KNOW THE FACTS:

INFANTILE SPASMS

AND HYPOXIC ISCHEMIC ENCEPHALOPATHY

Infantile Spasms, which can also turn into West Syndrome, occur in *fewer* than **6** cases per every **10,000 live births in the general population**.

Multiple **underlying disorders** can be involved with Infantile Spasms, including **HIE,** metabolic disorders and genetic disorders.

The rate of epilepsy in children with **HIE** is as high as **33 percent,** with **Infantile Spasms** making up about **25 percent** of epilepsy cases that begin in the first year of life.

The *onset of **IS** is* usually in the **first year of** life, most commonly between **4 to 8 months.** And they typically stop by age **2 to 4 years.**

WHAT DO INFANTILE SPASMS LOOK LIKE?

Seizures associated with **Infantile Spasms** often look like a sudden bending forward of the body with stiffening of the arms and legs lasting for 1-2 seconds. Spasms tend to occur upon awakening and often occur in **multiple clusters** and **hundreds** of seizures per day.

It is **critical** to begin treatment *as soon as possible*. Ongoing Infantile Spasms have the potential to adversely impact all aspects of brain development. One study showed delaying treatment as little as *one week* could have long-lasting impacts.

Standard **treatment** for Infantile Spasms includes several forms of hormonal therapy, including adrenocorticotrophic hormone (ACTH) or prednisolone), or the anti-seizure medication vigabatrin.

STOP INFANTILE SPASMS

The Child Neurology Foundation provides the "**STOP**" mnemonic device to help parents recognize Infantile Spasms and encourage rapid treatment.

S	**SEE the signs**	Clusters of sudden, repeated, uncontrolled movements like head bobs or body crunching.
T	**TAKE a video**	Record the symptoms and talk to your doctor immediately.
O	**OBTAIN a diagnosis**	Confirm an irregular brain wave pattern with an EEG test.
P	**PRIORITIZE treatment**	End spasms to minimize developmental delays