

INTRODUCTION

Epilepsy is a multifaceted chronic disorder which has diverse and complex effects on the overall wellbeing or subjective quality of life (QOL) of the children (*Jude et al. 2009*).

Epilepsy is the most common neurological disease worldwide and is second to stroke in causing neurological morbidity in developed countries. Approximately 45 to 100 million people worldwide are estimated to have active epilepsy (*Fenichel, 2005*).

Epilepsy is characterized by its episodic and chronic nature. The seizures usually produce brief periods of disruption, which include phenomena such as loss of consciousness, bodily distortion, injuries, unusual and often frightening psychological experiences as well as urinary and bowel incontinence (*Ronen et al., 2005*).

Bauder et al. (2007) stated that, seizures constitute the commonest neurological problem in children with significant epilepsy having its onset in childhood. *Johnston (2008)* added that, clinical classification of seizures may be difficult because the manifestation of different seizures may be similar. An electroencephalogram is a useful adjuvant to the classification of epilepsy because of the variability of seizure expressivity in this group

Quality of life is a general term applied to the totality of physical, psychological and social functions. It reflects a general sense of happiness and satisfaction with our lives and environment. Generally, quality of life encompasses all aspects of life, including health,

recreation, cultural rights, values, beliefs, aspirations and conditions that support a life containing these elements (*U.S. Department of Health & Human Services, 2005*).

According to *Epilepsy Ontario (2006)*, families are having difficulties coping with epilepsy, interventions are essential to improve the outcome for the entire family. Education helps to eliminate the stigmas associated with epilepsy and may help to improve family functioning. Information is an important component to help parents, the child and siblings come to terms with the diagnosis of epilepsy.

Persons with childhood onset epilepsy are at a high risk for poor psychosocial outcomes, even without experiencing co-morbidities. The goal of management of children with epilepsy should be to enable the child and the family to lead a life as free as possible from the medical and psychosocial complications of epilepsy (*Berto, 2009*).

The nurse can play a vital role to improve quality of life of children suffering from epilepsy through counseling the children and their family to resolve any previously unidentified problems. These nursing efforts can assist with child compliance for therapy and result in better long term management of epilepsy with better seizures control and reduced adverse effects of medications that affect quality of life of children suffering from epilepsy (*Christy and Jon, 2006*).

Epilepsy become problematic a common neurological disorder in childhood. Seizures and epilepsy affect infants and children more than any other age group. Epilepsy is about twice as common in children as in adults (about 700 per 100,000 in children under the age of 16 years compared to 330 per 100,000 in adults). The incidence of status epilepticus in developed countries is between 17 and 23/100,000 with a higher incidence in younger children (*Neville, 2010*).