



Complex Partial Epilepsy: Tracking Symptoms

(This piece is companion information to the article, “I Wish He May, I Wish He Might...Sleep Tonight: Understanding Complex Partial Epilepsy and Autism” by Elizabeth Obrey. March-April 2010 issue of Autism Asperger’s Digest)

Epilepsy and Complex Partial Epilepsy: An Overview

Our brains have billions of nerve cells called neurons, which conduct nerve impulses by means of electricity. Seizures occur when too much electricity is in the brain and these neurons fire all at once. Seizures can be considered general (starting simultaneously from both hemispheres of the brain) or partial (starting from only one cerebral hemisphere). Partial seizures are further classified as simple (do not impair consciousness, but may affect functioning) or complex (impaired consciousness).

Seizures can be provoked or unprovoked. Provoked seizures can have a cause, such as a fever, head injury, or drug and alcohol use. Seizures become labeled epilepsy if an individual has two or more *unprovoked* seizures. The cause of an unprovoked seizure is usually not known.

Parents should suspect a complex partial seizure if they observe a child in a dreamlike state or with a blank stare and they are unable to draw the child out of this state through attention-getting means. This is not just lack of eye contact common in children with autism, but a trance-like state.

How partial seizures manifest is dependent upon the area of the brain affected. A partial seizure centered in the motor cortex may cause random muscle moments while one involved in the perception area of the brain may result in a specific sensory experience, such as seeing light, hearing music or smelling a particular scent.

During a seizure a child may come to you and seem to be interacting with you. He may be seen engaging in random, purposeless movements, such as walking around, mumbling or pulling at his clothing. Less often individuals may repeat words or phrases, laugh, cry or scream. (These movements are called “automatisms.”) Again: they are able to do this because only part of the brain is involved in the seizure. The child is not conscious of his behavior and will be unable to remember his actions. A child who wakes with unexplained sudden bouts of screaming and can’t be comforted could be having seizures. These children can become sleep deprived, which in turn can increase seizure activity. Parents should also be aware that heavy periods of sleep sometimes occur after episodes.

While these symptoms and the inability to call the child to consciousness may be disturbing for a parent to witness, the child is not in pain. Most danger or pain from seizures is due to injury associated with unconscious behaviors.

Parents who suspect seizures in their child should seek out a neurologist who specializes in autism and/or epilepsy. The most common treatment for epilepsy is an anticonvulsant medication, and frequently requires trying series of different medications and doses to find what works for an individual child. Other treatments used in conjunction with medication include a ketogenic diet, vagus nerve stimulation, and vitamin B6 with DMG (dimethylglycine) or magnesium.

Misdiagnosis of seizures and/or epilepsy may lead to ineffective treatments. If progress isn't being made with a current physician, seek out a second opinion.

Tracking Symptoms to Share with Your Doctor

Complex partial seizures typically last 30 seconds to 2 minutes. A child will usually experience the same symptoms with each spell, and a detailed and accurate history of the episode is the most helpful tool for making a diagnosis of epilepsy. Epilepsy means there is a tendency to have recurrent seizures that are not provoked by reversible causes, such as a fever, head trauma or very low blood sugar. If you suspect your child may be having a seizure, the following information can be helpful to share with your doctor.

- Did the episode occur while the child was awake or asleep?
- Where and what time of day did the spell occur?
- What was going on just before the spell started? Did it occur shortly after standing up, after an argument, in the middle of vigorous activity or during the child's normal activities?
- Did the child suddenly stop what he was doing and "check out" – stare into space unaware of himself and his surroundings, then just as suddenly regain consciousness, unaware of what just transpired? What was the child's level of alertness during the spell?
- Was there a warning behavior? Did the child verbalize he felt funny, smelled anything unusual, or that the room looked different? Did the child run and cling to you?
- Did the child experience any difficulty breathing?
- Were there rhythmic, repetitive movements, jerking or muscle spasms? Did you witness the child chewing, raising one arm, clapping, rubbing hands together, picking at the air or his clothing, grasping at objects, or walking in a circle? Was there repetitive eye blinking or eye deviation of any sort?
- Did the child experience any injuries from the event, such as falling down stairs, being hurt from nearby objects?
- How long did the episode last? (If possible, time the episode as it often feels much longer than it actually lasts.)
- Did the child have any recollection of the spell? Was the child dazed, confused, disoriented afterwards? Did he demonstrate any difficulty speaking or was his vision or other sense impaired? If so, to what degree?
- Did the child go to sleep? For how long?
- What was the physical state of the child before the spell? Was he well, sick, was she taking any medication?
- Do any family members have similar spells or diagnosed epilepsy?

- Do you have any video of the behavior or suspected seizure activity?

What to do During a Seizure

Your child is not in pain during a seizure, but he may react unpredictably to your speaking or touching him. Your goal is to keep him safe until the seizure is over.

- Check to make sure the child is breathing; if not immediately call 911
- Don't restrain the child unless he is in an unsafe situation
- Do not try to stop the seizure, or put anything into his mouth, including medications
- Don't shout commands or instructions or expect him to process what you say to him
- Remove glasses or any other harmful objects in the immediate area
- If the child is moving around, try to be a barrier between the child and anything that may harm him, such as doors, walls, furniture, sharp objects, cars, anything hot, or stairs where he could fall and hurt himself.
- If you have to touch the child, do so gently and from the side while speaking to him in a soft, soothing tone of voice
- After the seizure, use minimal language and give him time to rest and recover.

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