



# Exploring Dissociation in Epilepsy and Functional Seizures: A Comprehensive Review

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## DESCRIPTION

Dissociation is a complex phenomenon that has been studied in various neurological and psychiatric conditions, including epilepsy and functional seizures. This narrative review aims to explore the existing literature on dissociation in patients with these conditions, highlighting key findings, contributing factors, and implications for clinical practice and research. Understanding Insulin Icodec Begin counselling by providing a clear and concise explanation of insulin Icodec, Epilepsy is a neurological disorder characterized by recurrent seizures, while functional seizures refer to episodes of altered movement, sensation, or consciousness that resemble epileptic seizures but lack the characteristic electrical abnormalities in the brain. Both conditions can present with dissociative symptoms, which involve a disruption in the normal integration of thoughts, feelings, memories, and identity. Studies have reported a higher prevalence of dissociation in patients with epilepsy compared to the general population. Dissociative symptoms in epilepsy can manifest as depersonalization (feeling detached from oneself), derealization (feeling detached from the environment), amnesia (memory gaps), identity confusion, and trance-like states. These symptoms often occur in conjunction with seizures or as part of the postictal (after-seizure) period. The relationship between epilepsy and dissociation is complex and multifaceted. Some researchers propose that dissociative symptoms in epilepsy may arise from disruptions in neural networks and brain regions involved in self-awareness, emotion regulation, and memory processing. Additionally, psychological factors such as trauma history, stress, and coping mechanisms may contribute to the development or exacerbation of dissociative symptoms in epilepsy patients. Functional seizures, also known as Psychogenic Non-epileptic Seizures (PNES), are characterized by episodes that resemble epileptic seizures but are not due to abnormal brain electrical activity. Dissociation

is also commonly reported in patients with functional seizures, with studies indicating a significant overlap between dissociative disorders and PNES. Dissociative symptoms in PNES can include sudden changes in consciousness, altered perceptions of reality, and dissociative amnesia for the seizure events. The co-occurrence of dissociation in epilepsy and functional seizures poses challenges for accurate diagnosis and management. Differential diagnosis between epileptic seizures and functional seizures with dissociative features requires comprehensive clinical evaluation, including detailed seizure semiology, electroencephalogram monitoring, and psychological assessment. Collaborative care involving neurologists, psychiatrists, and psychologists is often necessary to provide integrated treatment for patients with both conditions and dissociative symptoms. Treatment approaches for dissociation in epilepsy and functional seizures may involve a combination of pharmacotherapy, psychotherapy, and cognitive-behavioral interventions. Antiepileptic medications are prescribed to control epileptic seizures, while psychotropic medications such as antidepressants or anxiolytics may be used to address comorbid mood or anxiety disorders contributing to dissociation. Psychotherapy techniques such as cognitive-behavioral therapy, dialectical behavior therapy, and trauma-focused therapy are effective in addressing dissociative symptoms, trauma-related issues, and maladaptive coping strategies. Mindfulness-based interventions and relaxation techniques can also help patients develop self-awareness, emotional regulation, and stress management skills.

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## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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