Absence Epilepsy

What is absence epilepsy?

Absence epilepsy accounts for approximately 1 in 20 children with epilepsy. It nearly always occurs in otherwise normal children. The most common age is between 4 and 10 years but they can start before or after this age range. Over 90% of children with absence epilepsy will stop having absence seizures by their mid-teens.

There is a family history of febrile seizures or epilepsy in approximately one-third of children. However, epilepsy genes cause absence seizures even in those without a family history. The genes that result in epilepsy are only active for a brief period of life in most children and so nearly all children stop having absence seizures.

What do absence seizures look like?

There is a brief loss of awareness or arrest in activity that is due to an electrical discharge within the brain. There may also be eyelid blinking or small hand or lip movements. There is no warning and the person quickly returns to normal after the seizure. The episode usually only lasts a few seconds but can occasionally last for 30 seconds or even more. They usually occur on multiple occasions each day.

Children often daydream or “tune out” when teachers or parents talk to them. It is common for parents or teachers to worry that the child is having absence seizures (the older name was “petit mal”). Most of these children will respond if touched during the episode. If the child is unresponsive even when touched, the possibility of absence seizures is greater and an electroencephalogram (EEG) should be performed.

How do you diagnose them?

An EEG will demonstrate “generalized spike wave discharges” in nearly all untreated children less 10 years of age with absence epilepsy. The EEG may very occasionally fail to demonstrate the epileptic discharge in untreated older children with absence epilepsy but this is very unusual.

It is important to understand that EEG abnormalities are common, even in normal people. The diagnosis of absence epilepsy requires that there are both staring spells and that the EEG shows a characteristic “generalized spike wave” pattern.

When a person has the typical clinical features of absence seizures and the characteristic EEG changes, a CT or MRI head scan is usually not necessary.

How can you treat them?

The absence seizure may involve only a mild loss of awareness and parents and teachers may have some difficulty recognizing them at first. However, although they may be very mild and brief, the child is less aware during them and may miss what the parent or teacher is saying. Consequently, these children have greater difficulties at school and at home. In addition, children with untreated absence seizures are more prone to accidents. For those reasons, treatment with an antiepileptic drug is usually recommended.

The seizures can be controlled with medication in 90% of children with absence epilepsy. Many doctors recommend treatment until the child has had no seizures for 1 – 2 years. If the EEG still shows frequent epileptic discharges after 2 years, the chance of having further seizures if the medication is withdrawn is higher even if the child has had no seizures for 2 years. In that situation, the patient and/or the family can decide whether to stay on treatment for a longer period after discussing the risks and benefits with a physician.

All children and families should follow seizure precautions (these are detailed in other BC Epilepsy Society Information Sheets).

What happens to people with absence seizures?

Children occasionally outgrow the tendency to have absence seizures after only 6 months but most have the tendency for 1 – 3 years. Over 90% of children with absence will stop having absence seizures by their mid-teens.

When a person has had absence seizures, there is a 10 – 20% risk of having a generalized tonic-clonic seizure (also called grand mal seizure) at one time. These usually occur in teenage years or twenties but can present earlier. When tonic-clonic seizures occur, they can usually be controlled with medication.

An EEG performed after treatment for absence seizures has been discontinued may help to estimate the risk of a tonic-clonic seizure occurring.

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