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Purpose:
Psychogenic Non-epileptic Seizures (PNES) is one of the commonest differential diagnoses of epilepsy<sup>1</sup>. An international League Against Epilepsy (ILAE) task force has been created to address the access to diagnosis and management<sup>2</sup>. Our objective is to describe current medical care in Latin America, identify patterns of practice and service gaps.

Methods:
In 2017 health professionals practicing in Latin America were contacted personally or by e-mail regarding the management of PNES to respond a 36-questions survey developed by the ILAE PNES task force. The questions were designed by Dr. Markus Reuber<sup>2</sup>, lead author of the project, and applied previously in other countries<sup>3</sup>. Questions were separated into 5 sections: 1) the role of the respondent and their exposure to PNES, 2) diagnostic methods, 3) management of PNES, 4) etiological factors, and 5) problems accessing health care. Questionnaires on which less than 50% of the items had been completed were excluded. Descriptive statistics were used to assess frequencies and distributions.

Results:
179 surveys from 15 Latin American countries were included. The majority of respondents were young (73%), neurologists (79%), working in the public health system (70%). Twenty-four percent of the responses were collected at the Latin American Summer School of Epilepsy, in Sao Paulo. The remaining 76% were collected via e-mail through invitations sent to the Colombian and Uruguayan Neurology Associations. The country with the largest participation was Colombia (60%), followed by Brazil (13%) and Uruguay (8%).

Most respondents (80%) had access to CT scan and conventional EEG, however the access to telemetry (videoEEG >8 hours) is reduced (60%). Only 54% of professionals performed videoEEG as a confirmatory method. Although cognitive behavioral therapy is recognized as the treatment of choice (83%), there is low access to it (49%). Contrary to this, there is a high frequency of psychotropic drugs use (50-70%). Finally, neurological follow-up rates are low especially in patients without epilepsy (30%).

Conclusion:
This study reveals several deficiencies in the diagnosis and treatment of patients with PNES in Latin America. It emphasizes the low access to video-EEG and psychotherapy. The use of psychotropic drugs is frequent and there are low follow-up rates by neurologists after the diagnosis. Multidisciplinary guidelines are required to standardize the approach of patients with PNES.

References: