



## Absence Seizures (Previously called Petit-mal)

Absence seizures are a form of generalised seizure, most commonly seen in children aged between 4 and 14 years of age. Approximately 75% of these children will grow out of their absence seizures by the age of 18 years. About 10% of all seizures are absences.

### Typical Absence

Children with typical absence seizures usually have normal development and intelligence. The seizures start and end suddenly. They consist of short intervals of loss of consciousness, during which the child just stares. There may be a change in muscle activity, such as eye blinking, rolling upwards of the eyes, automatic hand movements, or a contraction or loss of tone in the hand. Typical absence seizures are usually brief, lasting less than 10 seconds, but can occasionally last up to 20 seconds. Absence seizures can occur very frequently, sometimes hundreds of times a day, and are often overlooked, or labeled as daydreaming. The child misses out on everything that happens during these short seizures, and this can lead to problems with learning. Some children may also have convulsions.

An EEG is helpful in diagnosing this type of seizure.

Typical absence seizures are usually triggered by hyperventilating (rapid breathing) and controlled with anticonvulsant medication.

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There is sometimes a genetic tendency to typical absence seizures.

### Atypical Absence

Atypical absence seizures also occur in children and usually begin before the age of 6 years. Unlike typical absences, atypical absence seizures often begin and end gradually, often last more than 10 seconds, and are not provoked by hyperventilation. The child just stares.

Eye blinking or slight movements of the lips may occur. These seizures are more likely to occur in children with intellectual problems, and are often accompanied by an abnormal EEG, which shows slow spike and wave discharges. Ethosuximide, or Sodium Valproate are usually used to treat both types of absence seizures.

### First Aid

- Recognise that a seizure has occurred.
- Repeat any information that may have been missed.

Reference:

N. Buchanan (1994) Understanding Epilepsy, Simon & Schuster, Sydney

O.Devinsky (1994) A Guide to Understanding and Living with Epilepsy, Davies, Philadelphia

**Although every effort has been made to ensure up to date and accurate information is provided, Epilepsy Queensland cannot accept any liability in relation to the information provided. It is strongly recommended that you discuss any information with your doctor or other relevant organisation.**