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Correspondence

# How to Approach Vulnerable Adolescents and Young Adults With Psychogenic Nonsyncopal Collapse

*To the editor:*

Psychogenic nonsyncopal collapse (PNSC) in adolescents and young adults is a common and important issue, so we thank Heyer[1] and *Pediatric Neurology* for bringing attention to this vulnerable population. We would like to add an idea of how to approach these individuals.

PNSC is the basis of most cases of syncope, often leading to unnecessary research, loss of time, and increased workload. Pana et al.[2] showed that approximately one-quarter of all referrals to specialty epilepsy clinics are nonepileptic patients, those with psychiatric symptoms, syncope (probably mostly PNSC). Although physicians can make the diagnosis, they often refer these patients to specialized centers due to their fear of overlooking organic causes.[2] However, an accurate diagnosis can be made by a detailed history, minimal investigations, or even only by psychosocial evaluation of patients. In accordance with the proposal of Beghi et al.,[3] we may engage psychiatrists into the diagnostic process because psychiatric disorders such as post-traumatic stress disorder, depression, anxiety, and eating disorders may also be present in these individuals.[1]

In our opinion, psychiatrists should be included in the psychosocial evaluation process, diagnosis, and treatment of this population to prevent time and financial loss.

## References

1. Heyer GL. Youth with psychogenic non-syncopal collapse have more somatic and psychiatric symptoms and lower perceptions of peer relationships than youth with syncope. Pediatr Neurol. 2018;79:34–39.
2. Pana R, Labbé A, Dubeau F, Kobayashi E. Evaluation of the "non-epileptic" patient in a tertiary center epilepsy clinic. Epilepsy Behav. 2018;79:100–105.
3. Beghi M, Erba G, Cornaggia CM, et al. Engaging psychiatrists in the diagnosis of psychogenic nonepileptic seizures. What can they contribute? Seizure. 2017;52:182–187.

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# Response to Yatim and Kılıç. "How to Approach Vulnerable Adolescents and Young Adults With Psychogenic Nonsyncopal Collapse"

> A very acute pain in any of the more sensible parts of the body, or violent affections of the mind, as terror, grief, anger, or disappointments, will sometimes so strongly affect the whole nervous system, as to bring on hysteric faintings, with convulsions, altho' the body be in every respect healthful and sound…
>
> Robert Whytt, MD, FRS (1765)

In his 1765 monograph,[1] Whytt recognized that fainting attacks appeared differently in different patients. Some would "lie as in a deep sleep," whereas others were "affected with catchings and strong convulsions." Certainly, he was describing a conversion disorder (functional neurological symptom disorder) among some patients, although his description of fainting with "…a giddiness, a noise in the ears, and a loss of sight…" probably represented vasovagal syncope. Distinguishing the various forms of transient loss of consciousness continues to pose a challenge for present-day clinicians.

Psychogenic nonsyncopal collapse (PNSC) is a conversion disorder that resembles syncope. The attacks do not have corresponding hypotension, bradycardia, or electroencephalography changes that would occur with syncope but, rather, have a psychological origin. In their letter to the editor, Yetim and Kılıç[2] suggest that most syncope cases represent PNSC and that an accurate PNSC diagnosis can be made by "a detailed history, minimal investigations or by psychosocial evaluation [only]…" I disagree.

Most patients who present with fainting have vasovagal syncope, not PNSC. Stress can trigger syncope. So can pain. Some patients with PNSC will have bizarre signs and symptoms that can only be a conversion disorder, but most simply appear to faint. A detailed history can help to identify fainting features that are

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