation of anti-epileptic drugs due to their side effect profile can significantly improve the quality of life and outcomes for patients.

The possibility of DS in older adults should be considered as accurate diagnosis and management can result in favourable outcomes.

## Acknowledgements

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