

Chapter 1 : Living With Epilepsy

Epilepsy Living With Seizures. The disorder is characterized by recurrent, unprovoked seizures caused by abnormal electrical activity in the brain.

My name is Ruthy, and I live with non epileptic seizures. To begin with, it actually took a long old time to get diagnosed! I was developing some photos in the dark room at Sixth Form when I suddenly found myself on the floor being shaken awake by my friend. Over the next month however, I was losing consciousness almost daily, and had no idea why. It still makes me laugh to this day! Er well done Sherlock! Soon, it stopped being just fainting though. I started shaking and jerking badly before and after the fainting spells. I also began suffering from migraines and head pain after I came around. I was finally referred to Cardiology and fitted with a heart monitor. I was also put through various other tests-but everything came back normal except one thing. My heart rate tripled right before I lost consciousness. At least it was something. Choosing A Future My sixth form was useless. The staff there had no idea how to help me and offered no support. I also bombed my AS levels something awful since I was missing so many classes. The most any of the teachers did was to say I could retake them and sit in on last years classes. My plans for university seemed to be vanishing and my doctor was saying I should consider a break from sixth form. I felt like I had to make a big choice back then: I chose to push. So I panicked like crazy and took my exams feeling awful. Luckily, all that studying paid off. My university dreams were real! I was so scared about going though, how would I cope, what happened if I lost consciousness around strangers. I had an awful first year at uni. But everything changed at the end of the year. In a bizarrely lucky incident, I collapsed outside the Student Support Office! I could have cried. It was so good to know things would change. A Wild Diagnosis Appears During this time, I had been referred to a new cardiologist and had once again come through my tests pretty normal. Afterwards, I was referred to a Neurologist. After I had several tests and an overnight observation, I was finally diagnosed with Non Epileptic Seizures. I was pretty much handed a diagnosis and left to get on with life. Years later and I am now on epilepsy medication. Stress, strobe lighting, heat, cold and physical exhaustion can all lead to my seizures. I have learned to check myself for how tired I am, and to listen to my body more so I end up in fewer bad situations. My university also stepped up and given me a disability mentor and extensions for my coursework along with a separate room for my exams which has made a world of difference. Unexpected Twist Things got bad again in my third year. My seizures increased due to stress. I was quite offended and refused. I kept at my studies finally passing my IT with Management of Business degree with a 2. I knew I could do the degree. I just needed some reasonable adjustments! I work full time from home. Solo travel anywhere is an absolute nightmare for me but my work have thankfully taken that on as a reasonable adjustment. I hear about a lot of young people, women especially, who have trouble with seizures and fainting. Achieving your dreams is totally possible if you find the right balance for you! She spends her conscious time costume making, pole dancing, gaming and blogging over at [http:](http://)

Chapter 2 : Types of Seizures – EFEPA – Epilepsy Foundation Eastern Pennsylvania

Learn more about living with seizures. We know that occasional brief seizures do not hurt the brain. However, the biggest concern with seizures is that a child will be physically injured when he has a seizure.

Alternative Options Sleep and Epilepsy One of the most common questions we hear from people is about the relationship between epilepsy and sleep. Suffering from a sleepless night can impact seizure activity, and vice versa. For an overview of this issue and more, view the presentation below given by Dr. Mood and Memory

Mood disorders are treatable medical conditions in which the emotional symptoms are intense, long lasting or recurrent and decrease the ability to function. Some people with epilepsy experience milder forms of depression that affect their quality of life and also respond to treatment. Anxiety disorders are another group of common medical illnesses with psychological and behavioral symptoms. Often people with a mood disorder also have difficulty with anxiety and for improvement both issues must be addressed. Depression affects about 18 million people in the U. Depression is a medical illness that affects the body, mood and thoughts. Depression can make you feel like you have less energy. Things you normally found fun may not interest you anymore. Major Depressive Disorder also called Major Depression and Dysthymia are the most common in general and in people with epilepsy. Anxiety disorders are medical illnesses that cause people to experience irrational excessive fear and dread. Physical symptoms such as rapid heartbeat, stomach or chest pain, or shortness of breath. Anxiety disorders are different from the mild temporary anxiety that most people have when stressed. Anxiety disorders last at least 6 months and can get worse without treatment. Anxiety disorders often occur with other mental and physical illnesses including epilepsy. It is not uncommon for anxiety disorders to be accompanied by substance abuse and depression. Mood and anxiety disorders can also occur in children and may affect schoolwork and social functioning. The causes are similar to those in adults. Yet, depression and anxiety are often overlooked in children with epilepsy because children with depression may not have all the same symptoms as adults. They may not express feelings of sadness, hopelessness or helplessness as easily as adults. Behavioral problems are very common symptoms of depression in children. Depressed children may be irritable, easily tearful, and angry. You may see more problems in school with attention and learning, he or she may spend less times with friends and family or stop activities they used to find fun. Children with anxiety are chronic worriers. They worry about routine, every day activities, and often seem very pessimistic. They frequently complain of headaches, stomachaches, and lethargy. They can be irritable and defiant when pushed into anxiety provoking activities. They also have difficulties separating from their parents and are fearful, particularly at night. Everyone has occasional symptoms of depression or anxiety. It is important to share this information about yourself or your child with your doctor, who can help you assess whether they are severe enough to require treatment. Indications of a significant mood or anxiety disorder include problems at work or at school, spending less time with friends, doing fun things or interacting with others or increased use of alcohol and recreational drugs.

Relationship of Epilepsy And Depressive And Anxiety Disorders People with epilepsy have a higher rate of depression and anxiety disorders than the general population. Often the same parts of the brain such as the amygdala and hippocampus that are involved in the generation of seizures are also involved in the development of anxiety and depressive disorders. Epilepsy can involve disruption in the chemical messengers neurotransmitters in the brain and this can be a factor in the development of depression and anxiety. Epilepsy can present many stressors such as the loss of driving, difficulty at work and fear of having a seizure at an inopportune time or place. These significant ongoing sources of stress can contribute to the development of anxiety and mood problems. The treatment of epilepsy can have a positive, neutral or negative impact on mood and anxiety. The bad feelings get worse as the seizure gets closer and then are usually gone after the seizure. At this time, there is no recommended treatment except to work for better seizure control. During A simple partial seizure is caused by abnormal electrical discharges in one part of the brain and occurs when the person is conscious. Some simple partial seizures consist of an emotion because the discharges are occurring in a part of the brain that produces a feeling. One person may feel fear and another might feel a wave of depression or a thought of suicide. These might be recognized as

seizures because the emotion comes suddenly out of the blue and the event is very similar every time it comes. Education about the correct diagnosis can be reassuring to a person with simple partial seizures. The treatment would be to continue efforts to obtain better seizure control. After In addition to feeling wiped out and tired after a seizure some people experience depression and anxiety in the period after the seizure. These feelings usually go away in 24 hours but can last longer. The depressed feeling can be severe and in some people lead to thoughts of suicide. Suicidal thoughts after a seizure are more common in people who have a history of major depression or bipolar disorder. The first approach to this problem would be to work toward better seizure control. There has not been enough research to determine whether antidepressant medication would be helpful but it can be tried for severe cases. A medication that is well tolerated by one person may present troubling side effects to another. All AEDs can trigger psychological symptoms in some people. Some AEDs act as mood stabilizers and can have a positive effect on mood. These include valproic acid, lamotrigine, carbamazepine, and oxcarbazepine. A negative change in mood can follow the discontinuation of an AED that is a mood stabilizer. The person with epilepsy may not have been aware that the medication was treating mood issues as well as seizures. The appearance of mood symptoms when a person with epilepsy is switched to a new AED should not necessarily be attributed to the effect of the new AED. Some AEDs can have negative effects and contribute to feelings of depression, anxiety, irritability and frustration. Phenobarbital and primidone are associated with depression. An AED is more likely to cause depression in a person who has a prior history or family history of depression, anxiety or alcoholism. A person who is on an AED that is known to have negative effects on mood may find that he or she feels much better after a change in medication. You need to work closely with your doctor to be sure that you are on the best AEDs for you. An important issue is the timing of mood symptoms and changes in AEDs. You will be of great assistance if you present your doctor with a seizure calendar on which you record when you start and stop or change dosage of AEDs, when you miss a dose, seizure occurrence, and a log of your moods. It may be a sign of a mood disorder if your moods are long lasting, intense or keep you from living a happy life. You may have a mood disorder if you have ongoing feelings of anxiety, depression or irritability, or have feelings of fear, panic, or pain that are not easily explained by your seizures or other medical causes. You may be aware of problems getting along with coworkers, family or friends. Your mood may change for a few days before or after a seizure. You may be irritable or depressed without realizing it. You may get angry without reason. You may have physical symptoms such as headache, chest or stomach pain. Ask people who know you well to help you by providing their view of your behavior and mood. If you have mood symptoms that affect your usual activities, tell your doctor and consider seeing a mental health professional to be screened for mood disorders. Sometimes, AEDs and brain dysfunction can cause similar symptoms and mimic mood disorders. A health professional can help you sort out the cause of your feelings. The impact of mood disorders on your life is at least as important as your seizures and should receive the same attention to treatment. Do not hesitate to bring up this subject during an office visit. Sometimes people use drugs or alcohol to feel better. They may not even realize they are doing this. Alcohol or drugs provide only temporary if any relief from mood problems. Alcohol and drugs may increase seizure frequency, cause mood problems or make mood problems worse. Ask your doctor to help you assess the situation. Some people benefit from treatment for substance abuse as well as treatment for mood disorders. Can Mood Disorders Result in Suicide? Sometimes people with depression think about suicide. Feelings of hopelessness brought on by the depression may make it seem that things will never get better. Suicide is more common in people with epilepsy than the general population because of their increased stressors. If you are thinking about harming yourself or killing yourself or know someone who is: Seek immediate medical or mental health attention. Go to a emergency room of a hospital 3. Children and adolescents with epilepsy also experience thoughts of wanting to die or hurt themselves, particularly if they are having emotional, behavior, learning or social problems. Currently, there is no evidence that AEDs cause suicidal thoughts and behavior in children and adolescents. But children often find it difficult to share suicidal thoughts with their parents. So, it is important to have children with mood, anxiety, learning and social problems evaluated by a mental health professional early on in the treatment of their epilepsy. Early treatment for these problems helps your child and you deal with all aspects of the illness. If you have supportive family

DOWNLOAD PDF LIVING WITH SEIZURES

and friends, tell them how they can help you. It can also help to communicate with the many other people who are facing similar issues. A great place to start is by attending one of our 10 area support groups.

Chapter 3 : What is it like to live with epilepsy? | Living With Epilepsy (Living With Seizures) - Sharecare

The challenges of living with epilepsy may be different for children, adolescents, and seniors than for adults, so visit the sections for Children and Teens, Women, Men and Seniors. If you are an adult with epilepsy and have questions about things like transportation, disability benefits or legal issues, visit our Information for Adults page.

Growth spurts in children or youth
Becoming overheated
Flashing lights and geometric patterns
Alcohol and drugs
If you have any students with epilepsy, ask about their particular seizure triggers. Parents or the child should also inform the teacher about their individual triggers. The school should be informed if at any time the student is at increased risk of seizures – for instance medication changes. Cognition, memory and concentration
Memory and concentration are crucial for learning, and sometimes people with epilepsy complain of difficulties in this area. There are a number of reasons why someone with epilepsy has difficulties with memory and concentration and some possible causes include: If medication is the cause, it is often related to the dose of the medication and side effects can be reduced by reducing the medication dose unless there is a risk of losing seizure control, then a new medication may need to be considered. There are many different antiepileptic medications, with a variety of side effects. Some people experience more side effects than others. Some may have few side effects at all. Some common reported side effects of antiepileptic medications include: Seizures
Seizures are brief, but the effects can be lasting. The after effects of seizures include tiredness, drowsiness, headaches, nausea, and mood changes. After a seizure, the person is unlikely to be able to concentrate well, and will most likely need a rest or short sleep. It will depend on the child if they need to go home or not. Seizures during sleep are going to affect sleep patterns for the rest of the night, and cause daytime sleepiness and difficulty learning. This is abnormal electrical activity, but not enough to generate a seizure, but this abnormal activity can also have effects and attribute to learning difficulties. If seizures are caused by some underlying condition of the brain – even minor – this may involve the area of the brain associated with memory, or may change the way the brain handles information. Psychosocial issues
Epilepsy is a chronic disorder and may have similar effects on children as would other chronic diseases. Many people report that the most frightening thing about seizures is their unpredictability. Even a child whose epilepsy is controlled with medication may still be anxious about having another seizure, especially in the presence of peers. Therefore, it may be even more difficult to adapt to epilepsy than to other more predictable chronic conditions. Fear and anxiety can be quite common and can also lead to depression. It is important to observe the child for changes in behaviour and loss of interest in activities. Independence and social acceptance are important – so it is important to let the student participate in the usual activities at school, as much as possible – balancing safety and common sense versus risk. Teacher attitudes may influence the extent to which students with epilepsy participate in sport and extra-curricular activities. A student with epilepsy must never swim alone and sports such as high board, scuba diving and rock climbing are best avoided. The student who is denied the opportunity to participate may well have feelings of social isolation and rejection reinforced. Restrictions and concerns should be discussed with the student and family. These will depend on the level of difficulties the student is having. Co-operative Learning Group work develops listening and talking skills, encourages interaction with peers in problem solving and allows students to ask questions and learn from each other. Task Analysis
The breaking down of specific tasks into their most basic steps establishes teaching and learning stages that will need to be achieved if the student is to succeed. Task analysis can be applied to any learning or social situation. Cueing
Proves effective especially with listening activities. Tell the student, ahead of time, of the purpose of the activity. Give a quick summary of the passage and ask comprehension questions before reading the passage. Knowing the purpose of the activity will help keep the student on task. Reviewing
A review of the processes used in solving a complex task can be very helpful for the student. Repetition
Leads to the consolidation of skills learnt in mastering a task. Unconsolidated skills are not likely to be generalised to other learning tasks. Mnemonics
Uses verbal, visual and symbolic techniques as memory aids. The acquisition of facts and procedural knowledge is governed by memory and the most effective measures for memory development are rehearsal related. Unexpected disclosure in the classroom
In open classroom discussion of

epilepsy, teachers may be faced with the unexpected disclosure by a student that they have epilepsy. If this occurs, the teacher should guide the discussion to ensure that it is supportive. This can effectively illustrate that epilepsy is both real and manageable, and should not affect the judgements we make about people. The teacher should be careful not to encourage a level of disclosure that the student may, on reflection, regret. If the disclosing student agrees, during a later session, they may wish to share with the group the type of epilepsy they have, the effect of medication and what they would like others to do if they see them having a seizure. An educator may be able to visit the school for an education or question and answer session. There are also free short courses online for primary school students and resources for secondary school students.

Unexpected disclosure in private In the event of an unexpected disclosure in private the teacher can invite the student to talk about it. Discuss who else might need to know, such as teaching staff, coaches and friends, and explore reasons for and against disclosure. Ask the student whether they would like the opportunity to talk to the class about epilepsy and what they would like you to do if a seizure occurs. Assess degree of coping and if necessary arrange counselling. Thank the student for the disclosure and offer further assistance at any time.

Things to remember Children with epilepsy have the same range of intelligence and ability as other children. Some neurological disorders that can cause epilepsy can also result in learning difficulties. Seizures can create feelings such as anxiety and depression, poor self-image and social problems – all which can affect school performance. Missed schooling can impact on learning and important peer socialising. Some types of seizures may be frightening to the uninformed onlooker, others can be quite bizarre and not recognised as a seizure. Appropriate understanding and reactions from class mates and teachers can have a considerable positive effect on a student with epilepsy. Seizures are not to be feared. Most seizures last less than 2 minutes although there may be a short period of confusion, usually less than 5 minutes, after the seizure. Occasionally confusion after a seizure can be quite lengthy, from minutes up to several hours. People are often exhausted and need rest or sleep after a seizure, especially a tonic clonic seizure. Seizures cannot be stopped or slowed by restraint. The brain almost always stops the seizures naturally. Let the person have the seizure and then apply first aid if necessary. It is physically impossible to swallow the tongue. There is no need to insert anything into the mouth. This is dangerous and fingers may be bitten or teeth broken. Most people usually have no memory of all or most of the seizure. You can make a difference!

Seizure Management Plans A seizure management plan SMP is a document providing essential information to anyone who may be in a position to assist someone having a seizure – whether that be family, friends, carers, teachers, colleagues or other involved professionals. They are a practical tool that can be used by all caregivers in all settings to manage seizures and seizure emergencies, treatments and safety. School aged children have seizure management plans in place. For further information, to arrange an education session or develop a seizure management plan please call:

Chapter 4 : Living with Seizures

Find tips and resources for dealing with social concerns like family relationships, school, and work. Living with epilepsy is truly a family affair. Learn.

Hundreds of different epilepsy syndromes have been identified. Other epilepsies have no effect on cognitive development. Childhood Absence Epilepsy CAE People with this epilepsy syndrome have staring spells that last 10 to 20 seconds and then end abruptly. CAE often responds to medical treatment and disappears by adolescence. The seizures tend to last longer, and the person may have this epilepsy for the rest of their life. Over 75 percent of people with JAE will also have bilateral tonic-clonic seizures. JAE will often respond to treatment, but that treatment tends to be lifelong. People with JME can have absence seizures, myoclonic muscle-jerking seizures, and generalized tonic-clonic seizures. Common triggers include sleep deprivation and stress, or exhaustion after excessive alcohol intake. Benign Rolandic Epilepsy Also known as benign epilepsy with centrotemporal spikes, or BECTS, this is a focal seizure type that has a peak incidence in children ages 7 to 9. Half of the face may begin to twitch, and numbness of the face or tongue can occur. These seizures usually occur at night, often during sleep. Unless they progress to tonic-clonic seizures, they may go undetected. Reflex Epilepsies With reflex epilepsy syndromes, a certain stimulus can trigger a generalized tonic-clonic grand mal seizure. The most common reflex epilepsy syndrome is photosensitive epilepsy, where flashing lights can trigger a seizure. This can make it a problem to watch TV, play video games, or even observe light through the trees. Other reflex epilepsy triggers can be auditory, like a song or church bells. Some people also have tactile triggers, like a hot bath or toothbrushing. The best way to prevent a seizure is to avoid the trigger, but that is not always possible. Sleep-Related Epilepsy Syndromes Some epilepsies relate directly to sleep or to immediate arousal from sleep. Examples include sleep-related hypermotor epilepsy SHE; previously known as nocturnal frontal lobe epilepsy and nocturnal temporal lobe epilepsy NTLE. As with benign Rolandic epilepsy, sleep-related epilepsy syndromes are sometimes not caught unless someone has a seizure with motor symptoms in their sleep. Characteristics of Epilepsies Based Upon Brain Region Because different parts of the brain perform different functions, seizure activities in different parts can manifest differently. TLE often begins in childhood or in the teen years. A TLE seizure can look like a staring spell, or the person may engage in pointless repetitive behaviors, called automatisms. Some common automatisms include picking at clothing, smacking the lips, eye blinking, and unusual head movements. TLE is associated with damage to the hippocampus, called hippocampal sclerosis HS. Damage to the hippocampus can also interfere with learning and memory. Frontal Lobe Epilepsy This can often affect movement. A person who has frontal lobe epilepsy may have muscle weakness and abnormal movements, like twisting, waving the arms and legs, or grimacing during seizures. The person may be startled and even scream. There is often some loss of awareness, and some frontal lobe seizures happen when the person is asleep. Neocortical Epilepsy This type of epilepsy can be generalized or focal. The cortex is the outer layer of the brain, and seizure symptoms can vary from unusual sensations to visual hallucinations, emotional changes, or convulsions. Occipital Lobe Epilepsy This is uncommon but can develop due to tumors or brain malformations, and as one of the benign focal epilepsies of childhood. It sometimes causes convulsions on both sides of the body, and visual changes can occur both before and after the seizure. Hypothalamic Hamartoma This rare type of epilepsy begins in childhood and is caused by malformations of the hypothalamus, at the base of the brain. Causes of Epilepsy For up to 60 percent of people with epilepsy, the cause is not known, even with a complete medical evaluation. Sometimes combinations of these categories best describe the causes of seizures. Genetic Etiology This describes epilepsy that is the direct result of a known or presumed genetic defect. Even though very few people with epilepsy have a known genetic mutation, this is changing rapidly with advances in testing. Structural Etiology In this type of case, seizures are caused by changes in the structure of a part of the brain. Metabolic Etiology This is when a documented metabolic condition leads to an increased risk of developing epilepsy. Immune Etiology In these cases, there is evidence that inflammation of the central nervous system is leading to epilepsy, such as with some kinds of autoimmune encephalitis. Infectious Etiology This is one of

the most important causes of epilepsy worldwide. Common infections that can lead to epilepsy include human immunodeficiency virus HIV , malaria, tuberculosis, and a parasitic infection known as cysticercosis.

Unknown Etiology This description is used when none of the causes listed above are believed to significantly contribute to the cause of the epilepsy. Common seizure triggers include stress, sleep deprivation, dehydration or missing meals, and consumption or withdrawal from alcohol or drugs. Epilepsies of childhood have a significant proportion of diagnoses where the cause is genetic, metabolic, or where the person was born with a structural problem with the brain. Epilepsy in adults is more likely to have been caused by structural changes acquired over time, like tumors or strokes.

How Epilepsy Is Diagnosed A variety of tests are used to look for evidence of epilepsy and to rule out other possible causes of seizures. One of the main tools used in the diagnosis of epilepsy is the electroencephalogram, or EEG. Sometimes brain imaging is done using MRI or computed tomography CT to look for structural abnormalities in the brain that may be causing seizures. Acute neurological problems, such as a stroke or head injury, can also cause a seizure. Metabolic problems, such as hypoglycemia – a common side effect of insulin therapy – and drug intoxication, can sometimes cause seizures. In infants and children, a high fever can cause seizures. And even stress, missing meals, or sleep deprivation can bring on seizures in some individuals. Many of the same tests are used to diagnose nonepileptic seizures as are used to diagnose epileptic seizures. [Learn More About Nonepileptic Seizures](#)

Treating Epilepsy The first type of treatment usually offered for epilepsy is antiseizure medication, of which there are more than Typically, antiseizure drugs are started at a low dose, and the dosage is gradually increased to find the proper dose for the person. **New Epilepsy Treatment** While close to half of people with epilepsy become seizure-free with drug therapy, side effects are common with epilepsy medication, often leading to a reduced quality of life. Other possible treatments for epilepsy include brain surgery and implanted nerve stimulation devices. The Epilepsy Foundation, for example, has comprehensive information about epilepsy and about living with epilepsy, including finding an epilepsy specialist. [Sign up for our Healthy Living Newsletter!](#) Thanks for signing up for our newsletter! You should see it in your inbox very soon. Please enter a valid email address [Subscribe](#) We respect your privacy. [International League Against Epilepsy.](#)

Types of Epilepsy Syndromes.

Chapter 5 : Living with Epilepsy | Patient

I have been living with epilepsy for the last 7 years. I hope this video gives you guys some insight on what my life is like and what epileptic people go through.

Epilepsy is a neurological disorder that affects the central nervous system. It causes seizures that range from mild to severe. Anyone may have an unexplained seizure once during a lifetime. But a diagnosis of epilepsy means having two or more unprovoked seizures. Epilepsy can be treated, and precautions can control seizures and minimize injuries. In fact, most people with epilepsy live long and normal lives, including these celebrities. Check out what these 12 famous people with epilepsy have to say about their condition, and see where you might draw some inspiration of your own. Lil Wayne Rap superstar Lil Wayne recently came clean about the condition he has dealt with for much of his life. In , he was hospitalized when he had a series of seizures. They occurred after shooting a music video, and it was assumed they were brought on by a busy schedule and lack of sleep. I get headaches real bad. In talking publicly about his epilepsy and what it feels like to have a seizure, the rapper is helping to shed light on the condition for his millions of fans. Theodore Roosevelt While the 26th President of the United States was perhaps best-known for his conservationist efforts, Theodore Roosevelt also stayed active outdoors in the face of numerous health conditions. Among these were asthma, eye problems, and epileptic seizures. But they may especially inspire those who battle specific challenges, like epilepsy, on a regular basis. Despite his health challenges, Roosevelt was known for being active. He was involved in numerous professional pursuits throughout his life. Dai Greene Olympic athlete Dai Greene is an example of how lifestyle habits can make a real difference to your health. After medications failed to eliminate his seizures, Greene realized that alcohol, stress, and lack of sleep triggered them. He changed his lifestyle, cut out alcohol, and started eating better. In , Greene told The Guardian how his family was skeptical about these changes at first. I very rarely drink alcohol now. No one with a medical condition should rely on lifestyle changes alone without consulting a doctor. The Academy Award-winning actor struggled with epilepsy and seizures as a child. Like many people with epilepsy, he outgrew the disorder. Glover attributes part of his success to being able to recognize the warning signs of seizures after his first one at the age of He was diagnosed with epilepsy in college. With treatment, he was able to continue his football career and become a successful professional athlete. Snelling has been outspoken about his condition “ particularly the stigmas and difficulties surrounding diagnosis. In my case, it did turn out to be epilepsy. And I like to tell people not to worry so much about that. Epilepsy can be managed, and you can go on and do whatever you want to do. I was able to fight my fears and overcome a lot of things; having epilepsy has actually built my character. He reaches out to others by speaking out about his own experiences. Neil Young Legendary singer-songwriter Neil Young has long lived with epilepsy. He also has a daughter who inherited the condition. He even describes a related medical procedure he underwent years ago. The unlikely star struggled with the condition throughout her childhood. In recalling those struggles , she has said: I was up against all those barriers. Adults in her life told her that her seizures were due to a mental defect, and for years she believed them. By talking about her struggles, Boyle helps to shine a light on children who may experience complex emotions because of epilepsy. Harrison attributes his love of history to the fact that he was forced to spend much of his time as a child inside the house, alone. Now, Harrison is giving back by working with the Epilepsy Foundation and helping the organization bring awareness to his home state of Nevada. Prince Prince, the legendary performer and Grammy Award-winner, first talked about his childhood battle with epilepsy publicly back in He told People magazine: Prince explained that the teasing from his classmates forced him to be confident and to develop a unique style and persona that helped make him famous: Chanda Gunn Athletes with epilepsy are particularly great at inspiring others to succeed in the face of a physical disability. Olympic ice hockey team. Diagnosed at the age of nine, Chanda was already an avid athlete. When she was forced to give up swimming and surfing, she took up hockey and never looked back. While ice hockey might be considered dangerous for people with epilepsy, Gunn demonstrates that anything is possible. He was diagnosed at the age of 15 and has coped with it ever since. I ran out of my meds filming in

the desert and went cold turkey. Today, he can say that his hopes came true. Living with epilepsy Epilepsy is a mysterious condition with causes that are not always fully understood. Many people develop the disorder in childhood and outgrow it, while others have it for a lifetime. Seizures can be disruptive and sometimes cause injuries, but they can be controlled with treatment.

Chapter 6 : Living with epilepsy | Epilepsy Society

Management & Support. Living with epilepsy means learning about the condition, getting support from others, being prepared for seizures and making your environment as safe as possible.

Click to share on Pinterest Opens in new window Having epilepsy does not mean one cannot live independently or happily. In fact, you can! Because those with epilepsy who have good health and whose mental faculties are not affected, can live independently well into adulthood. Place padding around table corners or any furniture to prevent hitting them during seizure activity. Have a plan of action ready so that if you need assistance, you can alert friends, family or neighbors. If you have the type of epilepsy where you have uncontrolled seizures, using a beeper or phone code system would be beneficial in alerting help for you, whether you are in the house or outside. Write reminders in your day planner or put sticky notes on your refrigerator or medicine cabinet—anywhere you will see them. If at the end of the week you have leftover pills, consult your physician on how to get back on track. Every home has two main areas that can invite harm—the kitchen and the bathroom. After a complex partial seizure, people can become confused and risk injury. There are several things you can do to decrease the chance of accidents: On safeguarding your kitchen: Use oven mitts while cooking, and only cook on rear burners. If possible, use an electric stove, so there is no open flame. Cook in a microwave, which is the safest option; microwave cookbooks are available. Keep a cart in the kitchen. On safeguarding your bathroom: Install a device in your tub and shower head that controls temperature. This keeps you from burning yourself if a seizure should occur, causing you to possibly hit the temperature knob. Do not put a lock on the bathroom door. If you have one, never use it. Someone should always be able to get in, if you need help. Carpet the floor—I recommend using soft non-slip rugs throughout your bathrooms. How to Participate Safely in Physical Activities: If seizures usually occur at a certain time, plan activities when seizures are less likely to happen. Avoid extreme heat when exercising and keep hydrated with plenty of water to reduce seizure risks. Check with your neurologist before starting any new exercise program. For more tips, you can visit: Living alone means taking responsibility for your health and well-being with support from those involved in your care and treatment. Preventing accidents gives you a better quality of life and helps you achieve what you need most: About Susan Noble As President and Founder of the Epilepsy Warriors Foundation, Susan Noble is striving to reach as many people within the local communities to help educate and bring an end to the stigma of epilepsy. It takes team work. It involves supporting each other in all efforts. It means showing the world that epilepsy is worth researching, fighting for and funding. We are a new foundation one with a passionate vision.

Chapter 7 : Living with Epilepsy | Epilepsy Action Australia | Epilepsy Action Australia

LGS is a severe epilepsy disorder in children that is characterized by multiple seizures, a distinctive brain wave pattern, and cognitive or behavioral abnormalities. Since Andrew's diagnosis, he has only achieved seizure freedom for a two-month period.

How are seizures harmful? We know that occasional brief seizures do not hurt the brain. However, the biggest concern with seizures is that a child will be physically injured when he has a seizure. Most children are not aware they are having a seizure and cannot protect themselves. Injury is the 1 risk with seizures. Seizures may interfere with school work and other activities. If a seizure lasts longer than 30 to 60 minutes it may cause scarring of the brain but this is very rare. Drowning is the 1 cause of injury from seizures. Never leave your child alone in a bathtub or near ANY water. A child can drown in less than an inch of water. Older children usually prefer to shower and can be unsupervised but they need to: Remove the drain stop if they are showering in a tub. Leave the bathroom door unlocked. Make sure someone is in the house when they are showering. No child or teen should ever swim unsupervised: Parents should watch all young children and be within reaching distance of them in the water. Older children and teens may swim with a buddy with a life guard present. The buddy should know how to recognize a seizure and be able to call for help if needed. Extra caution should be taken in water that is not clear. Life preservers should be worn when swimming or boating in oceans, lakes, and ponds because you may not be able to find a child who goes under in murky water. Other safety precautions include: When children are riding bikes, skateboarding, or rollerblading, they should always wear a protective helmet. Children should avoid heights. They should not play on high playground equipment or climb trees, and they should not sleep on the top bunk of a bunk bed. Water heaters should be set to no more than degrees F. Older children should not cook using the stove top without an adult watching. Some children who have frequent seizures resulting in falls and frequent injuries may benefit from wearing a protective helmet during any physical activity. Try not to panic! Seizures are very scary but you need to stay calm. It is your job to protect your child during the seizure to keep them from being hurt. As soon as you know your child is starting to have a seizure: Gently try to get them into a position where they are safe. If they are standing or sitting, get them to the floor or a soft surface where you can lay them on their side. Stay with your child. Use a watch or clock to time the seizure. They cannot swallow their tongue and often they clench their teeth together. If you try to put something in their mouth you are likely to hurt them or yourself. Do not try to stop or restrain their movements. Children often foam at the mouth or drool during a seizure. If they are turned on their side, this will run out of their mouth rather than pooling in the back of their throat. Some children do not have convulsing types of seizures, but may just stare or act unusual. If your child has this type of seizure, you just need to stay with them and keep them safe. You may not need to have them lie down on their side. What do I do when the seizure is over? After a seizure, especially a convulsion, children often are very confused and tired. Sometimes they fall into a deep sleep and sleep for several hours. It is okay to let them sleep. Check on your child frequently until he returns to his normal self. Your child may need his medication adjusted. Several seizures occur in a short period of time without the child recovering in between the seizures. Your child was hurt during the seizure. Your child will not respond in any way to you 30 minutes after the seizure. Your child is having trouble breathing. Or if you are concerned something is wrong. Most seizures last less than two 2 minutes. If a seizure is continuing after five 5 minutes it may not stop on its own. Most children do not have any serious problems with breathing during a seizure. Often children will be pale or blue around the mouth during a seizure. This is common during a seizure and not a sign of a problem. During a seizure the brain is working hard and needs plenty of oxygen. The human body naturally takes some oxygen away from the area around the mouth to send to the brain causing the blue look around the mouth. This does not mean your child is not getting enough oxygen to the brain. Can I stop a seizure? If a seizure lasts longer than five 5 minutes then you need help to stop the seizure. The only way to stop a seizure is with medicine. There is nothing else you can do to stop a seizure. You cannot stop the seizure by holding or talking to your child. During a seizure your child cannot take medicine by mouth. It must be given through an intravenous

line IV or in the rectum or nose where it will be absorbed through the mucous membranes. Sometimes when a child has seizures that last longer than a few minutes, we give parents one of these rescue medications to have at home. When a child has a long seizure at home, parents can give a rescue medication through the rectum or nose to stop a seizure. This can prevent extra calls and visits to the emergency room. All of these medicines will make your child more sleepy than usual after a seizure. If your child has a seizure that lasts longer than five 5 minutes, call The emergency squad may be able to give one of these medicines or they will take your child to a hospital where the staff will be able to give the medicine. Can my child die from epilepsy? Most children who have epilepsy will live a very full and long life. However, very rarely a child may die from an injury or drowning during a seizure, a very long seizure 60 minutes or longer , or from Sudden Unexplained Death in Epilepsy SUDEP. Will my child outgrow seizures? Many children outgrow their seizures. After a child begins taking medicine and has no seizures for two 2 years, many children are slowly taken off the seizure medication. You should never stop medication on your own. If you stop medication suddenly it may cause your child to have a seizure. Will flashing lights from TVs, computers or video games trigger a seizure? Flashing lights can trigger seizures in some children. We usually learn if your child is sensitive to flashing lights during an EEG. If this is the case he may be at increased risk for a seizure when he is exposed to flashing lights from a TV, computer or video game, or strobe lights. Hopefully, medication will decrease the risk so that no specific modifications are needed. However, some precautions may be necessary when watching TV or playing video or computer games. Your child should not sit too close to the TV, take a 10 or 15 minute break if playing computer games longer than one 1 hour, avoid these activities when overtired, and lights in the room should stay on. Wearing sunglasses with blue lenses when driving or riding in a car will decrease the risk of seizures triggered by flashing sunlight on bright days. What else can trigger a seizure? There are a few factors which may trigger someone to have a seizure when they are otherwise well controlled. These are often called breakthrough seizures. Factors which may trigger seizures are lack of sleep, illness and fever, missed medications, alcohol use, and significant mental or physical stress. Can my child play sports? If seizures are well controlled most children can play most sports. Some precautions may be needed. Sports and strenuous activities very rarely trigger seizures in children.

Chapter 8 : Living With Epilepsy - Aptiom® (eslicarbazepine acetate) Tablets

The Living Well With Epilepsy Blog is a place to share epilepsy stories and connect with other people living with epilepsy. Find out the latest on epilepsy in real life, health, wellness and more from this award winning epilepsy blog.

What is it like to live with epilepsy? There may be a few bumps in the road but you can learn to face these challenges. Just remember you are not alone. Check into community support groups in your area or on the internet. Sharing your experiences with others can be beneficial to you. Families can also be a great source of support. Encourage family members to learn as much as they can about epilepsy and share your thoughts and feelings with them. Finally, one day in shorthand class in high school, a day she remembers vividly, she experienced a seizure that temporarily impaired her speech. That episode got her to the hospital. Diagnosed with epilepsy, Ms. Jacques began taking medications that would help to some degree, but never fully stopped the seizures. In her 20s, Ms. Jacques married and had two boys. She went on to have another child, a girl, who she calls her miracle baby. During periods when she was not pregnant, however, Ms. At the age of 29, she was referred to neurologist Douglas R. After trying a series of the latest medications, Dr. Labar recommended that she undergo a left temporal lobectomy. For a number of years her seizures were more under control. At the age of 42, she underwent another left temporal lobectomy. Jacques is grateful for all the help she has had along the way, and the advances in medicine. Learn the type of epilepsy you have, be mindful of your own specific triggers and keep trac All of these things can help in managing the incidence of seizures.

Chapter 9 : Epilepsy - Living with - NHS

Having epilepsy does not mean one cannot live independently or happily. In fact, you can! Because those with epilepsy who have good health and whose mental faculties are not affected, can live independently well into adulthood.

Types of Seizures Types of Seizures efepaorg T The changes will help make diagnosing and classifying seizures more accurate and easier. This page will be updated in early to reflect these revisions. A summary of the changes can be found via the Epilepsy Foundation of America. There are many different types of seizures. The kind of seizure a person has depends on which part and how much of the brain is affected by the electrical disturbance that produces seizures. Before discussing the right kind of treatment, a doctor will figure out what type or types of seizures you might have. Seizures are usually divided into two major groups: Generalized Seizures absence , atonic , tonic-clonic , myoclonic. These seizures begin with a widespread electrical discharge that involved both sides of the brain at once. Partial Seizures simple and complex: These seizures start with an electrical discharge in one area of the brain. Generalized Seizures Absence Seizures: An absence seizure causes a short impairment of consciousness, usually lasting no more than a few seconds. Absence seizures can also happen with other types of seizures. These seizures happen so often and are so quick they often go unnoticed, even if the person has occurrences a day. Absence seizures can also occur occasionally, once or twice a day. There are two types of absence seizures: With this type, a person will usually stare into space for about 10 seconds. For this type, in addition to staring into space a person will also make a movement. This could be blinking, chewing, or hand gestures. These seizures can last up to 20 seconds. Doctors will usually order a test, called an EEG electroencephalogram , to check the brain for electrical activity that can cause seizures. If they think someone may be having absence seizures, doctors might also ask the person to breathe very quickly. This will often trigger cause seizures in people who get them. They rarely begin after age 20, but it does happen. A child with absence seizures may miss important instructions or lessons in class. Most kids with typical absence seizures can otherwise live life normally. About half the children also have infrequent generalized tonic-clonic seizures. For 7 out of 10 kids with absence seizures, they will stop having them by age Kids who start having absence seizures before age 9 are much more likely to outgrow them than children whose seizures start after age First Aid for an Absence Seizure: No immediate first aid is usually necessary, but a medical evaluation is indicated to try to prevent these seizures from recurring. If this is the first observation of an absence seizure, medical evaluation is recommended. Atonic also called a drop attack: It may cause the eyelids to droop, the head to drop, a person may drop things or fall to the ground. Usually, the person will remain conscious. In some children, only their head suddenly drops. After a few seconds to a minute the child recovers, regains consciousness. These seizures usually last less than 15 seconds. Because atonic seizures are so abrupt, without any warning, and because the people who experience them fall with force, atonic seizures can result in injuries to the head and face. Protective headgear is sometimes used by children and adults; the seizures tend to be resistant to drug therapy. First Aid for an Atonic Seizure: No first aid is needed unless there is injury from the fall , but if this is a first atonic seizure, the child should be given a thorough medical evaluation. After the seizure the person may be confused or injured from a fall. If they sustain injuries seek medical attention. Tonic-Clonic seizures affect both kids and adults. For children who have had a single tonic-clonic seizure, the risk that they will have more seizures depends. Some children will outgrow their epilepsy. Often, tonic-clonic seizures can be controlled by seizure medicines. Many patients who are seizure-free for a year or two while taking seizure medicine will stay seizure-free if the medicine is gradually stopped. Contrary to popular belief, nothing should be placed in the mouth during the seizure. Severe injury could occur. During this phase, the muscle tone is increased greatly in the body, arms or legs causing sudden stiffening movements. Because air is being forced past the vocal chords you may hear a cry or groan. During this seizure there is rapid contraction and relaxation of the muscle. In other words, repeated jerking. Breathing typically returns during the clonic jerking phase, but it may be irregular. This clonic phase usually lasts less than a minute. These seizures will generally last 1 to 3 minutes. If a tonic-clonic seizure lasts longer than 5 minutes requires medical attention. A seizure that lasts longer than

10 minutes, or three seizures without a normal period in between indicates a dangerous condition called convulsive status epilepticus. This requires emergency treatment. Some people experience only the tonic, or stiffening phase of the seizure; others exhibit only the clonic or jerking movements; still others may have a tonic-clonic-tonic pattern. Clonic seizures on their own are rare and are most commonly seen in tonic-clonic seizures. Incontinence may occur as a result of the seizure. The tongue or inside of the mouth may be bitten during the episode; breathing afterwards may be noisy and appear to be labored. Turning the patient on one side will help prevent choking and keep the airway clear. Full recovery takes minutes to hours, depending on the individual. Diagnosing a Tonic-Clonic Seizure: The typical appearance of a tonic-clonic seizure is usually easy to recognize. The doctor will want a detailed description of the seizures. An EEG and other tests may help to confirm the diagnosis or suggest a cause. Place something soft under the head, loosen tight clothing and clear the area of sharp or hard objects. Turn the person on his or her side to open the airway and allow secretions to drain. Stay with the person until the seizure ends. If the person does not resume breathing after the seizure, start cardiopulmonary resuscitation CPR. Let the person rest until he or she is fully awake. Be reassuring and supportive when consciousness returns. A convulsive seizure is usually not a medical emergency unless it lasts longer than five minutes, or a second seizure occurs soon after the first, or the person is pregnant, injured, diabetic or not breathing easily. In these situations the person should be taken to an emergency medical facility. Myoclonic seizures MY-o-KLON-ik are rapid, brief shock-like jerks of muscles, usually occurring at the same time on both sides of the body. Occasionally, they involve one arm or a foot. People usually think of them as sudden jerks or clumsiness. There can be just one but sometimes many can happen within a short period of time. These things are normal. First Aid for a Myoclonic Seizure: First aid is usually not needed. They remain awake and aware throughout. Sometimes they can talk quite normally to other people during the seizure. And they can usually remember exactly what happened to them while it was going on. These seizures are usually brief lasting less than 2 minutes. This can be a complex partial seizure or a secondarily generalized seizure. Motor Seizures “ These cause a change in muscle activity. For example, a person may have abnormal movements such as jerking of a finger or stiffening of part of the body. These movements may spread, either staying on one side of the body opposite the affected area of the brain or extending to both sides. Other examples are weakness, which can even affect speech, laughter or automatic hand movements. The person may or may not be aware of these movements. Sensory Seizures “ These cause changes in any one of the senses.