

COMMENTARY. Theories of mechanism of increased prevalence of headache, especially migraine, in children with chronic rheumatic disease, as proposed by the investigators, include rheumatic disease associated emotional stress, vascular headache triggered by immune mediated disease, and as part of the underlying rheumatic disease process. Headache should be a part of the history in patients with chronic rheumatic disease and, as shown in the following study, in their parents.

A previous study by investigators at Duke University, Durham, NC, examined the relationships of parental and family history on the pain experience of children with chronic rheumatic disease [1]. More than 90% of parents of children seen in a pediatric rheumatology clinic described a personal pain history, including migraine headache. Parents who had treatment for their own pain had children with higher pain ratings. Gathering information from parents about their own pain histories, health care providers can identify children at risk for developing maladaptive pain coping strategies and higher levels of disease-related pain and disability. Parents should be included in interventions aimed at reducing children's pain and improving children's abilities to cope with pain.

**References.**

1. Schanberg LE, Anthony KK, Gil KM, Lefebvre JC, Kredich DW, Macharoni LM. Family pain history predicts child health status in children with chronic rheumatic disease. *Pediatrics* 2001 Sep;108(3):E47.

## **DEMYELINATING DISORDERS**

### **MULTIPLE SCLEROSIS AND SEIZURE PREVALENCE**

Investigators from Oslo University Hospital and other centers in Norway studied changes in the prevalence and incidence of multiple sclerosis (MS) in Vestfold County, Norway, in the period 1983-2003. Point prevalence was calculated for Jan 2003. The average annual incidence rates were calculated in 5-year periods from 1983 to 2002. Compared to published prevalence from 1963 and incidence from 1953, the prevalence of MS increased from 61.6/100,000 in 1963 to 166.8/100,000 in 2003. In the period 1983-2002, the annual incidence fluctuated between 4.2 and 7.3/100,000/year (mean 4.5). In 2003, the portion of MS patients with epileptic seizures was 7.4%, compared to 2.9% in 1963. During the 40 years follow-up of this population, the incidence of MS was stable, while the prevalence of MS and the share of MS patients with epileptic seizures increased. Compared to the general population, the risk of having active epilepsy was increased fourfold. (Lund C, Nakken KO, Edland A, Celius EG. Multiple sclerosis and seizures: incidence and prevalence over 40 years. *Acta Neurologica Scandinavica* 2014 Dec;130(6):368-73).

COMMENTARY. An increased survival in MS patients is considered a reason for the present increased prevalence of epilepsy in association with MS. A MS lesion may act as a focus of an epileptic seizure [1].

**References.**

1. Allen AN, et al. *BMC Neurol.* 2013 Dec 4;13:189.