psychogenic is very difficult. We agree with Dr. Sudo, stated in our manuscript, that additional documentation of the attacks with PET or SPECT studies would have been helpful. However, these studies were not possible in our center at the time these patients were observed. With regards to the EEG recordings, however, all four cases were recorded with both scalp and sphenoidal electrodes.

In our cases, the diagnosis of psychogenic basilar migraine rested principally upon four factors: failure to respond to aggressive antimigraine (or antiepilepsy) medication in all four patients; extensive diagnostic studies, including MRI, MRA, cerebral angiography, and interictal PET scans, failed to document any abnormalities; ability to provoke typical symptoms with suggestion and provocation in all four patients; and dramatic improvement in twoways with psychogenic treatment (similar to improvement rate) are all consistent with a psychogenic etiology and strongly argue against an organic etiology for the majority of these patients’ attacks. As stated in our paper, any or all of these patients may have had common, classic, or basilar migraine attacks. However, the disabling symptoms for which they had sought very extensive neurologic diagnosis and therapy were most consistent with psychogenic attacks.

Diagnosing pain or other neurologic symptoms as psychogenic must be made with great caution. However, we believe that underdiagnosis of conversion symptoms is common. Epilepsy may serve by way of analogy. Before the introduction of video-EEG monitoring units, the diagnosis of nonepileptic psychogenic seizures was much less common. For example, during my residency in New York City between 1983 and 1986, only two or three patients had nonepileptic psychogenic seizures in the differential diagnosis out of at least 200 patients with inpatients and outpatients with “seizures” that I evaluated under the supervision of attending neurologists. Nonepileptic psychogenic seizures now represent approximately 20% of our inpatient unit and have been identified in over 30% of seizure patients in a general neurology setting using provocative testing with suggestion. Regardless of the exact percentages, nonepileptic psychogenic seizures are now commonly recognized. Among patients with headache that is chronic and responds poorly to aggressive medication trials, it is likely that a surprising percentage have psychogenic factors contributing to, or largely accounting for, their symptoms. The challenge will be to accurately identify such patients.

Finally, the issue of distinguishing conversion disorder from malingering is raised. We agree that these disorders are quite distinct. However, their differential in clinical practice can be quite difficult despite psychiatric consultation and follow-up.

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References
Correction

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