

epilepsy from the position of predictors of status epilepticus in female epilepsy is an urgent task.

Methods: The study included 155 women of reproductive age (16-45 years). Inclusion criteria was a verified diagnosis of epilepsy according to the ILAE classification (2017), based on a combination of clinical, electroneurophysiological and neuroradiological survey data. SE present in some women's history was taken into account according to the status epilepticus new ILAE classification of SE (2015).

Results: By type of therapy, patients with epilepsy were divided into 3 groups. The first group consisted of patients receiving monotherapy AED (68 - 44%), the second group included women who are on polytherapy AEDs (67 - 43%). In the third group patients did not receive AEDs in the last six months (20 - 13%). The average age was 25.6 ± 5.5 years and accounted for the optimal reproductive period. Tonic-clonic status epilepticus was found in 6 patients in history, which amounted to 3.9%. Of the patients of the first group - SE in history there was only one case, in the second group - in 5 women, in patients of the third group of status epilepticus in the history was not. One of the predictors of the possible development of SE is the duration of the disease. In our observations in patients of the first group, the average duration of epilepsy was 10 years, in the second group 15 years, in third group 3-5 years. According to our observations, in 17%, provocation of SE was caused by changes in the concentration of AEDs and hormonal status during pregnancy.

Conclusions: The frequency of SE in women of reproductive age is higher with resistant forms of the disease. A special feature in female epilepsy is the provocation of SE by specific hormonally-induced changes. Of particular danger is the status epilepticus during pregnancy and childbirth.

The reported study was funded by the Russian Foundation for Basic Research (RFBR), research project № 18-013-00222.

doi:[10.1016/j.yebeh.2019.08.021](https://doi.org/10.1016/j.yebeh.2019.08.021)

Epilepsy & Behavior 101 (2019) 106747

Status epilepticus; Experience in our intensive care unit since 2014

Luisa M. Charco-Roca^a, Alberto Grande-Martín^b, Jose M. Jimenez-Vizuetec, Ramón Peyró-García^d, Pedro M. Canales-Lara^e, Carlos Martinez-Villar^e, Llanos Sanchez-Lopez^e

^aArea Specialist Practitioner, Anaesthesiology and Intensive Care Service, General University Hospital Of Albacete, Albacete, Spain

^bArea Specialist Practitioner, Clinical Neurophysiology, General University Hospital Of Albacete, Albacete, Spain

^cSection Chief, Anaesthesiology and Intensive Care Service, General University Hospital Of Albacete, Albacete, Spain

^dService Chief, Anaesthesiology and Intensive Care Service, General University Hospital Of Albacete, Albacete, Spain

^eHospital Resident, Anaesthesiology and Intensive Care Service, General University Hospital Of Albacete, Albacete, Spain

Background: Status epilepticus (SE) is a condition secondary to a failure of the control mechanisms for seizure termination or initiation, which leads to abnormally prolonged seizures. It is a condition that can have long-term consequences including neuronal death, neuronal injury, and alteration of neuronal networks. In Europe, the incidence of SE is 9,0 - 27,2 patients per year. Different studies point to a mortality rate between 11 and 37 %, with this rate

being higher in refractory SE. As such, SE is a neurological emergency with considerable mortality and morbidity rates.

Methods: We analyzed 40 cases of SE admitted in our intensive care unit (ICU) between 2014 and 2018.

Results: 62,5% of our cases were diagnosed as non-convulsive status epilepticus (NCSE) in the setting of arreactive coma and the remaining 37,5% were diagnosed after seizures. The most common cause of SE was traumatic brain injury (35%). Another cause was drugs, ischemic strokes, intracranial masses or inadequate epileptic treatment. 4/40 (10%) of NCSE was refractory and 24/40 (60%) was superrefractory. The global mortality rate was measured to be 35%, which increased to 37,5% for patients in super refractory non convulsive status. The average stay in the Intensive Care Unit was 30 days. The most frequent complication (affecting 50% of the patients) was nosocomial pneumonia (pneumonia associated with mechanical ventilation).

Conclusions: SE is a neurologic emergency with high mortality, especially NCSE. For the diagnosis of SE, a high degree of clinical suspicions is necessary, as well as an EEG to confirm the diagnosis. The treatment of epileptic crisis and status epilepticus should be performed in an ICU with cerebral electrical activity monitoring. A multidisciplinary team with neurologist, intensivist and electrophysiologist is required to diagnosis and treat SE.

doi:[10.1016/j.yebeh.2019.08.022](https://doi.org/10.1016/j.yebeh.2019.08.022)

Epilepsy & Behavior 101 (2019) 106748

Evaluation of our Psychogenic non-epileptic seizure status

İbrahim Bora, Aylin Bican Demir
University, Bursa, Turkey

Psychogenic non-epileptic seizures are the most common paroxysmal medical condition misdiagnosed as epilepsy. They significantly affect quality of life and functional status of patients.

Episodes of recurrent, prolonged PNES also called "non-epileptic psychogenic status" and defined as episodes lasting more than 30 minutes and occur in one-third of patients with PNES. Prolonged PNES can mimic Status Epilepticus (SE).

Patients with prolonged PNES are incorrectly evaluated as SE by inexperienced physicians and these patients are intubated and sent to epilepsy centers.

This study included twelve patients with PNES who were admitted to the emergency service for more than 30 minutes or patients with prolonged PNES who were admitted to the emergency room in the intubated state with real SE in mind.

Then, all patients were diagnosed with PNES by monitoring in VEM unit. While 3 patients had mixed seizures (both real and psychogenic) 9 patients had only PNES or PNES status during VEM.

Psychiatric consultation and psychometric tests were applied to all patients.

Patients with psychogenic status are incorrectly admitted to the intensive care unit and undergone unnecessary parenteral antiepileptic drug treatment.

As a result, PNES status and actual SE separation are not easy. Diagnosis can only be made by monitoring the patients in VEM unit. The increase in experienced neurologists related to the subject will facilitate the diagnosis.

doi:[10.1016/j.yebeh.2019.08.023](https://doi.org/10.1016/j.yebeh.2019.08.023)