**EPILEPSY SYNDROMES OF CHILDHOOD & ADOLESCENCE**

**ABSENCE EPILEPSY OF CHILDHOOD**

This form of epilepsy usually begins between the ages of 3 and 12 years and is much more common in girls than boys.

Approximately 15% of children with absences have brothers or sisters with a history of some form of epilepsy.

Up to the point where seizures begin there is rarely any indication of any problems.

**SYMPTOMS**

When a child has an absence seizure they will usually stop what they are doing, lose awareness of their surroundings and stare. This is because they have a momentary loss of consciousness that can look like a very brief daydream. It may last from 5-15 seconds. Such seizures can be over so quickly that an onlooker may not notice them happening. The child is also unlikely to be aware of what has happened though they may be aware that they have missed something.

Because the seizure is so brief the child is not likely to fall unless they are in a situation requiring balance, for example on a bike.

There are different kinds of absences (though all involve the brief loss of consciousness) including:

1. Simple absences in which there is a loss of awareness but nothing else is seen by the observer
2. Absences with automatic movements which can include rapid blinking of the eyes, lip smacking, chewing movements, fiddling with clothes. Sometimes the child will continue automatically with what they were doing when the absence started
3. Absences with mild jerking of the eyelids
4. Absences with slight floppiness or loss of tone in the muscles during which only very rarely will the child fall
5. Absences with tonic (stiffening) features when the child becomes slightly stiff during the seizure. Usually the stiffness is related to the eye movements. The child’s eyes will rotate upwards and the head will extend backwards a little
6. Absences with dilation of the pupil, pallor, flushing and rapid pulse rate in which the child may wet themselves

Some children will have several different types of absences, but more usually the absence type is always the same.

These absence seizures can occur many times in a day (50 – 100, every day) but most children neither feel ill nor tired as a result of these.

It is also possible that the child, particularly at puberty, may also have convulsive (tonic-clonic) seizures during which they will become unconscious; their body will first stiffen, followed by jerking movements of the arms and legs. These seizures usually last 2-4 minutes and afterwards the child may well feel tired and want to sleep for a few hours. The risk of such seizures occurring in children who have absence seizures is about 20-30%
DIAGNOSIS

A full complete history, given to the doctor, is always essential in making a diagnosis.

An EEG (electroencephalogram) test which measures the electrical activity going on in the brain, will show a very obvious pattern which will help to confirm the diagnosis of absence epilepsy. These changes become obvious when the child is asked to breathe (hyperventilate) deeply and quickly during the EEG test.

If this test is done when an absence occurs it shows a very characteristic pattern in the form of a spike and wave occurring every 3 seconds.

TREATMENT

Absence seizures are usually controlled by anti-epileptic drugs (liquid or tablets), either with Sodium Valporate (Epilim) or Ethosuximide (Zarontin) or very occasionally both. Lamotrigine can also be effective. It is important that the medicine or tablets are taken each day as prescribed, even when the seizures are controlled, unless your doctor says otherwise. If the medication is not taken every day, then absence seizures may return. Your doctor may consider stopping the medication if your child is seizure free for 2 years.

PROGNOSIS

Some 80% of children will have their absence seizures fully controlled by anti-epileptic drugs.

Typical absences do not tend to carry on into adult life and rarely occur in adulthood.

In most children absence epilepsy stops at puberty. However, two or three out of every ten children with absence epilepsy will start to have other types of seizures (usually convulsive seizures) and these will carry on into adult life. Children with absence seizures usually have average intelligence and though they may have initial problems in school till their seizures are recognised and treated they are generally able to cope with their school work.