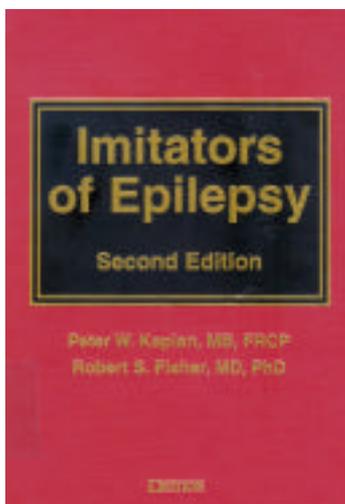


IMITATORS OF EPILEPSY

BY PETER KAPLAN AND
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Any neurologist will tell you that during out-patient clinics or during inpatient rounds, great time and energy are spent on different kinds of spells, abnormal movements, seizures and fits. These are probably among the most frequent clinical dilemmas for which neurologists are routinely consulted.

This book deals with a very important area of neurology, namely, fits of different kinds. Each section has several chapters written by different authors who are experts in their fields. The chapters end in very detailed, up to date and elaborate lists of references cited in the text. Perhaps the most interesting and important feature of the text is its orientation towards clinical issues and concerns. Most chapters are illustrated by several related clinical scenarios provided as 'case studies', which adds great value in understanding the disorder in general. Tables and charts are also very detailed and helpful, especially when reviewing important concepts.

This book is written by multiple authors and has been clearly organized into four sections. This helps readers direct themselves to particular areas of interest. It is interesting to note that pseudo-seizures are not the only mimickers of epilepsy but there are a variety of medical illnesses, especially in the pediatric population, that can pose a challenge in the diagnosis of epilepsy.

The four sections of this text, detailed below, deal with different areas of non-epileptic spells. The first deals with investigations such as EEG and its role in epileptic and non-epileptic conditions. This section also has a very important chapter on anatomical correlates of ictal behavior and clinical localization. Interestingly, an entire chapter is devoted to the role of serum prolactin in the diagnosis of epilepsy.

Before the first chapter, the 'Introduction' discusses the difficulty in naming these episodes, especially calling them 'pseudo-seizure', which according to the authors may imply faking.

The authors also emphasize the role of history-taking, especially the events occurring at or near the onset of the spell, so that it can be better understood. They also discuss the fact that, 'experienced physicians maintain skepticism about reported precipitants of spells.' Drawing on their experience, the authors mention precipitants such as the 'moon was full on the day of the seizure,' etc. It was interesting to read that human nature is similar whether it's eastern or western culture. They also touched upon an important area of 'reflex epilepsy.'

The authors also make the very important point that during history and management, sometimes 'health care personnel inadvertently train patients in seizure behavior with "leading questions".'

Chapter 1 deals with EEG and tells us about the importance of observation such as the apiculate alpha activity. This chapter suggests important and practical points about reading EEGs, suggesting that EEG interpretation should be discussed with the in way that gives them a glimpse of the neurologist's thought process, which in our opinion is an excellent suggestion. Chapter 2 describes anatomical & clinical localization of ictal behavior in great detail and touches on some unusual

seizure semiologies (e.g., masticatory seizure). Chapter 3 describes seizures that actually don't resemble a seizure; fifteen different case studies are included in this chapter, illustrating different case scenarios (including the case of a catatonic patient) that in actuality were confirmed to be seizures. Chapter 4 deals with important aspects of seizure differential diagnosis, including such bread-and-butter entities as syncope; it differentiates three types: convulsive epileptic seizure, convulsive syncopal events and convulsive psychogenic seizure (important topics such as paroxysmal dyskinesias, periodic limb movements of sleep and REM behavior disorder are also described in this chapter).

In chapter 5, Dr Paul Prichard, one of my (MS's) mentors from Medical University of South Carolina, discusses the role of prolactin in the diagnosis of seizures and pseudo-seizures. He gives important facts about serum prolactin level and its role in seizures. He states his criteria: 'We require that results for an acute sample obtained 10-20 minutes after the event exceed the normal age-related range, and is 2.5-3 fold higher than the recovery sample obtained at least 1 hour after the event'.

The next chapter mainly deals with spells in neonates and infants. This chapter discusses terms such as subtle seizures, breath-holding spells, apenic spells and jitteriness. In this chapter, Sandifer's syndrome is described which is a great mimicker of seizures but instead represents gastroesophageal reflux disease. There is also a chapter dedicated to non-epileptic seizures in children and the elderly. 'Reflex asystolic syncope' is described. There are also several case studies that nicely elaborate cases such as long Q-T syndrome and rarer syndromes such as the Coffin-Lowey syndrome. In the elderly, special emphasis is given to non-convulsive status epilepticus.

The next few chapters, from Chapter 9 through 12, are very interesting and deal with several medical and neurological conditions that mimic epilepsy. Syndromes including migraines and epilepsy, and BOEP (benign occipital epilepsy of childhood) are discussed. Vertigo and other vestibular symptoms can sometimes mimic seizures. A very descriptive flow chart is given to evaluate these symptoms.

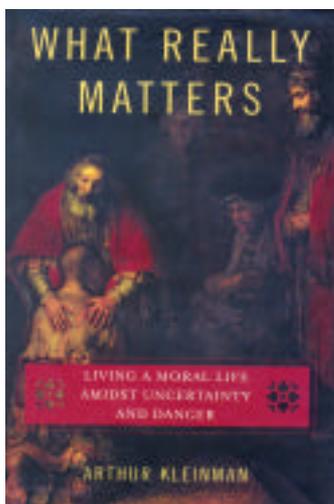
The last section of the book deals with important psychiatric conditions and epilepsy. Hyperventilation (HV) syndromes are described in detail. There is an interesting case report of a 28-year-old girl with history of 'déjà vu' but who actually had HV syndrome.

In conclusion, we think that this book covers almost all of the most important mimickers of epilepsy that usually pose a challenge in the diagnosis of these disorders. Due to its flow, the book is very easy to absorb and the case studies make for lively reading. This book should be read by all neurologists in training and especially those who have a special interest in epilepsy.

WHAT REALLY MATTERS: LIVING A MORAL LIFE AMIDST UNCERTAINTY AND DANGER

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Arthur Kleinman is an eminent psychiatrist and anthropologist, and in his most recent work, he examines what matters most to people through the experiences of patients and friends. His opening statement in the epilogue of *What Really Matters* contains the essence of this book: "Narratives can haunt. What haunts our memories is more than images and words, but the actual world of experience that stands behind them." It is this world of moral experience in an uncertain, perilous, and often inhuman reality that underlies Arthur Kleinman's book.

The introduction is a thoughtful critical analysis of both, present-day American society, and of a world increasingly defined by social injustice, poverty, and war. The chapters that follow are unsettling stories of people's struggles to live morally in circumstances and cultural contexts that go against those values perceived as critical in leading a meaningful life.

In one chapter, we are introduced to Dr Yan, a Chinese physician who is trying to survive during Mao's Cultural Revolution. His eventual betrayal by a close friend, Dr. Xu, leads to the torture and death of his wife and the destruction of his life-long achievements as a physician. Yet, when an opportunity for revenge arises, he chooses not to avail of it. Later, he decides to leave China while Dr. Xu continues to contribute to the medical profession in his native country. Kleinman does not interpret this as a story of good and evil, rather, "it demonstrates the irresolvable tension between personal refusal to do the worst and the collective willingness to collaborate with lesser evils." The cultural ethos of Mao's China is used to demonstrate the ways in which people choose their own moral paths in circumstances of enormous difficulty. While Dr. Yan's leaving signifies disengagement with the system, Kleinman, without judgement, examines examples of people who chose differently.

Cohen, an American veteran of the Second World War, is haunted by the memory of killing an unarmed Japanese military doctor. His remorse is relentless, untreatable, and incurable. His insistence that his deed be seen as evil and unjustifiable even within the circumstances of war raises a crucial question for the author. Can the soul's tragedy be diagnosed as a mental illness and be treated medically?

The problematic modern-day tendency to medicalize human emotions is further illustrated in the case of Jamison, a minister from a Protestant denomination who suffers severe episodes of pain in his head and neck. He sees his debilitating pain as preventing him from indulging in his sexual fantasies and protecting him from acts of infidelity. It is his salvation and not merely a psychiatric condition. His body, then, becomes a "personal battleground between good and evil, desire and divinity." Kleinman's commentary attests to his ability to look beyond diagnostic labels and to view pain from a unique perspective by examining its role in helping people bridge the gap between cultural values and their own ethical aspirations.

At the end of this book, Kleinman offers his readers no clear answers, and no "specific prescriptions for living." He sees morality as being both informed and transformed through a complex interaction between culture, social experience, and subjectivity. However, regardless of cultural specificities, he also believes that humans share experiences of loss, threat, and uncertainty. It is the process in which each one of us faces and questions our existential condition that makes our lives truly authentic.