

Berg AT, Shinnar, Testa FM, Levy SR, Frobish D, Susan S, Beckerman B. **Status Epilepticus after the initial diagnosis of epilepsy in children.** Neurology 2004;63;1027-1034.

Objectives: To determine the risk and predictors of status epilepticus in children after they have been diagnosed with epilepsy.

Methods: In a prospective community-based cohort study of 613 children, the occurrence of status epilepticus after the initial diagnosis of epilepsy was ascertained. Parents were called every 3 months, and interval medical records were reviewed every 6 months. Predictors of primary interest included a history of status before the diagnosis of epilepsy, age at onset, underlying etiology, and epilepsy syndrome. Data were analyzed with χ^2 tests, Kaplan–Meier analyses, and Cox proportional hazards models.

Results: Of 613 children followed a median of 8.0 years, 58 (9.5%) had ≥ 1 episode of status epilepticus during follow-up evaluation. The first episode occurred a median of 2.5 years after initial diagnosis (range, <1 month to 8.8 years). A history of previous status epilepticus was strongly associated with subsequent status epilepticus (18/56 [32.1%] vs 40/557 [7.2%]; $p < 0.0001$). Younger age at onset and symptomatic etiology contributed independently to the risk of status epilepticus. Mortality was higher in children with status epilepticus before diagnosis, largely secondary to underlying cause.

Conclusions: Status epilepticus occurs in ~10% of children after initial diagnosis of epilepsy. Status epilepticus before initial diagnosis, young age at onset, and symptomatic etiology independently influence the risk of status epilepticus. In those without status epilepticus before diagnosis, the risk is modest and is realized over a prolonged period. For children at highest risk, maintaining abortive therapy in the home may be a reasonable precaution.