Absence Epilepsy

Absence epilepsy is one of the most common types of epilepsy in childhood. It usually shows up between the ages of 6 and 12. Epilepsy means that a person has had more than two unprovoked seizures. A seizure is a burst of abnormal electrical activity in the brain. Absence seizures are a generalized type of seizure since the entire brain is involved. There are two types of absence epilepsy:

- **Typical**, the predominant symptom of typical absence epilepsy are staring events.
- **Atypical**, has both staring events and occasional seizures in which there is rhythmic jerking of the entire body (*generalized tonic-clonic seizures*).

Absence epilepsy does not cause injury to the brain and most patients outgrow it by the mid-teen years.

CAUSES

Absence seizures are caused by a chemical imbalance in the thalamus of the brain.

SYMPTOMS

Since the staring episodes may be misinterpreted as daydreaming, it may take months or even years before they are recognized as seizures. Children may have problems in school because during a seizure the child is not aware of what is happening. From the child's point of view, one moment the teacher is saying one thing and then suddenly she is saying something else. Some children have a few seizures while others have hundreds per day.

Common symptoms include:

- Staring spells interrupting activity or conversation.
- Lip smacking.
- Fluttering eyelids.
- Head falling forward.
- Chewing.
- Hand movements.
- The child may continue a simple activity as walking during the event but will not respond to being touched or called.
- No response to being called or touched.
- Loss of attention and awareness.
- No knowledge of the seizure.
- No warning signs of an impending seizure.
- Being fully alert following the event.
- Resuming activity or conversation afterwards.

DIAGNOSIS

Your child's caregiver may order tests such as:

- An electroencephalogram (EEG) which evaluates the electrical activity of the brain.
- A magnetic resonance imaging (MRI) of the brain which evaluates the structure of the brain. If a patient has very clear symptoms of absence epilepsy, then the MRI may not be ordered.

TREATMENT

Since absence epilepsy does not cause injury to the brain, if the seizures are infrequent, then a seizure medication (*anticonvulsant*) may not be prescribed. However, if the events are frequent or are interfering with school and the child's normal daily activities, then an anticonvulsant will be prescribed. Treatment is usually started at low doses to minimize side effects. If needed, doses are adjusted up to achieve the best control of seizures.

HOME CARE INSTRUCTIONS

- Make sure your child takes medication regularly as prescribed.
- Do not stop giving your child the medications suddenly.
- Let teachers and coaches know about your child's seizures.
- Make sure that your child gets adequate rest. Lack of sleep can increase the chances of seizures.
- Close supervision is needed during bathing, swimming, or dangerous activities like rock climbing.
- Talk to your child's caregiver before using any prescription or non-prescription medicines.

SEEK MEDICAL CARE IF:

- New kinds of seizures show up.
- You suspect side effects from the medications such as drowsiness or loss of balance.
- Seizures occur more often.
- Your child has problems with coordination.

SEEK IMMEDIATE MEDICAL CARE IF:

- A seizure lasts for more than 5 minutes.
- Your child has prolonged confusion.
- Your child has prolonged unusual behaviors – like eating or moving without being aware of it
- Your child develops a rash after starting medications.

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