Before
syncope
- yes - fast, dizzy, dimmed
- posture, perspiration, prodrome - 3 P’s
seizure
- generalized - no warning
- focal onset - warning - focal onset
non-epileptic attack
- yes - usually
- un explained, disconnected, weird

After
syncope
- oriented rapidly
- feel shaky and nauseous
seizure
- not right for ages
- confused, drowsy, aggressive, sweaty
NEAD
- oriented rapidly
- upset, emotional

Investigations
clinical diagnosis
history and witness description are key
everyone gets an ECG
some people get a scan
almost nobody needs an EEG

syncope?
seizure?
non-epileptic attack?
Fits, faints and funny turns
syncope?
seizure?
non-epileptic attack?
Seizure types

Seizure Classification

Focal
Seizure activity starts in one area of the brain

- Focal
  - Retains awareness
  - Sensory
  - Motor
  - Autonomic
  - Psychic

- Focal
  - Altered awareness
  - Dyscognitive

Evolve to bilateral convulsions

Generalised
Seizure activity involves both hemispheres of the brain

- Absence
  - Atypical absence
  - Myoclonic absence
  - Eyelid myoclonia

- Tonic Clonic

- Myoclonic
  - Myoclonic atonic
  - Myoclonic tonic

- Clonic

- Tonic

- Atonic

Unknown

- Epileptic Spasm
- Other

Other
Seizure Classification

**Focal**
Seizure activity starts in one area of the brain

- **Focal**
  - Retains awareness
  - Sensory
  - Motor
  - Autonomic
  - Psvkic

- **Focal**
  - Altered awareness
  - Dyscognitive

**Generalised**
Seizure activity involves both hemispheres of the brain

- Evolve to bilateral convulsions
Focal
Seizure activity starts in one area of the brain

Focal
Retains awareness
Sensory
Motor
Autonomic
Psychic

Focal
Altered awareness
Dyscognitive

Evolve to bilateral convulsions
Focal seizures start in one area of the brain. They can be focal with retained awareness (sensory, motor, autonomic, or psychic) or focal with altered awareness (dyscognitive). Focal seizures can evolve to bilateral convulsions.

Generalised seizures involve both hemispheres of the brain. They can be tonic clonic (myoclonic atonic or myoclonic tonic) or clonic.
easel does it - paint the picture

keep it Ronseal
Before

**syncope**
- yes - hot, sweaty, vision blurred
- posture, precipitant, prodrome = 3 P’s

**seizure**
- generalised = no warning
- focal onset = warning = focal onset

**non-epileptic attack**
- yes - usually
- can feel disconnected, weird
During

not as helpful as you might think

- if the patient can describe the attack, it probably isn’t a generalised seizure
- pretty much everyone jerks
- duration useful
  - seconds - think syncope
  - 1-2 minutes - think seizure
  - 10+ minutes - think NEAD
PHÄNOMENOLOGIE DER SYNKOPEN

THE CLINICAL FEATURES OF SYNCOPE
After

**syncope**
- orientated rapidly
- feel shaky and rubbish

**seizure**
- not right for ages
- confused, drowsy, aggressive, achey

**NEAD**
- orientated rapidly
- upset, emotional
Myth buster

- tongue biting
- injury
- urinary incontinence

don’t differentiate
Can I get a witness...?
Investigations

clinical diagnosis
history and witness description are key

everyone gets an ECG
some people get a scan
almost nobody needs an EEG
**Before**
- syncope
  - yes - hot, sweaty, vision blurred
  - no - precipitous, postictal + EIS
- seizure
  - generalized = no warning
  - focal onset = warning + focal onset
- non-epileptic attack
  - yes - usually
  - can feel disconnected, weird

**After**
- syncope
  - orientated rapidly
  - feels shaky and rubbish
- seizure
  - no right for ages
  - confused, drowsy, aggressive, ache
- NFAD
  - orientated rapidly
  - upset, emotional

**Investigations**
- clinical diagnosis
- history and witness description are key
- *everyone gets an ECG*
- some people get a scan
- almost nobody needs an EEG

**Questions**
- syncope?
- seizure?
- non-epileptic attack?