Epilepsy and Sport in Childhood

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*Epilepsy triggers are difficult to quantify;
Literature shows that exercise is rarely a stimulus*

The benefits of exercise to children suffering with epilepsy (CWEs) are well documented through research:

- Better seizure control
- Reduction in epileptiform discharges on EEG
- Positive impact on psychosocial functioning
- Improved cognitive function
- Development of interpersonal skills

In our society, CWEs may have been prevented from undertaking exercise for a variety of reasons:

- Anxiety of having a seizure
- Conflicting advice from Doctors
- Exclusion by teachers
- Overprotection from family

The impacts to CWEs not taking part in physical exercise can cause them serious harm:

- Obesity
- Increased risk of heart disease and diabetes
- Limitations to psychosocial development
- Increase in frequency and severity of seizures

As doctors it is important to be able to give balanced advice to our patients on the risks and benefits of participating in sport.

The following categorization has been made to enable health professionals to safely encourage children with epilepsy to take part in sport.

Group 1 sports (no significant additional risk to CWEs)	Group 2 sports (moderate risks to the CWEs but not to bystanders)	Group 3 sports (high risk for CWEs, and, for some sports, also for bystanders)
Sports that do not involve high speeds or dangerous equipment e.g. Judo, Football and Bowling.	Sports that involve high speeds, personal injury or dangerous equipment e.g. Archery, Snowboarding or Boxing.	Sports that involve extreme speeds or environments e.g. Scuba Diving, Paragliding or Motor Sports.
Generally permitted unless epilepsy is triggered by certain activities.	Generally permitted at neurologist’s discretion with restrictions.	Generally not permitted, but exceptions may be taken at neurologist’s discretion for sports with no risk to bystanders.

References

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