

## 071 SHER-LOC IN THE FIRST SEIZURE CLINIC

Lliwen Jones, Ann Johnston. *University Hospital of Wales*

10.1136/jnnp-2014-309236.71

**Introduction** Lateral tongue bites, posterior shoulder dislocations, thoracic vertebral fractures and facial fractures are reported as silent witnesses in epilepsy. Diagnosis of seizures and other episodes of transient loss of consciousness (TLOC) requires a sleuth-like interpretation of the clinical story and eye-witness account. We set out to identify other subtle clues which may prove helpful in the overall evaluation.

**Methods** Data on 180 patients collected for an existing first seizure audit was analysed using PASW 22.0 to identify significant associations between history features and diagnosis.

**Results** 190 events for 145 patients were identified. At home, events were recorded within the bedroom, kitchen, living room, bathroom, hallway and shower. Those in the bedroom, shower and whilst driving were more likely to be seizures than other TLOCs ( $p < 0.05$ ). Those with Non-Epileptic Attack Disorder were more likely to be female and in this series most likely to experience attacks in pubs and nightclubs.

**Conclusions** Subtle non-clinical clues, especially for home events, can be of diagnostic use and may trigger one diagnosis over another. There is limited literature in this area and although, these results may simply illustrate what we already know, they do also illustrate an epileptologist's gut-instinct, sleuth-like and sher-loc nature.