

PATIENTS & CARERS

Functional (dissociative) seizures

Functional seizures (also called dissociative seizures, non-epileptic attack disorder / NEAD, or PNES) are real, involuntary episodes. They can look like epileptic seizures but have a different mechanism. This sheet supports conversations in primary care and at home.

What are they?

These episodes come from a functional problem in how the brain processes signals — not from the same electrical discharge pattern that defines epileptic seizures. They are not “faking” and not under voluntary control in the moment.

Some people have both epilepsy and functional seizures. Never stop prescribed anti-seizure medication without medical advice. Your specialist team should clarify which episodes you have and what that means for you.

During an episode — for people nearby

Do

- Stay calm; protect from injury
- Cushion the head if needed; loosen tight clothing around the neck
- Time the episode; note recovery and any injury
- Speak calmly when it seems safe; reduce noise and crowd if possible
- Call 999 for a first seizure, serious injury or breathing difficulty; see the emergency guidance overleaf

Don't

- Do not put anything in the mouth
- Do not restrain or try to stop the movements; move hazards away
- Do not assume they can “snap out of it”
- Do not film without consent (except for agreed clinical reasons)
- Do not leave someone alone until fully recovered if they are confused

Safety first

Call 999 for a suspected stroke, first seizure, severe breathing difficulty or other medical emergency. For urgent concerns that are not an emergency, contact NHS 111 where available or your local urgent-care service. Do not assume new or different symptoms are FND.

Continue overleaf for practical next steps, a personal plan and sources →

FUNCTIONAL SEIZURES · NEXT STEPS

What helps between episodes

Understanding the diagnosis, reducing fear, protecting sleep, pacing busy days, and psychological or multi-disciplinary approaches when available. Tracking frequency, duration, triggers and recovery time helps clinic reviews.

- Ask for a plain-English explanation of your diagnosis and safety plan
- Agree when to use 999 / 111 vs manage a familiar pattern
- SeizeControl (free via FND Connect) can help log episodes for appointments

Agree a written episode plan

Ask your specialist to describe your usual episodes, expected recovery and the actions people should take. If you also have epilepsy, the plan should distinguish episode types where possible and state exactly when prescribed rescue medicine is used. Do not give extra medicine without the agreed instructions.

When the situation is uncertain

Call 999 for a first seizure, serious injury, breathing problems afterwards or repeated seizures without recovery. Also call if an episode exceeds the usual duration, or lasts over five minutes when the usual duration is unknown. A familiar diagnosed episode may have an individual plan; new features or emergencies still need urgent assessment.

Recovery and everyday safety

Allow a quiet recovery period. Offer food or drink only when fully alert. Ask about bathing, swimming, cooking, heights and driving; a personalised risk plan is more useful than guessing. Record a brief description and recovery time if helpful, without making constant monitoring the focus of the day.

My next steps — discuss with your care team

Where my agreed episode plan is kept

Who will explain the plan to people supporting me

Sources and further reading

- NHS: seizure first aid and when to call 999
www.nhs.uk/symptoms/what-to-do-if-someone-has-a-seizure-fit/
- DVLA: neurological conditions and driving
www.gov.uk/guidance/neurological-disorders-assessing-fitness-to-drive

More practical help: Functional seizures topic · SeizeControl · GP leaflets