

Comparing standard medical care for nonepileptic seizures in Chile and the United States.

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Abstract

OBJECTIVE: We sought to compare the diagnostic and treatment practices for psychogenic nonepileptic seizures (PNES) in the United States (US) to Chile.

METHODS: A survey on the diagnostic and treatment practices for PNES was administered to practicing clinicians in Chile. Results from 96 Chilean respondents were compared to results from 307 US clinicians. Type I error (alpha) was set to 0.005 for multiple comparisons.

RESULTS:

DIAGNOSIS: The diagnosis of PNES is made by inpatient video-EEG/LTM in 89% of the US respondents compared to 25% of the Chilean respondents ($p < 0.0001$). The diagnosis of PNES is made by history and exam alone at twice the rate in Chile (38%) than in the US (16%; $p < 0.0001$).

TREATMENT: A higher proportion of the Chilean respondents (65%) endorsed psychopharmacotherapy as potentially beneficial compared to the US respondents (31%; $p < 0.0001$).

DISCUSSION: This cross-cultural multi-site survey reveals some differences in PNES evaluation and management between neurologists and other clinicians in the US and in Chile. Access to video EEG may improve PNES diagnosis and treatment.