

# Down's Syndrome and Epilepsy

Prevalence of seizures in people with Down's syndrome is higher than the general population.

There are two peaks of incidence - during the first two years of life and between 20 and 30 years. However, some people develop them later in life.

As people with Down's syndrome become older their chances of getting epilepsy increases. About 46% of people (nearly one in two) with Down's syndrome who are older than the age of 50 have a diagnosis of epilepsy.

Individuals with Down's syndrome who develop Alzheimer's dementia have epilepsy much more often than individuals who don't have Alzheimer's dementia.

Seizures are generally very obvious, however, sometimes it can be difficult to know if someone is having a seizure.

---

## Different types of seizures

There are many different types of seizures, but most common ones are:

- Generalized tonic clonic seizures (grandmal seizures) - Initially the person may cry out followed by rhythmic generalised jerking of the whole body, tongue biting, incontinence and loss of consciousness. The length of such episodes can vary. After the episode, the person may appear tired, lethargic and confused.
- Myoclonic seizures - brief jerky movements of the limbs, usually the arms.
- Absence seizures - sudden absence during which the person loses contact with their surroundings. There may be some twitching of the eyelids.

---

## Diagnosis

Diagnosis is mainly based on the description of an episode by a witness. EEGs (brain wave study) can be helpful too. However a normal EEG does not necessarily mean that the person does not have epilepsy so a detailed description of the seizure is important to diagnose it. Getting a video recording can be helpful if it is difficult to describe.

---

## Treatment

Treatment of epilepsy involves the use of anti-convulsant medications. There are many different anti-convulsants. Commonly used ones are sodium valproate, carbamazepine and lamotrigine.

If you are concerned that someone with Down's syndrome is having seizures, speak to your GP, Neurologist, Psychiatrist or Community Nurse.

## For a better life