

Epilepsy



Item Code FS250011 May 2008 Edition no 7

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What is epilepsy?

Epilepsy is a chemico-electrical disorder of the brain (rather like a short circuit). Individuals with epilepsy usually experience fits or seizures.

Epilepsy is not infectious and others cannot catch it by contact or association! Nor is it a mental illness.

Living with epilepsy

You cannot tell an individual has epilepsy by looking at them!

At certain times, for example when the condition is initially diagnosed, the correct dosage of the medication has to be adjusted. This may result in seizures still occurring or lethargy, which passes once the balance is found.

If someone is going through this stage of adjustment to their medication, they are unable to drive until the condition has been stabilised. A person who has suffered an epileptic attack whilst awake must refrain from driving for at least one year from the date of the attack before a driving license may be issued. A person who has suffered an attack whilst asleep must also refrain from driving for at least one year from the date of the attack. Further information can be gained from the DVLA.

The causes of seizures are not always known and occasionally something will trigger one off for the first time. Some 'triggers' are common to many individuals with epilepsy such as flashing lights or the flicker of a computer screen or sunlight through trees.

There are over forty different types of epileptic seizures. Seizures can be classified as partial or generalized - partial seizures involve epileptic activity in part of the brain and generalized seizures involve epileptic activity in the whole brain.

Generalised Seizures

Generalised seizures involve the whole of the brain and consciousness is lost. The seizure may then take one of the following forms:

- *Tonic Clonic* is the most common generalised seizure involving the whole brain. The person goes stiff, falls to the ground, their limbs jerk, after which they may become still before regaining consciousness.
- *Tonic seizures* result in all the muscles contracting. The body stiffens and the person will fall over if not supported.
- *Absence seizures* (previously called Petit Mal) appear to onlookers that the person is daydreaming or switching off. However, in an absence seizure the person cannot be alerted or woken up, they are momentarily unconscious and therefore totally unaware of what is happening around them. These seizures occur most commonly in children between the ages of 6-12 (girls being more prone than boys).
- *Atonic seizures* (sometimes called 'Akinetic') are the opposite of Tonic seizures. The muscle tone is lost and the person drops to the ground, sometimes called 'drop' attacks. When the body goes limp it inevitably falls to the floor, There is a risk of head injury when the individual falls.

The Scout Information Centre

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- *Myocloni seizures* are abrupt jerking of the limbs. Myoclonic jerks occur most frequently in the morning. Although the seizures are brief, they can be extremely frustrating, resulting in spilt drinks or similar accidents. As in absence seizures, the person is not conscious, but the seizure is so brief that the person appears to remain fully conscious. Some people who experience these seizures have Juvenile Myoclonic Epilepsy.

Practical Tips

Leaders must be thoroughly acquainted with the individual, their parents and how their epilepsy is controlled. As young people grow, their medication may change and Leaders need to be aware of this.

Find out what you need to do in the event of an emergency.

Special care and consideration are necessary when planning adventurous activities such as:

Swimming - follow the Association's rules regarding swimming.

Boating activities - the life jacket used must keep an individual's head supported whilst in the water.

Skin Diving - requires medical permission.

Rock Climbing and Caving - as above.

Cooking - activities using any source of heat can prove dangerous during a seizure so close supervision is essential.

What else do I need to know?

Leaders will need to be fully acquainted with the nature of the individual's condition and how it is controlled including what medication to administer in case of prolonged seizure or before undertaking any form of prolonged activity, i.e. outings, camps or holidays. Discussions should take place to ascertain what regular routines should be followed with regard to medication.

A seizure will have a rapid onset. The individual may say that they feel 'fitty', weak or 'funny'. This is sometimes referred to as an 'aura'

Make sure that you find out:

- If there are any warning signs
- What happens during a seizure
- How long it usually lasts
- If there are any known triggers
- How long the recovery period lasts
- Whether the individual has a medical protocol that should be followed in the event of a seizure.

(The protocol will usually detail the types of seizures the individual has and what actions to take in each case, including the amount of time that can lapse before administering medication.)

First Aid for Seizures

- Avoid preventing them from falling if this would put you at risk of injury but try to move objects out of the way to avoid harm.
- Note the time that the seizure started and record the length of time as accurately as possible.
- Cushion their head with something soft, your arms if nothing else is available
- Do not attempt to restrict their jerking movements
- Do not put anything into their mouth
- Leave them where they have fallen, unless they are in danger
- Allow the seizure to run its natural course - there is nothing you can do to stop it
- Give lots of reassurance during the seizure as often they are frightening experiences
- Once the seizure is over, place them in the recovery position - it will help them breathe.

(During seizures the individual is likely to be unresponsive, with little regular eye movement or response to stimuli – this is regained when they come out of the seizure and eye contact can be sought).

- Do not leave them until they are fully recovered. This time varies from person to person

Call for an ambulance:

- If injury has occurred
- If the seizure does not stop after five minutes if no other time is stated in their protocol.
- If one seizure follows another without them regaining consciousness
- If you feel they need medical attention

Following a seizure there will be a period of drowsiness and confusion during which you will need to give reassurance.

Leaders must recognise that in young people with epilepsy, control of their condition often becomes the subject of rebellion, as part of their adolescent process. For a while individuals may become careless, even foolish, over their medication. This requires a good deal of understanding and discussion especially if adventurous activities are being contemplated. An individual's epilepsy is also likely to change through puberty and adolescence as their brain develops and undergoes changes. Keep up-to-date with latest changes in medication and seizure patterns.

It is also important that you are able to produce an accurate description of the event, what the individual was doing at the time – possible triggers, a description of the seizure and the duration to inform the parents and as potential information for practitioners.

Further Information

Discuss with the individual and/or their parents/guardians/carers the extent to which help is needed and learn any practical tips that they have to offer. They might also be able to arrange for you to have a chat with the GP or Specialist involved if it is felt to be helpful.

Support Organizations

Epilepsy Action

New Anstey House
Gate Way Drive
Yeadon
Leeds
LS19 7XY
Helpline: 0808 800 5050 (Monday – Friday)

Telephone: 0113 210 0300
Fax: 0113 391 0300
Email: epilepsy@epilepsy.org.uk
Web site: <http://www.epilepsy.org.uk/>

The National Society for Epilepsy

Chesham Lane
Chalfont St Peter
Bucks
SL9 0RJ
Helpline: 01494 601400 (10am - 4pm, Monday to Friday)
Telephone: 01494 601300
Fax: 01494 871927
Web site: <http://www.epilepsynse.org.uk/>

Epilepsy Action Scotland

48 Govan Road
Glasgow
G51 1JL
 0141 4274911
Fax: 0141 419 1709
Helpline: 0808 800 2 200 (Monday – Friday)
Email enquiries@epilepsyscotland.org.uk
 <http://www.epilepsyscotland.org.uk/>