

Juvenile Myoclonic Epilepsy

Juvenile myoclonic epilepsy is a form of epilepsy. It often starts around puberty or in late childhood. One in every 14 people with epilepsy has this type. Three types of seizures can occur in juvenile myoclonic epilepsy.

- Absence (staring) seizures
- Myoclonic seizures
- Generalized tonic conic (convulsive) seizures

Absence (Staring) Seizures

This is often the first seizure type to happen and can begin as early as age 5. With these, the child does not respond to having their name called or being touched. The child stares into space for short amounts of time. There is no twitching or jerking and you may not notice them. You may think the child is daydreaming or not paying attention. About 1 out of every 3 children with juvenile myoclonic epilepsy have this type of seizure.

Myoclonic Seizures

These seizures are sudden, quick, small jerks of the arms, shoulder, or the legs. These happen most often in the early morning after waking up or after a nap. You do not blackout during these. They look “shock-like” (sometimes only felt inside and not seen). Sometimes they only happen in the fingers. It can make you look clumsy or prone to dropping things. Often these jerks are not seen as seizures. They go untreated until a convulsive seizure happens.

Generalized Tonic Conic (Convulsive) Seizures

These can happen a few months after the myoclonic seizures start.

Causes

The cause of juvenile myoclonic epilepsy is not known. There are some factors that increase the chances of having it.

- About 1 in 8 children with childhood absence epilepsy will later have juvenile myoclonic epilepsy.
- People with a family member with epilepsy are more likely to get it.
- Certain genes may cause a higher risk.

Seizure Triggers

- Lack of sleep
- Alcohol
- Skipping doses of seizure medicine
- Flickering lights such as sunlight flickering between trees, or strobe lights
- Mental or emotional stress

Treatment

Most seizures are well controlled with medicine. Some people will take medicine for the rest of their lives while others may be able to lower or stop it if they haven’t had a seizure for years. You should discuss this with your doctor. If you stop medicine and myoclonic jerks return, you must restart medicine. Make sure you get enough rest and sleep. Avoid drinking alcohol. Have healthy ways to deal with stress.

To Find Out More

Epilepsy Foundation
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Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©9/2020. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Clinical Nutrition Services Department and the Department of Nursing. HF#7292