Medically Unexplained Symptoms (MUS) Part 1 – background:

Talking to families: try ‘it is well known that emotions can produce physical reactions in the body eg. we blush when embarrassed, swallow hard or get “butterflies” when nervous’.

There is a newly uploaded good 1-2 hour e-learning resource on MUS from MindEd at https://www.minded.org.uk/Component/Details/525083. Log in to count the CPD credits. I’ve reproduced some of the key learning points here and recommend you do the full module.

- Common manifestations in children are abdominal pain, headaches, fatigue and muscle pains
- “Pseudo-neurological” symptoms eg. gait disturbances, sensory loss or non-epileptic seizures are less common and rarely exhibited below 7 years
- Illness worries are common in children, but severe health anxiety is unusual
- Long term prognosis ranges from complete recovery to persistent symptoms into adulthood. The older the child, the less likely they are to fully recover so recognise and treat early. Half of severe cases have anxiety or depressive disorders and benefit from seeing CAMHS.
- Children with a functional disorder can have a well-defined physical disorder at the same time.

Non-epileptic attack disorder (NEAD) is difficult to manage and difficult to explain to families. http://www.neurokid.co.uk/ houses information for families and young people living with NEAD.

Part 2 next month – Risk factors and the “filter theory”

LESSONS FROM THE FRONT LINE – first afebrile seizure

A 14 year old girl, lying on the sofa at a family party playing with her phone, has her first generalised tonic clonic seizure. It lasts about a minute, she bites her tongue and is incontinent of urine. She is unresponsive for 20 minutes afterwards and then back to her normal self just as the ambulance draws up at the ED.

See https://www.bcmj.org/articles/approach-child-first-afebrile-seizure for a practical approach to this child’s further management.

4 pieces of information to record:
- Blood sugar
- ECG (to rule out arrhythmias)
- Developmental history
- Full neurological examination

5 questions to try and answer:
- Was the episode an epileptic seizure?
- What is the cause of the seizure?
- What investigations should I do?
- Does the child require treatment?
- What else should I think about?

First Aid information for the family: https://www.epilepsy.org.uk/info/firstaid/what-to-do

Do I have epilepsy? https://www.epilepsy.com/learn/about-epilepsy-basics/what-seizure

It seems that only 12 references are included in this all age group guideline. None of the studies looked at azithromycin which is a pity as, at only 1 dose per day for 3 days, compliance would be expected to be better in children. As always, NICE makes it clear that, whilst we are expected as clinicians to take this guideline fully into account, we should also consider the individual needs and preferences of the service users.