

Review Form 1.6

Journal Name:	International Neuropsychiatric Disease Journal
Manuscript Number:	Ms_INDJ_78457
Title of the Manuscript:	SEIZURES PRESENTING AS ADHD: A CASE REPORT
Type of the Article	Case report

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>I have grave concerns about the treatment of the child described in this manuscript and, as written, would suggest that this is a case of clinical misdiagnosis and mismanagement rather than a useful case to learn from.</p> <p>As such I would strongly advise that this case should not be published as there is significant potential to mislead readers and cause more harm to children should this be published in the peer reviewed literature.</p> <p>There is no suggestion that the child described has epilepsy as there is no mention of any clinical seizures. Epilepsy should not be diagnosed on EEG alone (r/f ILAE guidelines 2014) and I also note that the EEG changes are not well described. There is an extensive literature on the presence of epileptiform EEG abnormalities (up to and including generalised spike-wave discharges) in 5-20% of children with ADHD who are not having clinical seizures and therefore do not have a diagnosis of epilepsy and it would seem likely that this child falls into this group.</p> <p>Given the lack of clinical seizures it is difficult to understand what treatment response was hoped for by the initiation of a subtherapeutic dose of Sodium Valproate. Likewise the introduction of Oxcarbazepine, a treatment generally not recommended for generalised epilepsy, while only on a low dose of Valproate would not be best practice in the treatment of epilepsy.</p> <p>While the discussion is mostly correct, it should be made clear that EEG is NOT a recommended investigation in a child with suspected ADHD unless they are having clinical seizures; the authors appear to have misunderstood the relationship between epilepsy and neurobehavioural disorders such as ADHD – while they are often found as co-morbid conditions and a high proportion of children with epilepsy have symptoms consistent with ADHD, ADHD is a much more common condition in the population than epilepsy so it is still the case that only a minority of children with ADHD will have epilepsy (i.e. it is not true to assume the opposite relationship and the true incidence of epilepsy in the general population of children with ADHD remains unknown as the requisite studies have not been carried out to my knowledge).</p> <p>In summary the clinical description of this case is inadequate and leads to suspicion of misdiagnosis and mismanagement. I would recommend that the authors update their knowledge of the clinical diagnosis and treatment of epilepsy before starting more children on unnecessary anti-epileptic medication as the potential for harm is considerable.</p>	
Minor REVISION comments		
Optional/General comments		

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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

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