34. SEIZURE DISORDERS IN CHILDREN

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34.2 Introduction

34.2.1 Seizure disorders affect approximately 1 in 200 children. In the majority of children with seizure disorders, the condition responds very well to treatment and the care and mobility needs should not differ significantly from those of normal children. Where seizures are not controlled, however, the situation will be different. There are, in addition, a number of rare, but well defined seizure disorders which occur in children and which give rise to very severe and intractable fits and where the need for supervision is consequently much greater.

34.3 Care Needs and Mobility Considerations

34.3.1 Factors influencing care needs in children with epilepsy are similar to those for adults [see Chapter 14] and include:

(i) The duration of the epilepsy.

(ii) The nature of the attacks.

(iii) Whether the child get any warning or aura. This will rarely be manifest in a small child; older children may have some premonitory symptoms recognisable by carers.

(iv) The duration of the loss of consciousness or altered awareness.

(v) Whether there are convulsive attacks.

(vi) Whether the child is incontinent.

(vii) Whether an attack is followed by confusion or automatic behaviour. This tends to be more frequent than in adults, but less dangerous, except in adolescents.

(viii). The frequency of the attacks.

(ix) When the attacks usually occur.

(x) The type of treatment the child is receiving and what effect it has had. Treatment is effective in most children although, as in diabetes, there may be a period of poor control at the beginning of puberty. In addition there are a number of rare, but severe seizure disorders in children where it is very difficult to control the fits with any form of treatment.

(xi) Whether the child has ever been injured.

(xii) Whether the child has experienced status epilepticus or serial epilepsy [See Chapter 14]. These are of much more serious import than in an adult.

(xiii) The presence of any associated developmental disorder. One third of children with epilepsy also have severe learning difficulty, autism, or cerebral palsy.

34.3.2 A child is not usually able to understand epilepsy and to sensibly regulate activities to minimise the danger from fits. There is, therefore, a greater risk. The degree of danger depends to a large extent on the frequency and severity of the fits. In general terms, if a child is having major fits more than once a week the danger is significant.

34.4 Duration of Need

34.4.1 Epilepsy is treatable and many children improve dramatically, and are able to attend normal school and take part in everyday activities freely. It is not possible to give generalisations on the duration of the need which will depend on the particular features of the individual case. However, long-term disability is seldom seen unless the epilepsy is associated with other neurological conditions or learning disability.

34.5 Associated Conditions

34.5.1 In those cases in which there is an associated condition (birth injuries, cerebral damage, both accidental and non-accidental, inborn errors of metabolism,) this is often the main cause of disability, rather than the fits. Both the underlying condition and the epilepsy will have an influence on the whole picture determining the care needs. It is possible that, taken in isolation, neither the physical disability nor the fits require attention and/or supervision/watching-over or give rise to mobility problems but together they may do so.

34.6 Febrile Fits

34.6.1 These are not uncommon in small children (up to 4-5 years) but decrease dramatically thereafter. They occur when the child develops a high temperature associated with an acute infection and they do not occur at other times. The risk of fits is, therefore, intermittent and can be minimised by appropriate preventive measures. Because of this febrile attacks by themselves are very unlikely to require attention and/or supervision/watching-over for a long time.

34.7 Further Evidence

34.7.1 In most cases a factual report from the GP or hospital should provide all the information needed. In cases where the epilepsy is associated with other conditions, particularly learning disabilities, a report from the school the child attends is likely to give a better picture of the overall need.