

Commission on Pediatrics

Jo Wilmsburt, Chair

The Pediatric Commission aims to develop tools to guide care for children with epilepsy. These tools should be relevant across all settings, from resource-equipped to resource-limited settings.

These tools should consist of collected treatment guidelines that are viable in the many settings of the world, methods of circulating the recommendations widely, and identifying the appropriate epilepsy teams that can educate and activate all levels of healthcare workers, from rural settings to major medical centers. Finally, there should be support of lobbying governments for the implementation of essential aspects of the guidelines.

Under the leadership of Chair Hans Hartmann (Germany), the Subcommittee on Neonatal and Infantile Seizures is urging the adoption of existing neonatal and infantile seizures to ensure that they are viable for use at local levels. The Pediatric Epilepsy Training programs (PET) (established by the British Pediatric Neurology Association (BPNA)) may be adapted for broader use. The courses are directed to all medical professionals working at first and secondary levels of care and who have reached an international level. Commission members will take



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part in train-the-trainer courses in order to build up an international faculty before launching the courses. In order to make the 2011 WHO/ILAE/IBE guidelines on Neonatal Seizures more widely known, the Task Force has started updating the guidelines in collaboration with the neonatal task force of the Commission on Classification and Terminology.

The Task Force for Co-morbidities in Pediatric Epilepsy, Chair Stephane Auvin (France): The aim for this Task Force is to develop a “user friendly text” that documents the known data, identifies what is not known and highlights red flags where interventions are needed. After extensive debate surrounding this large and challenging area, the working group agreed that the Task Force should focus on key common and high-impact conditions, and to use this protocol as a template to potentially address parallel scenarios. The neuropsychiatry group has been active compiling a report focusing on the behavior problems in people with epilepsy and intellectual disability, and members of the Pediatrics Commission are part of this project.

The rights of the child to access consistent and reliable AEDs has been aided by the resolution on the Global Burden of Epilepsy that was approved by the World Health Assembly in May, 2015. The resolution addressed the global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications. Some of the key points include the introduction and implementation of national health care plans, the integration of epilepsy management into primary health care, and improving accessibility to

and promoting affordability of safe, effective and quality-assured antiepileptic medicines. The Advocacy Task Force has formed a working group with additional members from the IBE and the Advocacy TF to address how the above resolution relates to children with epilepsy and what must be in place to ensure it is effective.

The pediatric neuropsychology Sub-commission, led by Dr Madison M Berl, completed their survey of pediatric neuropsychology presurgical evaluation practices. This survey was conducted in conjunction with a subcommittee of the Neuropsychology Sub-commission of the Commission on Diagnostics. The survey examined the use of tests employed in presurgical assessments and found comparable domains are routinely assessed across sites, and that several measures are commonly used. Smaller centers in resource-challenged countries have expressed a view that such data would be very helpful for petitioning for resources and training. Initial responses from show bias towards North America: efforts are being made to expand geographic participation in the survey. To understand changes in epilepsy surgery practice, in patient selection, diagnostic testing and surgical techniques that have occurred over the past ten years, the Task Force plans a survey of sites from the 2004 and 2008 surveys (all based on surgical cases in 2004) for 2014. In all, the Task Force is establishing the range of training and practices to help establish consensus to improve assessments, treatments, and outcomes of pediatric epilepsy surgery and to evaluate advances in practices in epilepsy surgery care and outcomes.