

# Prognosis in Seizures and Epilepsy

Epilepsy is having two or more seizures that are not associated with a known cause like fever (as in Febrile Seizures), medication reaction or withdrawal (such as in alcohol withdrawal) or other non-epilepsy situations (excessive sleep deprivation, passing-out, etc.). The distinction between seizures and epilepsy depends on each individual's situation and is what Dr. Siegler helps you to understand.

If your child has had **one seizure** then his/her chance of having another seizure depends on his/her medical history, examination findings, EEG findings and Brain Imaging (CT or MRI) findings. If everything is normal, something that occurs in majority of children with seizures, then the risk of seizure recurrence is low: The longer he/she goes without a second seizure, the better chance of not having a second seizure. Therefore, most child neurologists prefer not starting seizure prevention medications (Anti-Epileptic Drugs = AED). Under certain circumstances, starting an AED is appropriate, such as a very long first seizure or complications of the first seizure (needing to be placed on a breathing machine).

If your child has had **two or more seizures** then his/her chance of having another seizure is increased: In general, the more seizures a child experiences, the greater chance of seizures recurring and therefore starting an AED is appropriate and typically recommended.

There are certain **seizure disorders and epilepsy syndromes** which treatment and prognosis are fairly well understood. Such diagnoses are made by Dr Siegler, again, using seizure characteristics, medical history, examination findings, EEG findings and if needed, Brain Imaging (CT or MRI) findings (in some situations brain scans are not necessary).

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