Childhood Absence Epilepsy: A summary for Parents/Families/Guardians

What is Childhood Absence Epilepsy (CAE)?

CAE is a type of epilepsy that usually begins between 4–10 years of age. It causes brief episodes where a child appears to "*zone out*" or stare blankly for a few seconds called absence seizures. They can occur many times a day and may disrupt learning and activities. These episodes are not harmful but the frequency can affect concentration and learning.

What Causes CAE?

CAE is caused by abnormal electrical activity in the brain. The exact cause of this activity is not fully understood. It is not caused by infections, injuries, or environmental factors. In most cases, there is no clear reason why it develops. Genetics can play a role, CAE is usually not directly inherited from parents.

What does a seizure look like in CAE?

During a typical absence seizure, a child may:

- Suddenly lose awareness
- Stop talking or pause activity, staring blankly into space
- Not responding when spoken to or gently touched
- Make repetitive movements (automatisms) with fingers, hands, mouth, or eyes.
- Have little jerks, eye blinking/up-rolling eyes

Absence seizures are usually

- Frequent, multiple times per day
- Short, usually lasting 5-15 seconds
- Present across different settings (at school, home or activities)
- End abruptly, with the child returning to normal immediately. Occasionally, they might seem slightly confused for a few seconds
- Sometimes are mistaken for daydreaming.

Diagnosis

Diagnosis is based on the clinical history of the seizures and supported by the typical EEG findings.

The EEG, which records brain activity, will be carried out while awake. Your child may need to perform hyperventilating (fast and deep breathing) to trigger a seizure during the EEG recording.

Usually, there is no need for an MRI scan of the brain. Genetic testing may be arranged in younger children or cases that are difficult to control.

Treatment Options

Your child's neurology team will discuss the best anti-seizure medication and monitor for side effects.

- Ethosuximide (Zarontin®) – usually the first choice in CAE
- Sodium Valproate (Epilim®)
- Lamotrigine (Lamictal®)

Prognosis: What to Expect

- 60–80% of children outgrow CAE by teenage years and do not need medication in adulthood.
- Most children with well-managed CAE lead normal, healthy lives.
- Most develop normally with no long-term effects or difficulty in school. A small number may have mild learning difficulties affecting reading/language, coordination, attention, or behaviour.
- A small number may go on to develop another type of genetic generalised epilepsy, such as juvenile absence epilepsy or juvenile myoclonic epilepsy.

How Can Parents Help?

- Ensure medication is taken as prescribed.
- Avoid known triggers like lack of sleep and stress.
- Inform school staff about the diagnosis so they can recognise episodes and support learning.
- Attend all follow-up appointments or phone reviews.

When to contact the neurology team:

- Absence seizures continue despite treatment.
- Side effects occur.
- New or different types of seizures develop.

Resources

Epilepsy Ireland – www.epilepsy.ie

https://www.epilepsy.org.uk/info/syndromes/childhood-absence-epilepsy-cae

https://www.epilepsy.com/what-is-epilepsy/syndromes/childhood-absence-epilepsy

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