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Neurological Disease in Children

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Editorial

A neurological chronic condition that has a negative impact on children's and their families' physical, psychological, and social functioning. The major goal of this study was to determine the quality of life (QoL) of children with epilepsy and the influence of the disease on the family's functioning. A total of 103 legal guardians of children with epilepsy participated in a cross-sectional survey. The authors' own questionnaire was used to collect sociodemographic and medical data, and PedsQL 4.0 was used to measure QoL with appropriate forms for specific age groups. The impact of a child's condition on the functioning of the family was measured with PedsQL 2.0 Family Impact Module, and the authors' own questionnaire was used to collect sociodemographic and medical data. Subjects reported fewer family activities on a daily basis. In all domains, comorbidities had a substantial impact (p 0.05) on QoL. The overall QoL was 46.42 out of 100 (SD 20.95), with the highest mean scores reported for social functioning (total score: 49.4, SD=27.3) and physical functioning (total score: 49.4, SD=28.4), and the lowest mean score reported for work/school functioning (total score: 42.3, SD=27.8). Conclusions: Epilepsy in children has a significant detrimental influence on children's quality of life and family functioning.

Epilepsy affects roughly 70 million people of all ages globally, according to the World Health Organization [1]. Epilepsy affects approximately 7.60 per 1000 persons during their lifetime. The highest rate of epilepsy, 102 per 100,000 instances per year, is seen in the first year of life, which corresponds to the age range of 1 to 12 years. Epilepsy affects 21–24 per 100,000 youngsters aged 11–17 years old [2,3]. The most frequent neurological brain condition in children is epilepsy. Epilepsy diagnosis might be difficult because there are so many epilepsy imitators to consider.

Electroencephalography and neuroimaging appear to be crucial in diagnosing the cause of the disease. Furthermore, genetic testing is frequently beneficial, particularly in the case of early-life epilepsies [4]. While acquired injuries (injury during labour, brain damage, or tumour) account for one-third of epilepsy cases, the remainder instances are thought to be caused by genetic factors, including monogenic and polygenic inheritance [5]. Monogenic epileptic diseases appear earlier in life and span a wide clinical spectrum, ranging from mild, self-limited epilepsy (epilepsy caused by inborn metabolic abnormalities) to severe early-onset encephalopathy and epilepsies connected to other neurodevelopmental difficulties.

Early detection is critical for minimising the chance of recurrence, assuring a better prognosis, and improving therapy to ensure the kid and their parents or legal guardians have the greatest possible quality of life. Furthermore, diagnosing epilepsy in a child as early as infancy has a significant impact on the child's psychological and physical development. It has the potential to alleviate some limits in the lives of the child's parents or legal guardians, as well as to improve the child's overall well-being and quality of life. Specific constraints associated with a handicap or impairment have been discovered to be a key factor influencing mobility, career choice, and family planning decisions. Restrictions and constraints have been demonstrated in studies to be a risk factor for depression among moms of children with epilepsy.

Conflict of Interest

None.

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