WHEN SEIZURES DON’T LOOK LIKE SEIZURES
FACTS ABOUT SEIZURES IN CHILDREN

Many, many children have seizures. They can be caused by a high fever, a bad infection that goes to the brain, a blow to the head, lead poisoning, or epilepsy.

Some seizures are easy to see. You will know at once that something is wrong when you see a child fall, get stiff, and shake all over. But this is not the only kind of seizure a child may have.

A child who has epilepsy may have seizures that look quite different from the kind you may think of when you hear the word “epilepsy.” In fact, some of these seizures are over so fast that it’s easy to miss them. Other seizures are hard to pick out because they look like the kind of normal things that children do all the time. That’s why we’ve written this pamphlet. It’s to help you know what the hidden signs of childhood epilepsy look like, and what to do if you think a child you know might be having them.

Our Web site has information about the disorder, offers opportunities to network with others touched by epilepsy through our eCommunities forums and Web events. You can also subscribe to our bi-monthly magazine EpilepsyUSA. Each issue contains exciting developments for people affected by seizure disorders—new treatments and medicines, ground-breaking research, safety tips, personal stories, advice for parents and much, much more—all delivered right to your door.
WHY IT’S IMPORTANT TO FIND OUT IF A CHILD IS HAVING SEIZURES

A child with epilepsy who has seizures that are seen and treated early has the best chance of having a normal life.

A child who goes on having seizures that nobody knows about may have to face other problems later on, like:

• having other kinds of seizures
• having seizures that are harder to control than the kind he or she has now
• getting poor grades at school because he or she has seizures and misses parts of what the teacher is saying.

IS IT A SEIZURE?

These are some of the signs that may mean a baby, a young child, or a teenager is having seizures:

• A baby is sitting down and suddenly jerks forward and hits his head.
• A baby is lying on her back and suddenly grabs at nothing with both arms while her knees jerk up.
• A child stops what he is doing and stares at nothing for a moment or two.
• She falls down suddenly for no reason.
• He pays no attention when you speak loudly or call his name.
• She is very sleepy and in a bad mood when you try to wake her up some mornings.
• She says her tongue hurts, or she hurts all over.
• Perhaps there is blood on the pillow from biting her tongue.
• He acts as if he is drunk or on drugs.
• She picks at her clothes.
• He does things that don’t look right or natural to you.
• She is suddenly afraid for no reason.
• He is saying things look strange to him.
It’s the same with babies. Babies often jerk their arms or bodies, they nod their heads or reach up for no reason or move around in all kinds of ways.

It’s normal, except if you see the same thing over and over again. That’s when you should tell a doctor about it. Sometimes even a doctor will not see what you’re seeing. The doctor may tell you not to worry, that the child is fine. And he or she may be right. But if you are a parent, you see your child a whole lot more than the doctor does.

If you still see your baby act in ways that don’t look right, over and over again, ask to see a special kind of doctor called a neurologist. Babies and young children are not the only ones who have seizures that don’t look like seizures. Teenagers do too. If you see a teenager acting as if he doesn’t know where he is, if he mumbles words that don’t make sense and pulls at his clothes, you might think he is on drugs. You might think he is having a nervous breakdown, or is going crazy in some way, but what he is doing could be a type of seizure, too.

If your child seems confused or frightened by her seizure, comfort and reassure her.
WHAT TO DO NEXT

If you see any of these signs in a child, what do you do? First, remember that a child may do any one or more of most of these things and still not be having seizures. All children daydream sometimes. Babies move in all kinds of ways without anything being wrong. Falling is part of learning to walk—and so on. The thing to look for is repetitive actions that strike you as not quite right.

For example, a child who flops to the ground but did not seem to trip over anything may just have lost her balance. But if she does it often, check it out with a doctor. Sometimes there are things you can do to find out more about what’s going on with the child. If you see a child staring at nothing, but he knows what you said and talks to you when you talk to him, there is probably nothing wrong. But if he does it often, speak to him while he is looking blank.

Try to find out if he knows what is going on around him when they stare. If he is unaware of what is happening to him at the time that these stares are taking place, ask his teacher if this is also occurring while your child is at school. If the teacher says that your child does have similar actions while at school, consult your doctor. Look for any blinking or chewing during the blank stares and tell the doctor about that, too.

Sometimes a first seizure is a symptom of an unrelated health problem that may need immediate attention. After a first seizure of any type, parents should let the doctor know so that a full examination of the child can take place.
WHAT HAPPENS IF THE DOCTOR SAYS IT'S EPILEPSY?

If a doctor finds that a child has been having seizures because of epilepsy, he will tell you what medicine to give the child to stop the seizures from happening. It may take time to make a diagnosis of epilepsy.

If the child has had only one or two seizures, the doctor may want to wait to see if any more happen before ordering the medicine. Anyone suspected of having epilepsy should undergo an EEG and an MRI of the brain.

Today’s medicines do not cure epilepsy. But they do a good job of stopping seizures if they are taken exactly as prescribed.

Good medical care for epilepsy happens when the patient, the family, and everyone on the health care team work together as partners.
Epilepsy Foundations throughout the country have additional materials and offer a variety of programs to help people understand this common disorder.

For further information about epilepsy and the name of the Epilepsy Foundation nearest you, log on to www.epilepsyfoundation.org or call 800-332-1000.

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