

What is epilepsy?

Epilepsy is a tendency to have recurrent (two or more) seizures.

What is a seizure?

The brain is made up of billions of cells called neurons; these cells communicate by sending electrical messages to one another. A seizure occurs when groups of these cells send out bursts of electrochemical energy in an unco-ordinated manner. The type of seizure one has depends on which area of the brain is affected. These abnormal discharges may occur in one (partial seizures) or both hemispheres of the brain (generalised seizures).

There are many different types of seizures and your child may have more than one type. Seizure types and their management are further explained in the following pages (6, 7 & 8).

CLASSIFICATION OF SEIZURE TYPE

PARTIAL SEIZURES

Simple partial – consciousness not impaired
Complex partial – consciousness altered or lost

Partial seizures may progress to become generalised seizures, these are called secondarily generalised seizures.

GENERALISED SEIZURES

Absence (old term *petit mal*)
Tonic clonic (old term *grand mal*)
Myoclonic
Tonic
Atonic

Consciousness lost immediately in **generalised seizures**.

Are there different ‘types of epilepsy’?

Yes there are! It is important for parents to understand what **type of seizures** their child is having, but seizures are only a symptom of your child’s **type of epilepsy** or **epilepsy syndrome**. Your medical specialist can identify an **epilepsy syndrome** or **type of epilepsy** by: the type of seizures your child has, the identifying signs and symptoms and when your child developed them.

The medication, management and outlook differ for different types of epilepsy. For example a child may have Benign Rolandic Epilepsy as their **‘type of epilepsy’** and can experience both simple partial and tonic clonic **‘seizure types’**. This type of epilepsy is outgrown at adolescence, and sometimes medication is not required.

Some **types of childhood epilepsy** include: Neonatal seizures, Infantile spasms, West Syndrome, Lennox Gastaut Syndrome, Childhood Absence Epilepsy, Juvenile Myoclonic Epilepsy and Juvenile Absence Epilepsy.

If your child is very young it can sometimes be difficult for doctors to make a definite diagnosis of your child’s ‘type of epilepsy’. Identifying signs and symptoms may be very subtle or not have developed enough to diagnose. As the child grows older, a more accurate diagnosis and prognosis can be made. An early diagnosis will benefit your child. As the general public can be ill informed you will need to educate yourself and others about the special needs and implications of your child’s epilepsy.

The outlook is good for most children with epilepsy. Seizures can be controlled by medication in most cases. Some children will have severe forms of epilepsy, which are difficult to control with drugs, and will continue having seizures. Children with difficulty to control epilepsy may have other problems, such as delayed development and learning difficulties.

Ask your doctor or Epilepsy Association for more information about your child’s type of epilepsy after a definite diagnosis has been made.