

WHAT SEIZURES ARE

Seizures can appear as changes in awareness or behavior caused by an abnormal discharge of electrical energy in the brain. A seizure may last a few seconds or a few minutes. It might be a convulsion, a brief stare, an unusual movement of the body, or an unusual sensation.

When the seizure is over, the child's brain goes back to working properly again.

Seizures are a common disorder of childhood and adolescence. Some seizures happen because of a very high fever. Some happen because of an illness that affects the brain. Usually the seizures go away when the fever drops or the illness is over.

These types of seizures do not mean a child has epilepsy. Epilepsy is the name given to seizures that happen more than once in a n otherwise healthy youngster or when the child has a physical condition that causes seizure from time to time.



WHY SEIZURES ARE HARD TO RECOGNIZE

If all seizures appeared the same, there would be no need for this pamphlet to educate people.

Convulsions are obvious seizures and seeing a child in the grip of a convulsion is a frightening experience for parents and almost always ends with a visit to the doctor.

But, convulsions are just one type of seizure that a child or teenager may have.

Other kinds of seizures are hard to recognize because they last such a short time and they can look so much like the normal things that children do.

The following are some of the signs that may mean a young child is having seizures:

- **Short attention blackouts that look like daydreaming**
- **Sudden falls for no reason**
- **Lack of response for brief periods**
- **Dazed behavior**
- **Unusual sleepiness and irritability when wakened from sleep**
- **Head nodding**
- **Rapid blinking**
- **Frequent complaints from the child that things look, sound, taste, smell or feel 'funny'**
- **Clusters of 'jack-knife' movements by babies who are sitting or laying down**
- **Clusters of grabbing movements with both arms in babies lying on their backs**
- **Sudden stomach pain followed by confusion and sleepiness**
- **Repeated movements that look out of place or unnatural**

Sometimes seizures start in the **teen years**. These seizures may also be hard to recognize. The following behavior or reported feelings may be signs that a teenager is having seizures.

- **A blank stare followed by chewing, picking at clothes, mumbling, random movements**
- **Sudden fear, anger or panic for no reason**
- **Muscle jerks of arms, legs, or body especially in the early morning**
- **Odd changes in the way things look, sound, smell or feel**
- **Memory gaps**
- **Dazed behavior; being unable to talk or communicate for a short time**



WHAT TO LOOK FOR

When a teenager has seizure symptoms, you can ask about how often they happen, how the youngsters feels, and so on. But with a baby or young child, you have to depend much more on what you see that child doing. You have to remember that it's quite possible for them to do any one or even more than one of the things listed on the previous page and still *not* be having seizures.

All children daydream sometimes. Babies make all kinds of movements without anything being wrong. Falling is a natural part of learning to walk, and so on.

The thing to be alert for is a *pattern* of behavior, something unusual that happens too often to be just a matter of chance.

For example, a child who suddenly flops to the ground without tripping over anything may just have lost their balance. But if it happens frequently, the doctor should be told.

If a child gazes into space everyone once in a while but is alert when you speak to them, there is probably nothing wrong. But if they do it often, make a point of speaking to them while they look blank. Try to find out if they know what's going on around them. Touch them gently to get their attention.

If the child seems completely unaware of his surroundings while gazing blankly (and especially if his teacher says he's doing the same thing at school), get a medical checkup. Look for any blinking or chewing movements during the blank spells and tell the doctor about them, too.

A convulsion, of course, isn't difficult to recognize. But suppose it only happens when the child is asleep? If a child sleeps by himself it is possible for sleep seizures to go unnoticed, too. Still there may be some clues.



When a child has a convulsive seizure, whether awake or asleep, the seizure is followed by a period of deep sleep. If a seizure has happened in the early morning hours, the child will be difficult to wake up. He may be unusually irritable and difficult to handle. He may have wet the bed. He may complain that his tongue is sore and his muscles hurt.

And there may be good reason for all these things - a late night, forgetting to go to the bathroom before bedtime, a pulled muscle from the previous day's play. But if a parent sees these events happening together from time to time without any obvious reason, it's worth telling the doctor about them.

Seizures in infants are especially hard to spot. Babies move in lots of ways. Muscle jerks, bending forward, nodding, reaching up with both arms - these are all normal movements, *except when there's a pattern*. If a parent sees repeated movements that strike him as 'not quite right,' he should tell the doctor.

Recognizing these tiny seizures in infants is important. Early treatment may offer the best chance of normal development in the future.

Sometimes even a doctor will miss seeing the symptoms. He or she may assure the parents that they having nothing to worry about.

And this may be absolutely correct. However, a parent sees a child more often than the doctor does. A parent who still sees a clear pattern of unusual movements that look like the signs of childhood seizures should trust his or her instincts and get a second opinion from a neurologist.

WHY IT'S IMPORTANT TO RECOGNIZE CHILDHOOD SEIZURES

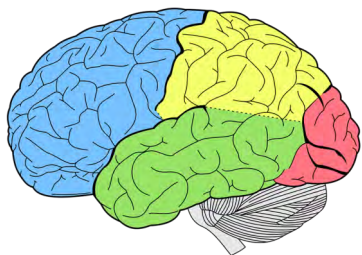
Early recognition and treatment is important because a child who is not treated may have to face additional problems later on, such as:

Learning Disabilities - because those brief blanking out seizures make it difficult to follow instructions and understand the lessons at school;

Safety Risks - because sudden loss of awareness in certain situations (like while climbing or in the water) can lead to injury;

Behavior Problems - because of recurrent seizures, the world seems disorderly. The child keeps missing things other people have understood and doesn't know why;

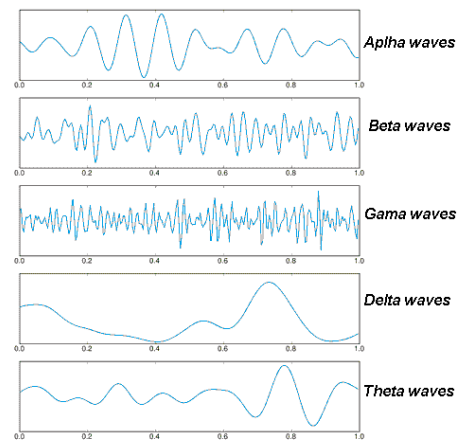
Social Problems - because the child, his family, and others may not understand the cause or nature of unusual actions or behavior.



HOW THE DOCTOR CAN TELL IF A CHILD HAS EPILEPSY

First, the doctor will ask a number of questions about the child's health, the family's health and the changes in behavior that the parents are concerned about. The doctor will ask about injuries, the child's birth, the mother's pregnancy, will do a careful physical examination and will order blood and urine tests along with an EEG.

The letters 'EEG' stands for '*electroencephalogram*' which is a recording of the electrical activity in the brain. The recording is made through wires pasted on the child's head. It does not hurt the child in any way. The doctor looks for special patterns in the recording to see whether seizures are taking place.



Sometimes other tests, like brain x-rays or scans, are ordered. They show the doctor whether there is anything unusual structurally about the child's brain that might be causing seizures.

WHAT HAPPENS IF EPILEPSY IS DIAGNOSED?

If the doctor discovers that a child has epilepsy, he or she will probably prescribe medicine to prevent seizures.

Some childhood seizure disorders are more difficult to control than others, but in general, chances are good that the medicine will work well so long as it is taken regularly. If none of the medicines work, a special diet or even surgery may be recommended.

Today's medicines do not cure epilepsy. However, research has shown that many children who have complete control of seizures with the medicine for a few years have an excellent chance of being able to live free of seizures and the medicine in the future.

That's why it is so important to recognize childhood seizures and see if they need treatment. Doing so offers the child with epilepsy the best possible chance of a normal childhood and a brighter future in adult life.

TO FIND OUT MORE

The Epilepsy Foundation and its affiliates across the country provide information about epilepsy in children and adults. The local affiliate, contact:

The Epilepsy Center of NW Ohio
1701 Holland Rd., Maumee OH 43537
419-867-5950
www.epilepsycenter.org

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Kids & Seizures!



Know The Hidden Signs

