

What is Status epilepticus?

Most of the time an epileptic seizure ends of its own accord. Status epilepticus occurs when a seizure lasts for a long time, or repeats without full recovery, and can take as many forms as there are seizure types. The two main types are tonic clonic status epilepticus and non-convulsive status epilepticus.

Tonic clonic status epilepticus

Is defined as an unvarying prolonged tonic clonic seizure, which persists for 30 minutes or more without a recovery period. This is a medical emergency and an ambulance should be called after 5 minutes of continuous seizure activity. If your child is prone to status epilepticus your doctor may teach you to administer medication like rectal diazepam, or intranasal midazolam at home to help stop the seizures. (Further information can be obtained from your local epilepsy association).

Non convulsive status epilepticus

Is usually characterised by a clouding of mental processes, which may be abrupt or come on quite slowly, they appear to be dazed or confused. Seek medical attention or advice.

Can someone die during a seizure?

Death is a great fear for people with epilepsy and is not often discussed. In fact epilepsy is not a very fatal disorder. As with other chronic conditions such as asthma and diabetes, a small number of people with epilepsy may die prematurely each year.

Sudden Unexplained Death in Epilepsy (SUDEP) is a term used when very occasionally someone may die during a seizure. Risks are slight for children whose seizures are well controlled.

Death may also occur during status epilepticus because inadequate oxygen intake may affect the heart and brain.

Death can also result, if seizures occur in dangerous places or circumstances e.g. Around water, when driving or in isolated situations.

What are febrile convulsions (seizures)?

- Febrile seizures are not a type of epilepsy.
- Febrile seizures can occur when a child has a high fever, most commonly above 38.3°C (101°F), and usually on the first day of a rapid rise in body temperature.
- A febrile seizure is usually seen in children between 6 months and 3 years of age; however, they can occur up to 6 years of age.
- They are due to fever usually associated with viral illnesses, tonsillitis or an ear infection.
- The child's temperature should be kept down with paracetamol, given as directed and tepid sponging, paracetamol will make your child feel better from the fever but will not treat the infection that caused the fever. Please consult your doctor if your child looks unwell or if the fever persists.
- Clothing should be minimal either a nappy or a light outer layer. (Consult your local hospital for latest information on management of febrile convulsions)
- If a convulsion does occur – protect the child from sharp, hot, or otherwise dangerous objects. Loosen tight clothing. Do not put anything in the child's mouth. Do not restrict his/her movements. Roll the child on his/her side and try to keep everyone relaxed. If the convulsion lasts more than 5 minutes, one convulsion goes into another, if your child has difficulty breathing or looks particularly unwell, call an ambulance.
- The incidence of febrile seizures does not indicate a possibility of developing epilepsy. Less than 2% of children who experience febrile seizures will develop epilepsy later in life. Febrile seizures are classed as incidents rather than as a condition.

References:

Hopkins,A.,Shorvon,S.,Cascino,G. (1995) Epilepsy. Second Edition.London: Chapman & Hall.

Walker,M., Shorvon,S., Somerville,E. (2000) The Australian Medical Association Home Medical Guide to Epilepsy.

Sydney: Dorling Kindersley.

Epilepsy Queensland. (2000) Supporting People with Epilepsy. Epilepsy and Intellectual disability. Brisbane: Epilepsy Queensland.

What can trigger seizures?

It is possible for anyone to have a seizure if the conditions are right. Everyone has a seizure threshold. Children tend to have a relatively low seizure threshold. This may help to explain why children often outgrow their epilepsy as their brain matures. Triggers are provoking factors which may induce seizures in children with epilepsy. These factors vary among children.

Many seizures seem to occur for no reason at all. It may not always be possible to recognise triggers and children may be susceptible to several of these triggers.

- Missing doses of anti-epileptic medication
- Stress, excitement and emotional upset
- Fatigue through lack of sleep and physical exhaustion
- Illness and high temperature
- Constipation, diarrhoea and vomiting which can prevent the absorption of anti-convulsants
- Poor diet, missing meals, Low blood sugar level, drinking a lot of caffeine
- Menstrual cycle
- Very warm weather, hot baths or showers, a sudden change in temperature
- Other medications that are taken in addition to anti-epileptic medication
- Television, videos, and flashing lights. The 'strobe effect' from fast scene changes on a bright screen, rapidly changing colours or fast-moving shadows or patterns can all trigger seizures in a small minority of children with epilepsy. This is called Photosensitive Epilepsy
- Boredom – research shows that people who are happily occupied are less likely to have a seizure.

Should I keep a record of my child's seizures?

Yes! This information is important to help your doctor with the medical management of your child's condition.

You should:

- Keep a track of how many seizures your child has. A simple seizure diary for one year is included in this kit.
- Note possible triggers e.g. late nights or over excitement.
- Describe the child's activities before during and after the seizure.
- Note duration of seizures.

See description of seizure form contained in this kit.