

## Foreword

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# Non-epileptic paroxysmal disorders

Paroxysmal disorders are amongst the most common group of conditions presenting to Pediatricians and Pediatric Neurologists. Often the concern is that the child might have epilepsy – only a minority do. The clinician should avoid the erroneous idea that there is a hierarchy in diagnosing paroxysmal disorders, with epileptic seizures at the apex. The interest in these disorders is not merely in terms of providing a differential diagnosis of epilepsy, all are fascinating in their own right, for some there is specific treatment and occasionally this may be life saving. Arguably, such conditions are more important to recognize than epilepsy. Nevertheless, it is surely one of the most satisfying aspects of clinical medicine to confidently diagnose a child whose parents are worried sick about the possibility of epilepsy with one of the benign non-epileptic paroxysmal disorders. Indeed, it is often possible to reassure such parents that what they have observed is physiological.

This special issue consists of a series of short papers, most of which cover specific disorders, with a few dealing with more generic issues, such as paroxysmal events in children with cerebral palsy. The emphasis is always on the clinical description of the attacks, with the aim of improving the reader's diagnostic prowess. Inevitably, however, some stray into investigation and treatment. We have arranged them in groups determined by age of onset, the occurrence of paroxysmal attacks in specific conditions and situational-related paroxysmal disorders.

Our hope is that the reader of this supplement will be better able to correctly diagnose what can be a bewildering range of conditions. In turn, this should:

- Reduce misdiagnosis of epilepsy and inappropriate treatment with antiepileptic drugs
- Allow appropriate management of non-epileptic paroxysmal disorders
- Enable the families of children with physiological and benign paroxysmal events to be appropriately reassured at an early stage
- Speed up the process of recognizing the unfortunate few with unpleasant paroxysmal conditions, such as alternating hemiplegia, so at least sparing them unnecessary and often painful tests and their families the burden of not knowing and the disappointment which follows false reassurance
- Save a few lives, by recognizing cardiac causes of paroxysmal events and paroxysmal events associated with raised intracranial pressure

The special issue was only possible thanks to the work of the international authorities who wrote the papers. We extend our thanks to them.

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