

What is Epilepsy?

- From <http://epilepsyontario.org> -

Epilepsy is sometimes referred to as a seizure disorder. Epilepsy is a neurological disorder — a physical condition — which causes sudden bursts of electrical energy in the brain.

These electrical discharges produce sudden, brief seizures which vary from one person to another in frequency and form.

A seizure may appear as

- a brief stare
- an unusual movement of the body
- a change of awareness, or a convulsion.

A seizure may last a few seconds or a few minutes.

Epilepsy is —

- not a disease
- not a psychological disorder
- not contagious.

Causes

In approximately 60-75% of all cases, there is no known cause. Of the remaining cases, there are a number of frequently identified causes.

Identifiable Causes

- brain injury to the foetus during pregnancy
- birth trauma (lack of oxygen)
- poisoning from substance abuse or environmental contaminants (lead poisoning)
- aftermath of infection (meningitis)
- head trauma (car accident, sports injury, shaken baby syndrome)
- alteration in blood sugar (hypoglycemia)
- other metabolic illness (hypocalcemia)
- brain tumour
- stroke

Is there a Cure?

Although treatments are available to reduce the frequency and severity of seizures, there is no known cure for epilepsy as yet.

...more Facts About Epilepsy

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Age

Epilepsy can develop at any age.

About 50% of new cases of epilepsy begin in childhood and adolescence, with the highest incidence during the first few months of life. Many people who develop seizures during their childhood or adolescence tend to experience a reduction in the intensity and frequency of seizures as they approach adulthood.

There is also a sharp increase in incidence during later life, with some studies showing almost 25% of new cases of seizures occurring after age 60.

Prevalence

It is estimated that 1-2% of the population have had, or will have, some form of seizure disorder during their lifetime. That's possibly as many as 1 person in 50.

Genetics

In most cases, epilepsy is not inherited. Sometimes, a tendency towards a seizure disorder may be inherited but, even with this tendency, certain conditions must exist in the brain before a person will experience seizures.

Living with Epilepsy

Epilepsy can carry with it a host of social and psychological problems. Friends' and family's lack of understanding about seizure disorders is often due to ignorance and/or fear. This sometimes leads to overprotectiveness or imposition of unnecessary restrictions on the individual.

Other personal issues may include insecurity, anger, frustration and depression.

School

General Guidelines

Students with seizure disorders can progress through growth and developmental stages normally. They are active and are interested in the same activities as their peers. They should be encouraged to take part in all regular school activities, including sports.

Problems at School

If a student with a seizure disorder is having academic or social problems at school, assistance is available. For academic problems, ask to see the Special Education Consultant for your area, or contact your local epilepsy association.

First Aid for Seizures

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In all types of seizures, the goal is to protect the person from harm until full awareness returns. If you are living with or caring for someone with a seizure disorder who has other medical problems, check with the doctor about how to respond when a seizure happens. Find out whether the doctor wants to be notified every time or just in certain circumstances. Ask whether or when you should call an ambulance and if there are any special warning signals that you should be looking for. Also note the general rule:

The less done to a person during a relatively brief seizure, the better.

1. Keep Calm.

Seizures may appear frightening to the onlooker.

They usually last only a few minutes and generally do not require medical attention.

Remember that the person having a seizure may be unaware of their actions and may or may not hear you.

2. Protect from further injury.

If necessary, ease the person to the floor.

Move any hard, sharp or hot objects well away.

Protect the person's head and body from injury. Loosen any tight neckwear.

3. Do not restrain the person.

If danger threatens, gently guide the person away.

Agitation during seizure episodes is common.

Trying to restrain or grabbing hold of someone having a seizure is likely to make the agitation worse and may trigger an instinctive aggressive response.

4. Do not insert anything in the mouth.

The person is not going to swallow the tongue.

Attempting to force open the mouth may break the teeth or cause other oral injuries.

5. Roll the person on their side after the seizure subsides.

This enables saliva to flow from the mouth, helping to ensure an open air passage.

If there is vomit, keep the person on their side and clear out their mouth with your finger.

6. If a seizure lasts longer than 5 minutes, or repeats without full recovery ~ SEEK MEDICAL ASSISTANCE IMMEDIATELY.

Although this rarely occurs, *status epilepticus* is life-threatening. It is a serious medical emergency.

7. Talk gently to the person.

After any type of seizure, comfort and reassure the person to assist them in reorienting themselves. The person may need to rest or sleep. If the person wanders, stay with them and talk gently to them.

Check for a MedicAlert™ or other Medical ID Bracelet

The bracelet or necklet may indicate the seizure type and any medication the person is taking. If you call the MedicAlert hotline, an operator can direct you in your first aid procedures and may direct you to call any emergency contacts and physicians listed in that member's file.