

Delay to diagnosis of nonmotor seizures takes longer in youth

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Although many individuals with focal epilepsy experience delays to

diagnosis, children and teens with this disorder face even longer delays than adults, according to a study presented at the annual meeting of the American Epilepsy Society, held from Dec. 3 to 7 in Chicago.

Monica Ferrer Socorro, M.D., from the NYU Grossman School of Medicine in New York City, and colleagues investigated whether delays to diagnosis differed between [childhood-](#) and adult-onset focal [epilepsy](#). The analysis included data from 444 participants (121 pediatric cases and 323 adult cases) in the international Human Epilepsy Project (2012 to 2017).

The researchers found that the median time to diagnosis from first [seizure](#) was longer in the childhood-onset group versus the adult-onset group (340 versus 207 days). In both groups, nonmotor seizures were associated with a longer delay to diagnosis (1,014 days for children versus 519 days for adults). Within the childhood cohort, those with younger age at onset of nonmotor seizures (younger than 12 years) had longer delays to diagnosis than those ages 12 to 24 years, who, in turn, had longer delays to diagnosis than those older than 24 years. The childhood-onset group experienced more seizures prior to diagnosis than the adult-onset group. Among participants with childhood-onset nonmotor seizures, the injury rate was higher for those who later developed motor symptoms (54.9 percent) than for those who never had motor symptoms (4.3 percent). Patients who converted from nonmotor-type to motor-type seizures experienced the greatest delays in diagnosis compared with the groups with nonmotor-type-only or motor-type-only seizures.

"These [motor symptoms](#) and injuries can be prevented with recognition of nonmotor seizures leading to earlier [diagnosis](#) and treatment," a coauthor said in a statement.

More information: More information may be found [here](#).

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