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## Practice Tool for Cognitive and Behavioral Effects of Epilepsy: Children and Adolescents with Epilepsy

This Practice Tool reviews points that are meant for discussion and are not required. In discussions with patients and families, the clinician should emphasize the balance of all risks and the goal controlling seizures.

**Cognitive (neuropsychological) well-being:** Children with epilepsy are at an increased risk for cognitive and behavioral impairment. Consider referral for neuropsychological evaluation for children/adolescents with epilepsy who are experiencing difficulty at home or in school. In particular, children are at risk of neuropsychological deficits who present with two or more of the following:

- epileptiform activity on EEG;
- regression in academic abilities or motor function
- abnormality on MRI (or symptomatic epilepsy syndrome\*\*);
- absence seizures;
- use of antiepileptic medications;
- undercontrolled (pharmacoresistant) seizures;
- Cognition generally improved for individuals who are seizure free.

**Anti-epileptic drugs:** Discuss / review potential impact of anti-epileptic drugs (AEDs) on child's cognitive functioning and behavior. Cognitive and behavioral functions generally improve for individuals who are seizure free.

**Academic Success:** Verify with parent that school has assessed child for attention deficits, intellectual delays, and learning disability to determine if an individualized educational plan is warranted. Assess for regression in academic abilities.

**Behavioral/psychological/psychiatric problems:** Screen for symptoms of depression and anxiety and other behavioral problems and treat or refer accordingly.

**Attention:** Screen for attention problems/ Attention Deficit Hyperactivity Disorder (ADHD) and treat or refer accordingly

**Sleep:** Assess sleep behaviors/environment and provide children, adolescents and parents with lifestyle changes to improve sleep for optimizing seizure control and cognitive and behavioral functioning. Consider evaluation of seizure patterns to assess if having negative impact on sleep. If sleep problems persist after implementing lifestyle changes, consider formal sleep consultation.

**Quality of Life/Psychosocial adjustment:** Ask patient how epilepsy affects them the most in everyday activities and explore resources to address those concerns/needs.

**Note:** Neuropsychological evaluation is not a substitute for Psychiatric evaluation. Both are likely to benefit patient and family.

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Approved Practice Committee, 2012