

Understanding adolescent-onset epilepsy and the risks involved

childhood
disability
LINK



Summary

Juvenile myoclonic epilepsy: a form of epilepsy that occurs most commonly in adolescence and is characterized by jerking (myoclonic) movements of the arm and upper torso, without loss of consciousness.

Epilepsy is one of the most common developmental disability in adolescence. Fortunately the condition generally does not affect the quality of life of adolescents since most patients respond favorably to treatment.

Nonetheless there are a number of cases that result in suboptimal outcomes for patients including prolonged need for medication and poor seizure control. The authors of this study found a variety of reasons why some patients continued to experience seizures after treatment, or required prolonged use of medication to treat seizures.

These included:

- diagnosis of a condition referred to as juvenile myoclonic epilepsy, which requires longer treatment in order to avoid the recurrence of seizures;
- the combined incidence of various seizure types; and
- non-compliance issues (adolescents not taking their medications as indicated by their physician).

The authors also found that adolescents with epilepsy are more likely to experience difficulties with learning.

What families should know

Early diagnosis and intervention for adolescent-onset epilepsy is crucial. Adolescents that experience long-lasting or higher rates of seizures are more likely to undergo personal, social

and educational difficulties. Timely treatment from the onset can address these challenges.

What practitioners should know

Knowledge of the risk factors that are associated with poor outcomes for adolescents with epilepsy can lead to more targeted and aggressive interventions from the onset of treatment.

Adolescents and their families have a responsibility to follow treatment recommended by their physician. However, clinicians can address adolescent non-compliance issues by providing more information on the importance of seizure control using arguments that resonate with adolescents. This could include, for example, restrictions to daily activities such as driving if seizures are not adequately controlled.

Reference

[Simard-Tremblay E, Shevell M. 2009. A Profile of Adolescent-Onset Epilepsy. J Child Neurol Oct;24\(10\):1243-9.](#)