

**Table 1: Characteristics and outcomes of the studies included in Durrant (2011).**

Author, year	Study design	Population	Characteristics	Assessed outcome	Follow-up period	Independent variables tested	Results
Arain, 2007	Prospective cohort	PNES as conformed by vEEG	n=48 Age (mean, [range]) 39 [20 – 81] years Sex (% female) 63	Seizure-freedom in the last 2 months	3 months	<ul style="list-style-type: none"> <li>* Age</li> <li>* Gender</li> <li>* History of abuse</li> <li>* Spell classification</li> <li>* Number of recorded attacks,</li> <li>* Marital status</li> <li>* Prior employment status</li> <li>* Educational level</li> <li>* Evidence of social support</li> </ul>	Educational status (univariate OR 0.67, CI = 0.30–1.50), p = 0.03) and being accompanied to the first clinic visit (univariate OR 0.69, CI = 0.30–1.57, p = 0.03) were predictors of a better outcome. Spell classification (motionless vs motor) was a predictor only in univariate analysis; motionless spells had more favorable outcome (OR 0.16, CI = 0.04–0.58, p = 0.01).
Reuber, 2005	Retrospective inception cohort study	PNES as confirmed by vEEG	n=164 Age (mean, (SD)) 39 (14) Sex (% female) 79	Global outcome, categorized as good (seizure-free and not dependent), intermediate (seizure-free but dependent, or not seizure-free but not dependent), or poor (not seizure-free and dependent)	4.1 years	<ul style="list-style-type: none"> <li>* Age at PNES onset</li> <li>* Age at PNES diagnosis</li> <li>* Gender</li> <li>* Educational level</li> <li>* Latency of PNES diagnosis</li> <li>* Clinical features of PNES</li> <li>* Psychiatric history</li> <li>* Comorbidity with epilepsy</li> <li>* MRI-/EEG-abnormality</li> <li>* Neuropsychological deficit</li> <li>* Diagnosis by suggestive placebo injection</li> <li>* Personality structure (DAPP-BQ)</li> <li>* Somatization index DSM-IV (SIDSM)</li> <li>* dissociation tendency (DES)</li> </ul>	Patients with younger age at onset ( $\chi^2 = 9.25$ , p = 0.01) and younger age at the time of PNES diagnosis ( $\chi^2 = 19.258$ , p < 0.001) had a better outcome. Poorer education ( $\chi^2 = 6.790$ , p < 0.05), inpatient psychiatry management (U= 1537.0, p < 0.01), and specific PNESs features including loss of consciousness (U = 452.0, P < 0.01), positive motor features (U= 376.5, p < 0.01), incontinence (U= 526.0, p < 0.01) and tongue biting (U= 544.0, p < 0.05) were associated with a poorer outcomes. Lower scores in emotional dysregulation (F = 8.295; p < 0.001), inhibitedness (F = 8.613;

