parents regarding risks of mortality in epilepsy.

Dr Neil Gordon, Wilmslow, Cheshire, UK, reviews SUDEP in the May issue of Dev Med Child Neurol 2001;43:354-357. In SUDEP, by definition, death is not the immediate result of a seizure or status epilepticus. In one report (Nilsson et al. Lancet 1999;353:888-893), 91% of 57 with SUDEP had undergone autopsies; risk of SUDEP was not increased in patients with symptomatic as opposed to idiopathic epilepsy. Risk factors included early-onset epilepsy, poor seizure control, polytherapy with AEDs, and frequent dose adjustments or abrupt AED withdrawal. Causes of SUDEP are usually multiple. Difficulties in establishing cause using data from death certificates is stressed by Appleton RE. (Seizure 1997;6:175-177) who reported findings in 60 children with SUDEP.

In a study reviewed in Ped Neur Briefs (March 2001;15:24), the mortality rate of children in antiepileptic drug trials was 4.1 per 1000 person years, and the SUDEP rate was 2.4/1000 person years. Only age was associated with the risk of SUDEP, and disease severity is the probable determining factor. Length of epilepsy history, gender, and number of concomitant drugs do not influence the SUDEP rate (Racoosin JA et al. Neurology 2001;56:514-519). Also, see Walczak TS et al. Neurology 2001;56:519-525, for further recent SUDEP study.

DURATION OF NEW-ONSET SEIZURES

Seizure duration was determined in a prospective study of 407 children with a first unprovoked seizure treated at the Epilepsy Management Center, Montefiore Medical Center, Bronx, NY. Analysis of medical and ambulance records and structured interview showed that 50% of seizures were >5 minutes duration, >10 min in 29% of cases, >20 min in 16%, and >30 min in 12%. Children were not taking antiepileptic drugs at the time of the seizure, and except in some with status epilepticus, the seizure stopped spontaneously. Two groups of patients were defined, one with a mean of 3.6 minutes, short duration seizures (76% of cases) and the other with a mean duration of 31 minutes (24%) and a predisposition to prolonged seizures. Seizures were less likely to stop spontaneously if they lasted longer than 5-10 minutes. In patients with 2 or more seizures (182), the duration of first and second seizures were highly correlated (P<.0001). Intervention AED therapy is indicated once a seizure lasts for >5-10 minutes. The definition of status epilepticus as a seizure lasting for 30 minutes or longer appears to be supported. (Shinnar S, Berg AT, Moshe SL, Shinnar R. How long do new-onset seizures in children last? Ann Neurol May 2001;49:659-664). (Respond: Dr Shinnar, Epilepsy Management Center, Montefiore Medical Center, 111 E 210th Street, Bronx, NY 10467).

COMMENT. Seizures lasting >30 minutes are not infrequent in children with a first unprovoked untreated seizure. Spontaneous remission is unlikely when a seizure is allowed to continue for more than 5-10 minutes. The authors recommend treatment after a seizure has lasted for 5-10 minutes. In fact, since treatment is less effective the longer a seizure lasts, why wait to treat?

The prevalence of long duration seizures among patients monitored with refractory partial epilepsy is lower than in those with first unprovoked attacks. Most secondarily generalized tonic-clonic seizures last for <2 min and those >5 min are infrequent. These observations have suggested a need for possible revision of the definition of status epilepticus to a seizure lasting =/>5 minutes (Lowenstein DH et al. Epilepsia 1999;40:120-122). Shinnar and colleagues favor the current definition (a seizure lasting =/> 30 min), except perhaps for refractory localization-related epilepsies.