

Children and adolescents with new-onset epilepsy

[Family](#), [Children](#)



Children and adolescents with new-onset epilepsy Journal Article Epilepsy is one of the most common neurologic disorders in childhood, with a widespread rate of approximately 3-4 per 1, 000. In the paper they explore parent's perceptions of their child's quality of life and the impact of the diagnosis on their family. It's talking about how the parent's and children's lives get accustomed to everyday normal functioning activities. Whenever there is any emotional well-being, self-esteem, and physical changes with their condition due to the epilepsy. Data was collected as part of the Stand and New Antiepileptic drugs (SANAD) trial.

SANAD compared clinical trial and cost-effectiveness of standard and new AEDs. SANAD recruited 2, 437 patients (1, 983 age older than 16 years; 454 children age between 5 and 16 years), with history of two or more definite unprovoked seizures in the previous year. Talks about the primary outcomes were time to treatment failure, and time to 12-month remission. Children from 8-15 years were asked to answer self-complete questionnaires annually and thereafter for 4 years for SANAD. The parents gave written consent to long-term follow-up. Parents were asked to complete questionnaires to assess their child's quality of life.

It talks about parents being affected by their child's seizures at home or at family outings. How it can take a toll on everyday things they do. I agree that children with epilepsy (CWE) are more likely to have learning disabilities and to experience academic underachievement. Well I agree because it's already hard for children to fit in at school and to try to focus is even harder. I agree with the finding that adolescence is a critical period for identity formation

and peer group identification. Being an outcast from their peers is an important concern for adolescents.

I agree because the adolescents can experience self-conscious, ashamed of their epilepsy, and secretive behavior. I agree with the finding that single parents have less support from other networks, may cause them to be more concerned about their child's well-being. I agree because their only support is usually themselves, thereafter, it's not easy raising and caring for a sick child. I agree with the argument that it is a seizure event, not a diagnosis of epilepsy that impacts on daily functioning. Because an epileptic attack is more traumatizing and over whelming for a child, then being told you have epilepsy.

Which some adolescents don't know what this means for them. Those who scored > 13 are considered to be psychiatric morbidity. Children with new-onset epilepsy had significantly poorer for physical, emotional and friend's domains. A recent study found children in the United Kingdom reported low levels of child well-being, despite relatively high levels of wealth, compared to children from other European countries. What I found interesting was that CWE should be assessed for psychosocial problems in the beginning so intervention can be done in time for no further damage with the child.

Interventions aim to increase self-esteem. I believe these studies are great resources for the families of the epileptic children. It gives them more insight in their everyday functions in life. Without these kind of studies parents might be clueless to what could be happening to their child in school or even at home. It hard for the families of these adolescents to undergo these kinds of trials, but with all the information and support groups out there it can be <https://assignbuster.com/children-and-adolescents-with-new-onset-epilepsy/>

very helpful for everyone. In conclusion I believe with more moral support and patience, much can be done for children with these special conditions.