

Cognitive-behavioural therapy compared with standardised medical care for adults with dissociative non-epileptic seizures: the CODES RCT

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Plain English summary

The CODES RCT

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Plain English summary

Dissociative seizures resemble epileptic seizures or faints, but can be distinguished from them by trained doctors. Dissociation is the medical word for a 'trance-like' or 'switching off' state. People with dissociative seizures commonly have other psychological or physical problems. Quality of life may be low. The condition accounts for about one in every six patients seen in hospitals because of seizures.

We wanted to find out if people with dissociative seizures receiving standardised treatment would also benefit from a talking therapy, called cognitive-behavioural therapy, made specific to this disorder.

We did a randomised controlled trial to find out if people with dissociative seizures given standardised treatment and cognitive-behavioural therapy (talking therapy) would do better than those given standardised treatment alone.

Standardised treatment of dissociative seizures began with careful diagnosis from a neurologist and then further assessment and treatment from a psychiatrist.

In total, 368 people with dissociative seizures participated, with half receiving standardised treatment alone and half having talking therapy plus standardised treatment. We measured seizures and psychological and physical health in both trial groups. We also investigated whether or not cognitive-behavioural therapy was good value for money.

After 12 months, patients in both trial groups seemed to have fewer monthly seizures, but there was no advantage in the talking therapy group. Patients in the talking therapy group had more consecutive days without seizures, reporting less impact from them in everyday situations. Patients in the talking therapy group, and their doctors, considered improvements to be better, and patients in this group reported greater satisfaction with treatment. However, the talking therapy was expensive and not as cost-effective as hoped.

Interviews with patients and study clinicians showed that they valued aspects of both treatments and of the care provided by the multidisciplinary teams.

Overall, cognitive-behavioural therapy designed for dissociative seizures plus standardised treatment was not better at reducing the total numbers of seizures reported, but did produce several positive benefits for participants compared with standardised treatment alone.

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This report

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