

RECOGNIZING THE SIGNS OF CHILDHOOD SEIZURES

What seizures are

Seizures are changes in awareness or behavior brought about by 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 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 seizure disorders are not called epilepsy.

Epilepsy is the name given to seizures that happen more than once in an otherwise healthy youngster, or when the child has a physical condition that causes seizures from time to time.

WHY SEIZURES ARE SOMETIMES HARD TO RECOGNIZE

If all seizures were convulsions, there would be no need for this pamphlet. 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 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.

- a. Sudden falls for no reason.
- b. Lack of response for brief periods.
- c. Dazed behavior.
- d. Unusual sleepiness and irritability when wakened from sleep.
- e. Head nodding.
- f. Rapid blinking.
- g. Frequent complaints from the child that things look, sound, taste, smell or feel 'funny'.
- h. Clusters of 'jackknife' movements by babies who are sitting down.
- i. Clusters of grabbing movements with both arms in lying babies on their backs.
- j. Sudden stomach pain followed by confusion and sleepiness.
- k. Repeated movements that look out of place or unnatural

Sometimes seizures start in the teen years. These seizures, too, may be hard to recognize. It is easy to mistake the behavior they produce for signs of drug or alcohol abuse. 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 youngster feels, and so on. But with a baby or young child you have to depend much more on what you see the child doing. You have to remember that it is quite possible for him or her 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 how 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 tipping over anything may just have lost his balance. But if it happens frequently, the doctor should be told.

If a child gazes into space every once in a while but is alert when you speak to him, there is probably nothing wrong. But if he does it often, make a point of speaking to him while he's looking blank. Try to find out if he knows what's going on around him. Touch him gently to get his attention.

If a child seems completely unaware of his surroundings while glazing blankly (and especially if his teacher says he's doing the same thing at school), get 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 clue.

When a child has a convulsive 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 reasons for all the things- a late night, forgetting to go to the bathroom before bedtime, a canker sore,

pulled muscle from the previous day's plan. But if a parent sees these events happening together from time to time without any obvious reason, it's worth telling the doctor about it.

Seizures in infants are especially hard to spot. Babies move in lots of ways. Muscle jerks, bending forward, nodding, reaching with both arms- these are all normal movements, except when there is a pattern. If a parent sees repeated movements that strike him 'not quite right', he should tell the doctor. Recognising these tiny seizures in infants is important. Early treatment may offer best chance of normal development in future.

Sometimes even a doctor will miss seeing the symptoms. He or she may assume the parents they have 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- get a second opinion from a neurologist.

WHY IT'S IMPORTANT TO RECOGNISE CHILDHOOD SEIZURES

Early recognition and treatment is important because a child who goes on having seizures because nobody has noticed them may have to face additional problems later on, problems like:

Learning disabilities- because those brief blanking out seizures are making 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 water) can lead to injury.

Behavior problems- because 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 with whom he comes in contact will not understand the cause or nature of unusual actions or behavior.

Children's Safety

If your child has seizures, most of the safety tips for adults are just as useful for keeping your child safe from harm. In addition, parents of children with seizures learn to childproof their homes by doing the same things other parents do such as placing gates in front of the stairs and other dangerous places, locking up household chemicals and cleaning supplies and covering electrical outlets.

A greater risk to a child's well being may be over-protection if parents try to forsee every risk and head off every injury. It is part of a child's normal development to explore the environment and try new things. As a parent you will want to strike a balance between safety and overprotection. Some of the following safety tips may help, depending on how old your child is, what type of seizures he or she has, and how often they happen.

A monitor in the child's bedroom may alert you to the sound of a typical seizure. Avoid top bunks. A lower bunk, a regular bed, a futon or even a mattress on the floor is a safer place to sleep for a child with seizures.

A well-fitting helmet with a face guard may protect against head and facial injuries from severe drop seizures.

Choking is a risk for any child, especially if the child has frequent seizures and other disabilities. Children sometimes retain food in their mouths and it's a good idea to check if this is a problem.

Put a list of first aid steps on the refrigerator or some other place where it's easy to find. Write down the phone number where you or a relative can be reached; include the doctor's number and the one for emergency squad on the same sheet.

If your child is going to sleep at a friend's or relative's house overnight, make sure a copy of the list goes with him or her and that an adult in the house knows what to expect and what to do if a seizure happens.

If your child has had an episode of status epilepticus (seizures that won't stop, or a series of seizures), check with the doctor on what to do if he or she has another one. Make sure everyone in the family knows what to do.

AVOIDING OVERPROTECTION

A major problem for children with epilepsy is the well meaning efforts of adults to protect them from harm. Parents may limit a child's participation in the usual childhood activities because of fear that a seizure will occur during the activity, or that exertion will somehow trigger a seizure. This is unfortunate for several reasons. First, vigorous physical activity is not generally associated with a greater number of seizures; in fact, studies suggest fewer seizures will occur when the average child is active.

Secondly, the child is excluded from experiences that would help him develop social skills and self-confidence. This sense of being different, of being unable to join what others are doing, encourages dependence in the child and keeps him socially immature. The school experience offers the child with epilepsy a unique opportunity to break this pattern of over-protection and isolation. Wherever possible, he should be encouraged to take part in all school activities.

Careful supervision is needed when a child who is still having some seizures takes swimming or gym, but with appropriate safeguards these activities can be safely undertaken.

Communication

When good communications exist between parents and teachers, the teacher can feel comfortable asking questions that will help him do his best for the child. These questions may include:

What kind of seizure does the child have?

What do they look like?

How often does he or she have them?

How long do they usually last?

Is medicine going to be given or taken at school?

What arrangements have been made for that?

What has been the child's previous experience with epilepsy at school?

If the child is having very infrequent seizures, or has complete seizure, or has complete seizure control, this kind of basic information may be all that is needed. However, if the seizures are frequent, the teacher will want to discuss with the parents how they should be handled, how he or she plans to explain the condition to the other children, whether the child has an understanding of his disorder and would feel comfortable answering questions that the other children might have. If the child is old enough and the parents agree, he or she could be part of the discussion.

Summary

When a child has epilepsy, an informed teacher is essential to that child's educational and social development.

The teacher's understanding of the condition will enable him or her to handle a seizure calmly and effectively, and to be alert to signs of seizure activity that may have gone unnoticed by others.

The teacher's observation and reporting of any changes in the child will help parents to work more effectively with the child's physician to control the seizures.

The teacher's awareness of the educational problems the child may face will encourage early intervention if it is needed.

Most important of all, a caring, well informed teacher can help prevent the damaging social impact of epilepsy in childhood and help the affected child make the most of his academic potential.

