Juvenile Myoclonic Epilepsy

What is juvenile myoclonic epilepsy?
Juvenile myoclonic epilepsy is a form of epilepsy that starts in childhood or the teens. It is one of the most common epilepsy syndromes. One of every 14 people with epilepsy has juvenile myoclonic epilepsy. People with juvenile myoclonic epilepsy have muscle twitching or jerking. They may also have other types of seizures. These include convulsive seizures or absence (staring) seizures.

What are the symptoms of juvenile myoclonic epilepsy?
Juvenile myoclonic epilepsy usually starts around puberty, in late childhood or adolescence. Three different types of seizures can occur in juvenile myoclonic epilepsy.

- Absence (staring) seizures are usually the first seizure type to happen in juvenile myoclonic epilepsy. They begin as early as 5 years of age. With absence seizures, the child does not respond to having their name called or being touched on the shoulder. The child stares into space for short periods of time. There is no twitching or convulsions with absence seizures. These can go unnoticed. They may be treated as if they are daydreaming or not paying attention. This type of seizure happens in about 1/3 of children with juvenile myoclonic epilepsy.

- Myoclonic seizures are sudden, quick, small jerks of the arms, shoulder, or the legs. The myoclonic seizures happen most often in the early morning just after waking up or after a nap. There is no loss of consciousness during myoclonic seizures. These jerks are the most obvious seizure type. They look “shock-like” (sometimes only felt inside and not seen). Sometimes, they only happen in the fingers which makes the person to look clumsy or prone to dropping things. Often, myoclonic seizures (jerks) are not recognized as seizures. They go untreated until a convulsive seizure happens.

- Generalized tonic clonic (convulsive) seizures can happen a few months after the myoclonic seizures start.

What causes juvenile myoclonic epilepsy?
The cause of juvenile myoclonic epilepsy is not known. There are some factors that increase the likelihood of having juvenile myoclonic epilepsy.

- About 1 in 8 children with childhood absence epilepsy will later develop juvenile myoclonic epilepsy.
- People with a family member with epilepsy are more likely to develop juvenile myoclonic epilepsy.
- In some families, several genes are known to cause a higher risk for having juvenile myoclonic epilepsy.
Are there any triggers for seizures?
Seizures are more likely to happen if the person:
- Has been deprived of sleep.
- Has been drinking alcohol.
- Forgets to take seizure medicine or skips doses.
- Sees flickering lights, like sunlight flickering between trees, or strobe lights.
- Is under mental or emotional stress.

How is juvenile myoclonic epilepsy treated?
Most people with juvenile myoclonic epilepsy are well controlled with seizure medicine. Your doctor will prescribe the medicine for you. It is very important that you get enough rest and sleep. Avoid drinking alcohol. It is important that you have healthy ways to deal with emotional stress.

What is the prognosis for juvenile myoclonic epilepsy?
Seizures are most often well controlled with seizure medicine in most people with juvenile myoclonic epilepsy. For some people, medicines are needed lifelong. For a small number of people with juvenile myoclonic epilepsy, medicine could possibly be lowered and stopped. This occurs after the person goes several years without any seizures. You should discuss this with your doctor. If medicine is stopped and myoclonic jerks return, medicine must be restarted.

Where can I get more information?
Epilepsy Foundation
8301 Professional Place
Landover MD 20785
www.epilepsyfoundation.org