

NATIONAL CLINICAL GUIDELINE FOR THE ASSESSMENT AND TREATMENT OF EPILEPSY IN CHILDREN AND ADOLESCENTS

Quick guide

Assessment of epilepsy in children and adolescents:

√	It is good practice not to perform MRI of the brain in children and adolescents aged 2 to 18 years who are diagnosed with classical Rolandic epilepsy, juvenile myoclonic epilepsy, childhood absence epilepsy or juvenile absence epilepsy based on clinical assessment and EEG.
√	It is good practice to perform long-term video-EEG monitoring in children and adolescents under the age of 18 in case of undiagnosed seizures – both in case of doubt about the classification of epileptic seizures and syndromes and when non-epileptic seizures are suspected.

Treatment of epilepsy in children and adolescents:

√	It is good practice to consider discontinuation of antiepileptic treatment following two seizure-free years in children and adolescents under the age of 18 with structural epilepsy. The decision should be made in close consultation with the patient and the family.
↑	Consider treating children and adolescents under the age of 18 with epileptic seizures lasting longer than 3-5 minutes with buccal midazolam rather than rectal diazepam due to the lower risk of seizure relapse associated with the use of buccal midazolam. The decision should be made under consideration of practicalities as well as social factors for older children and adolescents (⊕⊕○○).
↑	Consider using intravenous valproate rather than intravenous phosphenytoin for children and adolescents under the age of 18 with benzodiazepine-refractory convulsive status epilepticus. The studies do not demonstrate any difference in the seizure-stopping effect or adverse effects of intravenous valproate versus intravenous phosphenytoin for children and adolescents under the age of 18 with benzodiazepine-refractory status epilepticus (⊕○○○). However, a review of reported adverse effects has shown that there is a risk of dosage errors associated with the use of intravenous phosphenytoin.
√	In case of contraindications to valproate and difficulties associated with the use of intravenous phosphenytoin, it is good practice to consider using intravenous levetiracetam for the treatment of benzodiazepine-refractory status epilepticus.

Assessment and treatment of medically intractable epilepsy in children and adolescents:

↑	Consider assessing children and adolescents under the age of 18 with medically intractable epilepsy for the possibility of performing epilepsy surgery (⊕○○○).
↑	Consider treating children and adolescents under the age of 18 with medically intractable epilepsy with ketogenic diet (⊕○○○).
↑	Consider assessing children and adolescents under the age of 18 with medically intractable epilepsy for the possibility of treating with vagus nerve stimulation (⊕○○○).

About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the assessment and treatment of epilepsy in children and adolescents.

The guideline was prepared by the Danish Health Authority (DHA).

The national clinical guideline focuses on the assessment and treatment of epilepsy in children and adolescents under the age of 18.

The guideline contains recommendations for selected parts of the assessment and treatment course only. Therefore, the guideline must be seen alongside the other guidelines, process descriptions etc. within this field.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the symbols mentioned below which indicate the strength of the underlying evidence – from high to very low:

- (⊕⊕⊕⊕) = high
- (⊕⊕⊕○) = moderate
- (⊕⊕○○) = low
- (⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
