

Epilepsy in Children with ADHD

Kun-Long Hung*

*School of Medicine, Fu-Jen Catholic University, New Taipei, Taiwan**Corresponding author: Kun-Long Hung, Department of Pediatrics, Cathay General Hospital, Taipei, Taiwan, Tel: 886-2-27082121; Fax: 886-2-27082423; E-mail: klhung@cgh.org.tw

Received date: Nov 07, 2016; Accepted date: Nov 08, 2016; Published date: Nov 12, 2016

Copyright: © 2016 Hung KL. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Kun-Long Hung (2016) Epilepsy in Children with ADHD. *Epilepsy J* 2: 1000e114. doi:10.4172/2472-0895.1000e114

Abstract

Epilepsy is increasingly recognized as an important association with Attention Deficit/Hyperactivity Disorder (ADHD) in children. Previous studies reported the seizure occurrence in children with ADHD as 2~7%. Epilepsy in children with ADHD appears to be earlier in age onset and more difficult in seizure control than those without. The genetic and clinical information might refer to a common neurobiological basis for epilepsy and ADHD.

Keywords: Attention deficit/hyperactivity disorder; Epilepsy; Comorbidity; Children

Introduction

Epilepsy and Attention Deficit/Hyperactivity Disorder (ADHD) are common pediatric neurological disorders. The incidence of epilepsy is up to 1% of childhood, while ADHD affects the children around 7.5~16% [1,2]. Several epidemiological studies have showed more inattention, hyperactivity and impulsivity in children with epilepsy compared to healthy controls, reported as 2.5~5.5-fold increased risk [3,4].

Contrarily, seizure occurrence in children with ADHD has been less mentioned. Several small, uncontrolled studies reported the seizure occurrence in children with ADHD as 2~7% [5,6,7]. A population-based cohort study [8] in Rochester, Minnesota showed that ADHD cases were 2.7 times more likely to have epilepsy than controls (95% CI, 0.94-7.76; $p=0.066$). Their seizures were earlier in age of onset (5.5 vs. 15 years) and more frequent in occurrence (63% vs. 17%). Children with ADHD appeared to be reluctant to diagnose and initiate treatment for ADHD. Epilepsy in children with ADHD appears to be more severe and more difficult to control than those without. More neurological and EEG abnormalities have been reported in children with ADHD [9].

What comes first: ADHD or epilepsy? The relationship is probably bidirectional. Several studies have showed that ADHD symptoms sometimes started before the first seizures. However, in fact, many epileptic syndromes occur in early life of children before the onset of ADHD. It is likely that there is a common neurobiological basis for seizure activities and ADHD behaviors involving both genetic and environmental factors [8]. Another possibility is that one disorder or treatment causes the other. Status epilepticus, frequent seizures or frequent interictal epileptiform discharges are associated with cognitive or behavior impairment [10].

Some concerns may arise whether the pharmacological treatment of ADHD such as CNS stimulants will aggravate seizure activities in children with epilepsy. A recent multi-center prospective observational study [11] demonstrated that ADHD symptoms were not associated with underlying epilepsy syndrome, severity of epilepsy and/or use of anti-epileptic drugs. While methylphenidate resulted in clinically significant decrease of ADHD symptoms in 75% patients, it was not associated with increased risk of seizure relapse. Nevertheless, further randomized, double-blind controlled studies to clarify the specific association of ADHD and epilepsy as well as the efficacy and safety of treatment are mandatory.

References

1. Sander JW (2003) The epidemiology of epilepsy revisited. *Curr Opin Neurol* 16: 165-170.
2. Barbaresi WJ, Katusic SK, Colligan RC, Pankratz VS, Weaver AL, et al (2002) How common is attention-deficit/hyperactivity disorder? Incidence in a population-based birth cohort in Rochester, Minn. *Arch Pediatr Adolesc Med* 156: 217-224.
3. Dunn DW, Austin JK, Harezlak J, Ambrosius WT (2003) ADHD and epilepsy in childhood. *Dev Med Child Neurol* 45: 50-54.
4. Hesdorffer DC, Ludvigsson P, Olafsson E, Gudmundsson G, Kjartansson O (2004) ADHD as a risk factor for incident unprovoked seizures and epilepsy in children. *Arch Gen Psychiatry* 61: 731-736.
5. Williams J, Schulz EG, Griebel ML (2001) Seizure occurrence in children diagnosed with ADHD. *Clin Pediatr (Phila)* 40: 221-224.
6. Ishii T, Takahashi O, Kawamura Y, Ohta T (2003) Comorbidity in attention deficit-hyperactivity disorder. *Psychiatry Clin Neurosci* 57: 457-463.
7. Katusic SK, Barbaresi WJ, Colligan RC, Weaver AL, Leibson CL, et al (2005) Case definition in epidemiologic studies of AD/HD. *Ann Epidemiol* 15: 430-437.
8. Davis SM, Katusic SK, Barbaresi WJ, Killian J, Weaver AL, et al (2010) Epilepsy in children with ADHD: a population-based study. *Pediatr Neurol* 42: 325-330.
9. Nass RD (2005) Evaluation and assessment issues in the diagnosis of attention deficit hyperactivity disorder. *Semin Pediatr Neurol* 12: 200-216.
10. Aldenkamp A, Arends J (2004) The relative influence of epileptic EEG discharges, short nonconvulsive seizures, and type of epilepsy on cognitive function. *Epilepsia* 45: 54-63.
11. Rheims S, Herbillion V, Villeneuve N, Auvin S, Napuri S, et al (2016) ADHD in childhood-epilepsy: clinical determinants of severity and of the response to methylphenidate. *Epilepsia* 57: 1069-1077.