

Editorial

General health concerns for children with epilepsy

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Received 17 September 2013

Revised 21 September 2013

Accepted 21 September 2013

Epilepsy is defined by the International League Against Epilepsy as a chronic neurological condition characterized by recurrent epileptic seizures. Most physicians who participate in the care of children are aware that epilepsy is one of the most common chronic disorders that affect children. Epilepsy is prevalent in every country, in every race and religion and in every socioeconomic status. There are of course founder effects for particular epilepsies in certain populations, but aside from these considerations the distribution of the epilepsies is remarkably similar across the planet. Epilepsy can begin at any age, although there are two more frequent ages of onset: in early childhood, reflecting hypoxic-ischemic encephalopathy, inborn errors of metabolism, genetic epilepsies and brain malformations, and in adolescence, reflecting for the most part age related genetic epilepsies.

When a child with epilepsy presents for the first time to the clinic or to the emergency room, the presenting complaint is not usually of epilepsy but rather of staring spell, inattentiveness or loss of consciousness. It is the pediatric neurologist's work to determine whether a particular child does in fact have epilepsy, or instead has convulsive syncope, breath-holding spells, myoclonus (either pathologic or of the benign nocturnal variety), chorea, dystonia, micro-sleeps, is inattentive or is enjoying the delights of day-dreaming. As with any disorder, taking a complete history is most important in determining what

type of paroxysmal event occurred. Tests including electroencephalography and magnetic resonance imaging are used to refine and confirm the clinical impression.

Children with uncomplicated epilepsy are often returned to the care of their pediatricians, family physicians or pediatric nurse practitioners after diagnosis, although some continue to be cared for by a pediatric neurologist. When epilepsy is refractory, then referral to a pediatric epileptologist in an epilepsy center is warranted.

When a child is diagnosed with epilepsy, his or her pediatric neurologist is careful to clearly explain the diagnosis and the principles of seizure management, the choices of anticonvulsant medications to be considered and their risks, benefits and side effects, seizure first aid, seizure precautions, lifestyle modifications and activities to avoid. Introductions to the clinic nurse and social worker are made. The primary health care provider receives an initial communication, and clinic contact information for questions or issues that arise between visits is provided to the family. All of these discussions and activities are extremely important, and yet there remains a large swath of a child's life that is also affected by the diagnosis of epilepsy, either directly or indirectly. What of the child's education, the after school activities, the effects on other medical conditions that a child may have, the general medical care of the child and the effects on the family as a whole? These issues are not usually highlighted in the education of a pediatric neurologist, and so this issue devoted to general health concerns for children with epilepsy has been prepared. I hope that you find the thoughtful discussions as interesting and as informative as I have.

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