

# Epilepsy

Epilepsy is not an illness or a disease. It is a tendency of the brain to produce a spasm, seizure or fit if something triggers it. Seizures or fits happen when the neurones in the brain suffer a temporary malfunction. For someone to have epilepsy, they must have experienced repeated seizures or fits over a period of time: a single episode does not warrant the term epilepsy. It affects one in two hundred children, of whom 30% continue to have seizures with learning and emotional difficulties. Anyone can develop it regardless of age, race or sex, but onset is usually before the age of 20 or after 65.

## Causes

Sometimes there is no apparent reason for a seizure. In other cases -

1. Epilepsy may start in childhood or adolescence and be due to that brain's own idiosyncrasies rather than from brain damage due to a disease or injury.
2. It may be acquired, as the result of some form of brain damage or as the result of another medical condition. Examples - a difficult birth, a head injury, severe head infection, a stroke or a brain tumour.
3. *Photosensitive Epilepsy* is relatively rare and only affects about 3% of people with the condition. Photosensitive epilepsy responds well to medication.

## Diagnosis

There may be no external indications that someone has epilepsy and a doctor can only begin to make a diagnosis (1) if more than one seizure has occurred, (2) by questioning the patient and (3) using, if at all possible, the observations of any witnesses to the seizures. Diagnosis may also require other tests, such as blood tests, brain scans and EEGs.

## Treatment

Epilepsy can be controlled, sometimes completely, with appropriate drug treatment.

## Self-help

People with epilepsy can reduce risks to keep their seizures to a minimum, by:

- making sure they get enough sleep
- drinking alcohol moderately
- avoiding emotional upsets
- avoiding trigger stimuli such as strobe lights
- taking all medication strictly as directed

## Seizures

There are two types of seizures: generalised or partial.

**Generalised seizures:** the whole of the brain is involved and consciousness is lost. Seizures may be major convulsions with limb jerking and unconsciousness, the body going stiff or floppy together with unconsciousness, or limb jerking and momentary lapses of consciousness. Breathing may be noisy and irregular, and some people may suffer incontinence.

## Partial seizures

Here the disturbance in brain activity starts in or involves one part of the brain. Seizures are very individual but the seizure type will depend on which area of the brain is involved. There are three types of partial seizure; simple, complex and secondary generalised. In *simple partial seizures* consciousness is not impaired. The seizure may be confined to either rhythmical twitching of one limb, unusual tastes or sensations such as pins and needles in parts of the body.

In *complex partial seizures* consciousness is affected and the person may have no memory of the seizure. The seizures may involve a change in awareness as well as automatic movements such as fiddling with clothes or objects, mumbling, chewing, or wandering about and general confusion.

*Secondary generalised seizures* occur when a simple or complex partial seizure develops to encompass the whole brain. The result is a convulsive seizure, loss of consciousness and confusion afterwards.

## Children and Epilepsy

In the main, epilepsy should not cause problems either for the child or for his classmates and teacher. As with many problems, good communication between home and school is essential. Parents should not be worried to tell the school about their child's epilepsy and teachers should be willing to listen and learn about the child's particular form of the condition. Detailed knowledge about the frequency and type of seizures, any triggers, etc, are necessary so that - without unduly mollycoddling - as normal a life at school as possible can be achieved.

## What to do during a seizure

Seizures may look worrying, but the thing to remember is that the person having the seizure is not aware of what is happening, and is not in pain. Most seizures do not require medical intervention. At the start of an attack, it is not uncommon for breathing to stop **temporarily** and the person turn blue until breathing restarts. This is normal. Once started, you should not try to stop an attack, and **remember -**

- Reduce embarrassment to everyone: limit the number of people standing around; once any convulsions have ended and if the person has been incontinent, deal with it quietly, privately and matter-of-factly; be as reassuring and normal as possible afterwards
- Do not try to stop the convulsive movements

- Do not attempt to put anything in the person's mouth: they will not swallow their tongue
- If possible, make them comfortable by putting something soft under their head
- Do not try to move them, however, unless they are in a dangerous place, such as a road
- Once any convulsions have stopped, put the person into the recovery position
- Check breathing and airways. If breathing is irregular or absent, check the mouth for obstacles
- Make a note of the type and length of the seizure – the person or their family may wish to know.

Attacks which do not involve convulsions and loss of consciousness can vary tremendously: be prepared. You may need to stay with the person as a calm and sympathetic presence; if they wander around you may need to help them keep clear of obvious dangers such as stairs. Confusion often follows such a seizure and may be present for some time. Allow them to recover in their own time without undue interference: they may react in an apparently unfriendly way if constantly spoken to.

#### When to call for medical help:

- If the person has hurt themselves during the seizure
- They cannot breathe following an attack
- A seizure is followed quickly by one or more further seizures
- The seizure lasts for more than five minutes and the usual length of this person's seizures is unknown
- The seizure lasts for longer than you know is usual.

#### Sudden Unexpected Death in Epilepsy (SUDEP)

Cases of death apparently resulting from epilepsy rather than other factors are being researched. These are usually referred to as Sudden Unexpected Death in Epilepsy, or SUDEP. It is thought that there are around 500 cases a year in the UK when someone with epilepsy dies unexpectedly and for no apparent reason. Those most at risk seem to be 20-40 year olds. Please contact Epilepsy Bereaved

**Web:** [www.sudep.org](http://www.sudep.org)

**Email:** [contact@epilepsybereaved.org.uk](mailto:contact@epilepsybereaved.org.uk)

**Tel:** 01235 772850

#### Other Useful Contacts

**Epilepsy Action** (formerly The British Epilepsy Association)  
New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY.  
Everything you need to know for those affected by epilepsy including children, teenagers, parents, carers etc.

**Web:** [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**Email:** [helpline@epilepsy.org.uk](mailto:helpline@epilepsy.org.uk)

**Tel:** 0113 210 8800

**Free helpline:** 0808 800 5050

**Epilepsy Scotland** 48 Govan Road, Glasgow G51 1JL. Again, useful material plus they have a local community support service.

**Free helpline:** 0808 800 2200

**Tel:** 0141 427 4911

**Web:** [www.epilepsyscotland.org.uk](http://www.epilepsyscotland.org.uk)

**Email:** [enquiries@epilepsyscotland.org.uk](mailto:enquiries@epilepsyscotland.org.uk)

#### NCYPE The National Centre for Young People with Epilepsy

St Piers Lane, Lingfield, Surrey RH7 6PW Services offered include diagnosis, assessment, treatment, research and rehabilitation. Also run St Piers School up to 19 and a FE College.

**Web:** [www.ncype.org.uk](http://www.ncype.org.uk)

**Tel:** 01342 832243

**The National Society for Epilepsy Offers information, emotional** Chesham Lane, Chalfont St Peter, Bucks SL9 0RJ support, respite care, rehabilitation and long term residential care. They produce an award winning info pack for people covering all aspects of epilepsy and learning difficulties.

**Web:** [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

**Helpline:** 01494 601400

#### Epilepsy Awareness

Provides tailor-made training courses for a variety of authorities and social care organisations.

**Web:** [www.epilepsyawareness.co.uk](http://www.epilepsyawareness.co.uk)

**Email:** [info@epilepsyawareness.co.uk](mailto:info@epilepsyawareness.co.uk)

**Tel Sally Gomersall:** 01636 682888

#### Reading

See also OAASIS information sheet '**Books – where to find them**'

Contact the above for their lists of books, and also the following publishers: -

#### Routledge Education (member of the Taylor Francis Group)

**Web:** [www.routledgeeducation.com](http://www.routledgeeducation.com)

**Tel:** 020 7017 6000

#### Jessica Kingsley Publishers

**Web:** [www.jkp.com](http://www.jkp.com)

**Email:** [post@jkp.com](mailto:post@jkp.com)

**Tel:** 020 7833 2307

**Sage Publications:** For all professionals working in schools and educational settings (includes Paul Chapman Publishing and Lucky Duck books).

**Web:** [www.sagepub.co.uk](http://www.sagepub.co.uk)

**Email:** [market@sagepub.co.uk](mailto:market@sagepub.co.uk)

Finally don't forget **[www.amazon.co.uk](http://www.amazon.co.uk)**. They have an extensive list of other books on epilepsy.

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- SEN Information Sheets
- First Guide to ...
- Cards explaining 9 learning disabilities
- Legal advice Information Sheets
- SEN 'How to' guides