Editorial

Editor's Message

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Dear Readers,

Greetings from the Editorial Desk of IJEP! Trust all of you are keeping safe and well in these difficult times. We hope this edition will inspire our readers to adopt a holistic approach to management of persons with epilepsy.

We are ready with the next issue of the Journal, and I am happy to report that we are receiving several submissions to IJEP. This issue focuses on some of the important and relevant challenges encountered during epilepsy management, such as diagnosis and control of psychogenic nonepileptic events (PNEE) or “pseudoseizures” as well as issues which are less often addressed but are nonetheless critical to patient care and well-being. Crucial outcome measures include psychosocial issues and quality of life, particularly in the pediatric age group and these are well known to have a multifactorial basis.

The incidence of PNEE has been rising by virtue of the widespread availability of smartphone-enabled home video recording and video EEG facilities in the country. It has gained its place among the top three neuropsychiatric problems as per the International consensus clinical practice. Much has been written and said on subject of PNEE, with major focus being on its recognition and differentiation from “true” epileptic seizures using video electroencephalography (VEEG). However, does this “disorder” really fulfil the criteria to call it a conversion disorder? Catherine Carlson in this issue¹ presents an interesting and eloquent debate on the existential controversy over whether PNEE are in fact epileptic seizures that do not have discernible VEEG correlates. She invokes the traditional aphorism, “absence of evidence is not evidence of absence.” Until the controversy is categorically resolved, it is essential to remember that PNEE is just as disabling as epilepsy for the patient. Factors such as brevity, stereotypy of events, and occurrence of events in sleep along with comparisons with home video recordings should

enable the clinician to differentiate true seizures from PNEE for which the underlying psychopathology needs to be ascertained. This will pave the way for behavioral interventions.

Behavioral responses to external and internal triggers such as stress are believed to be responsible for development of pseudoseizures. High levels of perceived stress, greater familial dysfunction, and maladaptive coping mechanisms are factors noted to contribute to the development and maintenance of pseudoseizures in women. Mehta and coworkers in this issue evaluated 91 women from the psychiatry department of a tertiary care hospital in New Delhi, India. The authors found that low income significantly influenced all three factors of stress perception, coping strategies, and family functioning. The study identified low educational status, which directly influences income, as a potentially preventable risk factor. The findings have implications in low-income countries where enhancing educational and employment opportunities for women will have a great impact on prevention of pseudoseizures with attendant socioeconomic advantages.

There are several psychosocial factors faced by people with epilepsy (PWE) which have a major influence on their quality of life (QOL). While several elegant studies have shown that difficulties and underachievement in education, employment, marriage, etc. contribute to low self-esteem and depression, which compound the morbidity, very few have addressed these issues from the perspective of the patients' themselves. Asadi-Pooya and colleagues from Iran³ in this issue interviewed 70 PWE and analyzed various factors that contributed to underachievement in three important social domains of education, employment, and marriage. The study provides important insights into social challenges faced by PWE. An understanding of the patients' perspective is critical to develop strategies to prevent social stigma and discrimination and improve QOL.

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Management of pediatric epilepsy is a great challenge, but it is equally important to address QOL in this vulnerable population. Childhood is a period of rapid development in all domains, ranging from cognitive, motor, and emotional to social skill development. In a study from Nepal, Shakya et al focus on this issue and report a significant compromise of QOL in several domains including social, physical, psychological, emotional, and cognitive behavior. The study has also analyzed the various clinical and demographic factors that influence QOL and note that lower rate of literacy and older age at onset are most significant. The authors conclude that QOL assessment should form an integral part of epilepsy management protocol in the pediatric age group.

New onset refractory status epilepticus (NORSE) is often investigated by a lumbar puncture to detect treatable causes—infected or autoimmune. Singh et al report an interesting case series of three patients with NORSE wherein they found disproportionately high cell counts in cerebrospinal fluid

(CSF) compared with protein (paradoxical protein-cytologic dissociation). A fairly extensive search for an infectious or autoimmune etiology was negative and the authors argue for a proposed autoimmune origin based on postmortem findings in one case. The authors present a comprehensive review of etiopathogenesis in NORSE. The intriguing prospect of an autoimmune origin needs to be investigated with attendant therapeutic connotations.

Kumar and Ashok share their experience of unusual presentation of metoclopramide-induced oculogyric crisis that mimicked versive seizures in a 9-year-old girl with video documentation.

We hope the readers enjoy reading the issue and look forward to more submissions from the readers! Stay safe, stay healthy!

Editor's desk

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