

1: Living with Epilepsy – EFEPA – Epilepsy Foundation Eastern Pennsylvania

Multiple Subpial Transection (MST) Multiple subpial transection (MST) is a surgery used to control brain seizures in people with epilepsy who don't respond to medication.

Side Effects of Epilepsy Drugs: The occurrence of side effects depends on the dose, type of medication, and length of treatment. The side effects are usually more common with higher doses but tend to be less severe with time as the body adjusts to the medication. Anti-epileptic drugs are usually started at lower doses and increased gradually to make this adjustment easier. Some examples include double vision, fatigue, sleepiness, unsteadiness, stomach upset and mood changes. Some anticonvulsant medications have "idiosyncratic" side effects that can not be predicted by dose. These are those that are not shared by other drugs in the same class.

B Surgical treatment Most patients with epilepsy do not require surgery. However, if seizures are not controlled after a trial of two or three medications usually accomplished within two years then re-evaluation is suggested. In another words, Epilepsy surgery is an option for patients whose seizures remain resistant to treatment with anticonvulsant medications who also have symptomatic localization-related epilepsy; a focal abnormality that can be located and therefore removed. The goal for these procedures is total control of epileptic seizures, although anticonvulsant medications may still be required. Epilepsy is sometimes caused by an area of abnormal brain tissue, frequently located in the temporal lobe of the brain. If surgery can remove this tissue, seizures can often be prevented. The success of surgery and the risks of complications differ for each person. Surgery is not intended to be a substitute for medication – it is usually investigated as a treatment option when medication fails to prevent seizures, especially for people with focal onset seizures.

C Ketogenic diet It is one of the oldest treatments for epilepsy and was developed in the s. It is effective for treating certain types of epilepsy. Specifically, it is used most frequently in children with seizures that have not responded to medical therapy. The high fat, low carbohydrate and protein diet creates ketones when the body burns fat for a source of energy. This state is known as ketosis and causes changes in body chemistry that may help to control seizures. Children on the diet often will not gain weight or grow much during the time the diet is in use. After that, however, growth is expected and should be carefully monitored. It is most often recommended for children ages 2 through 10 or 12 years old who have been diagnosed with a generalized type of epilepsy, and who have failed to respond to a variety of drugs. Recent studies have shown that the diet may also be effective in those with partial seizures. This diet must be carried out under medical supervision.

D Vagus nerve stimulation VNS The vagal nerve stimulator is a computerized electrical device similar in size, shape and implant location to a heart pacemaker that connects to the vagus nerve in the neck it is implanted just beneath the pectoral or chest muscle on the left side of the chest and it is about the size of a stopwatch. Case series have demonstrated similar efficacies in certain generalized epilepsies such as Lennox-Gastaut syndrome. It can take up to 18 months to achieve maximum effectiveness. This procedure is not a substitute for medication and is only performed when medication is not effective. VNS is a very expensive treatment.

E Deep brain stimulation DBS It consists of a computerized electrical device implanted in the chest in a manner similar to the VNS, but electrical stimulation is delivered to deep brain structures through depth electrodes implanted through the skull. In epilepsy, the electrode target is the anterior nucleus of the thalamus. The efficacy of the DBS in localization-related epilepsies is currently under investigation.

F Complementary therapies Complementary therapies may help a person with epilepsy by improving overall health and wellbeing. However, research does not suggest that complementary therapies are likely to improve seizure control in most cases. In some situations, they have been shown to trigger seizures.

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2: Epilepsy and the Family – Epilepsy Ontario

Other people with epilepsy may need a lot of care, some or all of the time. Some people only need care when they have had a seizure. Even if they don't have seizures very often, the need for care during or after a seizure may be urgent.

Parents of children with epilepsy need information about the disorder and available support resources. Children and youth with epilepsy, as they get older, need increasing information about the disorder and its implications for their future. Older adults also may have specific information needs, given the likelihood they are taking medications for other chronic health conditions and have an increased risk of falls. People often rely on health care providers for this information, and a wealth of information is offered in written form and online. However, research suggests that both printed and online epilepsy information is written at too high a literacy level. Actions needed to improve education for people with epilepsy and their families include evaluating available educational resources, such as Internet resources and tools; expanding the reach and dissemination of available resources; engaging people with epilepsy and their families in developing and testing educational resources; evaluating, replicating, and expanding the use of self-management programs; and exploring new opportunities for improving education, such as a centralized web resource to connect people with epilepsy to reliable websites and a certification program for epilepsy health educators. Our introduction to epilepsy came when we were abruptly woken to the sound of Savannah shaking and gagging. Doctors called her seizures attacks and spells, but never seizures. We lost a great deal of trust in doctors because of their choice to censor. At onset all are confronted with the immediate need to learn about the disorder and its management. Receiving helpful information and education in the diagnostic phase of a chronic health condition can facilitate coping, because early perceptions may affect long-term adjustment to the condition Johnson, Living with epilepsy, its unpredictable seizures, and its comorbid conditions presents many challenges over time. Again, continued educational efforts can play a key role in helping people learn to live with and understand epilepsy and its effects over the life span. Thus, individuals and families need education and skills building throughout the course of the disorder, particularly during times of change, such as an increased frequency of seizures, changes in treatment etc. This chapter describes goals and priorities for educating people with epilepsy and their families, their knowledge acquisition needs across the life span, and methods through which individuals and families currently learn about epilepsy. It reviews different models, programs, and approaches to providing epilepsy education that have been developed and contrasts them with educational efforts in other chronic disease fields, in order to identify strategies for improvement. A New Health System for the 21st Century. The medical literature supports the importance of a patient-centered approach and indicates that people prefer patient-centered care. It even suggests which aspects of patient-centered care are most important to them. For patient-centered care and physician-patient partnerships to work, consistent, relevant health education efforts for patients and families are required. Cochrane emphasizes that epilepsy education helps people with epilepsy become self-confident, competent in self-management, aware of their needs, and able to access resources to meet their needs—in other words, it helps them become better partners in patient-centered care. Moreover, having accurate, in-depth information about epilepsy helps people better understand the disorder, prevents misconceptions, and reduces concerns about stigma. Finally, epilepsy education helps promote optimal well-being and quality of life. Lack of Knowledge and Familiarity with Epilepsy At the time of epilepsy onset and diagnosis, most patients and families probably know as much about epilepsy as the general public does, and their knowledge does not always improve in the period following diagnosis Elliott and Shneker, Literature reviews and U. An analysis of the Porter Novelli HealthStyles Survey results concluded that only about one-fourth of respondents believed they were knowledgeable about epilepsy, and only about one-third thought they knew what to do in the event of a seizure Kobau and Price, A large telephone survey of U. Spanish-speaking adults found a similar lack of information about epilepsy and many misperceptions about the causes of seizures, beliefs that people with epilepsy were dangerous, and the use of unconventional treatments such as vitamins, herbal remedies, and spiritual healing Sirven et al. According to Paschal and colleagues, lack of knowledge and misperceptions about epilepsy in the African American

community increase the stigma burden on African Americans with epilepsy. Moreover, people with epilepsy reported they had to spend a substantial amount of time teaching family members about their disorder. Research consistently demonstrates that people with epilepsy themselves do not have a solid understanding of basic information about the condition, including knowledge about their diagnosis, seizure precipitants or triggers, specific seizure types, the purpose and potential side effects of seizure medications, safety concerns, and the risks and potential consequences of seizures Bishop and Allen, In one of the few U. Thirty percent of respondents believed that epilepsy is contagious or a type of mental disorder. Some of this misinformation had the potential to affect personal safety; for example, 41 percent of people with epilepsy believed that something should be put in the mouth of the person having a seizure, 25 percent thought that women should discontinue medication when they are pregnant, and 25 percent believed it is safe to drive if they double their medication dose before driving, do not drive alone, or pull over when they feel a seizure coming on Long et al. When children lack knowledge about epilepsy, they are more likely to be worried and to have more negative attitudes about having epilepsy Austin et al. Moreover, when parents of children with epilepsy lack adequate knowledge or hold inaccurate beliefs about epilepsy, they may develop negative attitudes and reduced expectations for their children Frank-Briggs and Alikor, It is especially important that individuals with epilepsy and their families be given, preferably in writing, specific information about their syndrome, seizure type, and treatment plan. A review of literature on health information for adults with epilepsy by Couldridge and colleagues identified specific information needs related to diagnosis and treatment options, medications and their side effects, seizures and seizure control, safety and injury prevention, and common social and psychological problems. Individuals with epilepsy and their families also need to be informed about the full range of comorbid conditions associated with the disorder, including mental health, cognitive, neurological, and somatic disorders Chapter 3. People with epilepsy and their family members may have many fears when the diagnosis is made. The onset of epilepsy during childhood can be particularly frightening Ostrom et al. Children and adults with epilepsy likewise fear that mental health conditions, injury, or death may ensue Austin, To manage these fears and prevent unnecessary anxiety, people with epilepsy and their families need complete and accurate information about the comorbidities and mortality risks associated with epilepsy, including sudden unexpected death in epilepsy SUDEP, suicide, the risks of seizure-related injuries, and the risks of prolonged seizures such as status epilepticus Ficker et al. Patients and families need to be made aware of the risk for suicidal ideation associated with seizure medication, including symptoms of depression and mood changes that should be reported to health care providers FDA, My son, Tyler Joseph Stevenson, passed away on January 23, , from a seizure in his sleep at the young age of The more research we do and the interactions with families who have lost loved ones to SUDEP all share that they were never advised that their loved one could die from epilepsy or a seizure. I knew in my previous research that people with epilepsy do not normally live as long as others but did not think that Tyler would die so young. The risk factors may not always be controlled, but it is only fair to tell parents the risks that are involved. Realization of a lack of prior knowledge can have a devastating emotional impact, not only for individuals bereaved by a death in their family but also for individuals who first learn of SUDEP after having lived with epilepsy for some time. Education and communication is paramount to prevent this. Additional work is necessary to determine if health professionals need more education and knowledge about SUDEP generally and if they need more education on how to discuss this and other sensitive topics related to risks and mortality with their patients. Additionally, the efficacy and reach of existing SUDEP educational materials designed for health professionals and individuals with epilepsy and their families needs to be reviewed and additional materials may have to be developed. Interviews with UK adults with epilepsy indicated a desire for more information about a broad range of disease-related topics, including mortality risks Prinjha et al. A survey of UK neurologists indicated that only 30 percent discussed SUDEP with all or a majority of their patients, and one of the most common reasons for such a discussion was that the patients requested it Morton et al. Similarly, a UK survey of pediatric neurologists and parents found that 91 percent of the parents desired information about SUDEP, but only 20 percent of the neurologists consistently provided it to all patients Gayatri et al. In this study, 61 percent of parents did not want their children to be told about SUDEP, while 21 percent did. Of

those wanting their children to be told, almost half of the parents wanted to be the ones to tell them, and about one-third wanted the health professional to do so Gayatri et al. People with epilepsy and their families also need information about living a healthy lifestyle, not only because of the impact of epilepsy, but also because of the associated physical comorbidities e. A survey of adults showed that in addition to information about epilepsy and their treatment, they wanted information on self-management, available social and community resources, support groups, and counseling Paschal et al. Box provides an overview of these broad information needs. Having access to information about healthy lifestyles and community resources is essential for ensuring that people with epilepsy are able to achieve the best possible quality of life see also Chapter 6.

Epilepsy—seizure type, syndrome, causes Treatment and management—options, medications, devices, surgery, dietary modifications, side effects, treatment discontinuation, more In a survey conducted by Paschal and colleagues , concerns about stigma were prominent, with 89 percent of respondents perceiving that the public lacks awareness of and knowledge about epilepsy, 65 percent experiencing stress because of this lack of awareness, and 42 percent reporting stigma in the general public. Feelings of secrecy, shame, and worry about stigma also were identified in a qualitative study of children and adolescents Lewis and Parsons, As described in Chapter 6 , stigma has been associated with diminished quality of life. Additional work is needed to examine the role that educational materials and programs, support groups, and counseling resources may play in helping individuals and their families successfully cope with stigma and related concerns, such as the fear of having a seizure in public.

Knowledge Needs of Children, Adolescents, and Youth Transitioning to Adulthood Studies consistently indicate that children and adolescents with epilepsy need increasing knowledge about their condition over time, tailored to their growing ability to comprehend the information and its implications. Children and adolescents want to understand and resolve their fears related to epilepsy, to understand how it might affect their future, and to learn how to manage it in their daily lives, especially at school McNelis et al. A UK study demonstrated that providing information about mortality, including SUDEP, is especially relevant for youth, because of the higher death rates in individuals under age 30 who have long-term epilepsy Mohanraj et al. While reluctant to initiate a conversation about sensitive topics such as alcohol use and sexual activity, older adolescents participated in these discussions when health professionals began them Lewis et al. However, the researchers found that young people believed health professionals were more interested in providing medical information than in helping with more practical aspects of daily living Lewis et al. Youth transitioning into adulthood need information and knowledge that will help them assume appropriate responsibility for managing their epilepsy and living a healthy lifestyle. Jurasek and colleagues believe these youth need to be knowledgeable about the following:

Epilepsy management—Knowledge about their specific epilepsy condition e. Topics that emerge during adolescence—Knowledge about topics such as sexuality, alcohol and drug use, and driving, in the context of living with epilepsy, helps to support informed decision making. Living independently—Skills that facilitate independent living are related to 1 education, career, and employment decisions; 2 living a healthy lifestyle, including managing stress and getting sufficient sleep; 3 self-management skills, such as knowing which health care provider to contact, getting to appointments, knowing how to fill prescriptions, and medication adherence strategies; and 4 obtaining and paying for medications.

Knowledge Needs of Adults In a large national survey, adults with epilepsy indicated that they have many fears related to seizures or dying during a seizure and that they face specific social challenges, including potential embarrassment about having a seizure in public Fisher, Areas in which adults desired more information were related to employment e. In another study, adults also needed more information about driving regulations Couldridge et al. Pregnancy, effects of medications on the fetus, and breastfeeding women Bone health Women The specific knowledge needed by women with epilepsy, which may vary by age, has generally received insufficient attention. Because sex hormones can affect seizure frequency, girls and women need information related to hormonal fluctuations and seizure frequency. In a UK survey, adult women with epilepsy between the ages of 19 and 44 identified their most important information needs as relating to risks of epilepsy and medication affecting the fetus 87 percent , the effect of pregnancy on seizure control 49 percent , and the risk of their children developing epilepsy 42 percent Crawford and Hudson, For example, recent findings that show an increased risk for

congenital malformations and impaired cognition in children of women treated during pregnancy with valproate, a commonly used seizure medication, suggest that all women of child-bearing age need to be kept apprised of the latest research in this area Harden et al. Women with epilepsy also have been found to have higher-than-expected rates of sexual dysfunction Pennell and Thompson, Among women over age 44, the most important information needs concerned epilepsy medication and osteoporosis 63 percent , seizure medications and aging 57 percent , and seizure changes during menopause 44 percent Crawford and Hudson, Men One of the least studied subgroups of people with epilepsy is men. Studies show that men with epilepsy are less likely to be married, they have lower-than-expected fertility rates, and about one-fourth have problems with sexual dysfunction Pennell and Thompson, In one of the few studies examining the perceptions and experiences of adult men with epilepsy, 18 percent rated themselves at the highest level of knowledge about the condition, but 25 percent said they have a low level of knowledge Sare et al. Finally, more than half indicated that they worried about the possibility that their children might inherit their epilepsy. Knowledge Needs of Older Adults The education needs of older adults with epilepsy, their family members, and other caregivers are poorly understood and underexplored Martin et al. The committee found few studies that considered them. Likely areas for education were identified by extrapolating factors that are unique to older adults with epilepsy. For example, because older adults are especially vulnerable to the adverse effects of medication Leppik, , they need education about the side effects of seizure medications, particularly given the likely complications of aging-related factors, such as memory impairment, complex multidrug regimens, and difficulty affording medications Rowan, An important concern among older adults is avoiding fall-related injuries, which may result in skeletal fractures. Risks for fractures are significantly higher in people with epilepsy than in the general population Donald and Bulpitt, ; Gaitatzis et al. In addition to seizures, contributing risk factors for falls include female gender, polytherapy, side effects of seizure medications including dizziness or ataxia , and coexisting neurological conditions and deficits Fife et al. The high prevalence of osteoporosis among older adults increases the risk of injury when falls occur Cohen et al. In a recent community-based survey of older adults living with epilepsy, Martin and colleagues identified that driving and transportation and medication side effects were the most frequently cited concerns, followed by personal safety, medication costs, employment, social embarrassment, and memory loss. Information about independent living resources and housing modifications to enhance and increase personal safety at home was also indicated.

3: How Does Epilepsy Affect Daily Life? | My Child Without Limits

The Epilepsy Foundation is the Voice of People with Epilepsy and Their Families Stronger Together: The Epilepsy Therapy Project and Epilepsy Foundation decide to merge - Our personal stories and reflections.

Programs in the Department of Neurology Epilepsy Epilepsy affects more than two million individuals of all ages in the U. It is characterized by the occurrence of spontaneous, unpredictable seizures, which can interfere with daily life, cause physical injury, and lead to brain cell damage. For many patients the seizures are not controlled by currently available medical therapies. Treatment options are limited for these patients to include epilepsy surgery, vagus nerve stimulation, or experimental therapies. While much information is available about the abnormal communication of neuronal networks in epilepsy, the basic mechanisms of epilepsies that involve both genetic and acquired causes are not fully understood. Basic scientists are studying how specific changes in the brain eventually produce epilepsy and how brief or prolonged seizures directly alter brain function. These include changes in gene expression, "rewiring" of brain connections, and the death or birth of specific brain cells. Researchers are also studying how seizures start, spread, and stop; why certain types of seizures occur at specific ages or in response to distinct stimuli; and how antiepileptic medications work on brain cells to block seizures. Mayo Clinic researchers are studying many areas of epilepsy and have made milestone advances. Some of the ongoing research and their accomplishments are listed below. Ongoing research Gregory Worrell, M. Electrophysiological biomarkers of epileptogenic brain and precursor signals that precede the onset of clinical seizures may make seizure warning devices possible, as well as lead to improvements in the efficacy of epilepsy surgery and brain stimulation. The goals of the research are to render these individuals seizure-free without treatment-induced adverse effects to allow the patients to become participating and productive members of society. This includes the diagnostic evaluation involving structural and functional neuroimaging, long-term EEG monitoring, and intracranial EEG recordings. The introduction of MRI-based hippocampal volumetry in patients with temporal lobe epilepsy by Clifford R. These neuroimaging techniques may be used to select potential operative candidates with intractable partial epilepsy. Treatment options for intractable epilepsy include epilepsy surgery, vagus nerve stimulation, ketogenic diet, and investigational therapies. They are evaluating the safety and efficacy of electrical stimulation using responsive neurostimulation NeuroPace, Inc. The goal of this investigation is to understand the pathophysiology and clinical expression of idiopathic genetic epileptic syndromes. The overall strategy of EPGP is to collect extremely detailed phenotypic information on a large population of patients with epilepsy, and to use state-of-the-art bioinformatics to identify the potential contribution of genomic and somatic variability to the epilepsy phenotype, to developmental anomalies of the central nervous system, and to the varied therapeutic response of patients treated with antiepileptic drug medication. Sirven has studied various therapeutic modalities in this age group, including epilepsy surgery, electrical stimulation, and antiepileptic drugs. Currently, he is involved in evaluating the impact of antiseizure drugs on balance function. He has extensively studied the stigma of epilepsy as it is portrayed in the media, as laws are written on the topic for the Federal Aviation Administration and on Complementary and alternative medicine for epilepsy. Sirven is also involved in research involving seizures in the Hispanic population. In , he published the first national survey of U. Hispanic attitudes and knowledge about epilepsy and seizures, and his research continues in this endeavor. Sirven is also studying epilepsy as it pertains to new therapeutic modalities for seizure treatment with either new drugs or devices. He is actively involved in research using devices that deliver electrical stimulation for epilepsy as well as several research trials involving new anti-seizure medications. He is also working with a new device to help predict when seizures are likely to occur. The secondary hypotheses are: The highest frequency of epilepsy will be found among the subgroup with "definite ADHD," and a lower frequency of epilepsy will be identified in the subgroup with "intermediate-risk ADHD. From this study they also hope to describe the characteristics of seizures, including the severity of epilepsy, response to treatment, EEG findings, and underlying etiology in the ADHD cases compared to non-ADHD controls. So has recently been investigating the development of advanced techniques of imaging for localizing the seizure focus for

epilepsy surgery. He is also conducting research on the morbidity and mortality in persons with epilepsy, especially injuries due to seizures and the phenomenon of sudden unexplained death in epilepsy SUDEP. The use of peri-ictal SPECT in patients with intractable partial epilepsy has been shown to be of diagnostic and prognostic importance in individuals being considered for surgical treatment. Furthermore, these seizures may be intractable. According to previous studies, the risk of developing intractable epilepsy following withdrawal of antiepileptic medication is between 1 and 20 percent. However, these studies did not include all seizure types. Neuroimaging and EEGs were not consistently used to determine if antiepileptic medications should be withdrawn. Failure to account for abnormalities in neuroimaging and EEG may lead to premature medication withdrawal. Furthermore, the majority of previous studies were not population-based. This could lead to an increased frequency of children who develop intractable epilepsy and may over-estimate the risk of developing intractable epilepsy following discontinuation of antiepileptic medications in seizure-free children with epilepsy. Nickels is conducting a retrospective chart review to 1 report on the number of children with epilepsy in a population-based cohort who were able to discontinue antiepileptic medications due to seizure-free status; 2 examine the number of children who, after discontinuation of antiepileptic medication due to seizure-free status, developed recurrence of seizures; 3 determine the risk of developing intractable epilepsy following discontinuation of antiepileptic medication in seizure-free children with epilepsy; and 4 determine the risk factors for developing intractable epilepsy following discontinuation of antiepileptic medication in seizure-free children with epilepsy. Research advances Mayo Clinic researchers have made significant progress and discoveries in diagnosis and treatment of epilepsy. This section contains some of their milestones in conquering this disease. Yet, all felt acute back pain after well-documented seizures, and X-rays confirmed the presence of vertebrae fractured from the mechanical stress of seizures. The vertebral compression fractures appear to result from bone demineralization caused by anticonvulsants prescribed to control seizures. The team is the first to identify a new potential negative side effect of some seizure medications by noting that traditional bone density measurements do not adequately predict the risk of compression fractures. Ten years later, 72 percent remained totally or nearly seizure-free. In one of the largest epilepsy surgery studies ever conducted, the results show that seizure surgery is durable and remains effective and safe over time. Median age at diet initiation was 63 months 25th percentile, months. There were 7 girls and 7 boys. Four had symptomatic generalized epilepsy, whereas the remainder had partial seizures with secondary generalization. Twelve of 14 children suffered seizures on a daily basis prior to the ketogenic diet. Six were commenced on the diet as outpatients, whereas 8 were admitted to hospital. No patients were fasted. All admitted patients were started on a 1: They found that the ketogenic diet can be effectively initiated without a fast in children with epilepsy. Time to ketosis and diet efficacy are similar to protocols that use a fast. Is a fast necessary when initiating the ketogenic diet? *J Child Neuro* ; Wirrell and her colleagues compared sleep patterns in children with epilepsy with those of their non-epileptic siblings to determine which epilepsy-specific factors predict greater sleep disturbance. They conducted a case-control study of 55 children with epilepsy and their nearest-aged non-epileptic sibling. They concluded that children with epilepsy in this current study had significantly greater sleep problems than their non-epileptic siblings. Sleep disturbances in children with epilepsy compared to their nearest aged siblings. *Dev Med Child Neurol* ; Wirrell also studied whether children and teens with epilepsy participate in less physical activity and have higher body mass index BMI percentiles for age than do their siblings without epilepsy; and what epilepsy-specific factors limit their participation. They found that programs that promote exercise in adolescents with epilepsy should be encouraged to improve their physical, psychological, and social well-being. Physical activity in children with epilepsy compared to their siblings without epilepsy. Wirrell and colleagues studied to determine the range of diagnoses and the prevalence of previous seizures in children presenting to a first seizure clinic. They found that diagnostic inaccuracy is common in a first seizure. One quarter of children were incorrectly diagnosed as having a seizure, while the diagnosis of epilepsy was missed in over one-third of children. Diagnostic inaccuracy in children presenting with "first seizure": More about research at Mayo Clinic.

4: Epilepsy - Care at Mayo Clinic - Mayo Clinic

This is about million people with epilepsy nationwide: 3 million adults and , children. 1 According to the latest estimates, about % of children aged years have active epilepsy. 1,2 Think of a school with 1, studentsâ€™this means about 6 of them could have epilepsy.

Talk to other parents who have children with epilepsy. Encourage your child to spend some time alone with the doctor, asking questions and discussing any concerns. Help your child to identify emotions â€” anxiety, sadness, anger, disappointment, uncertainty, fear, frustration, guilt and worry â€” and to learn to deal with them appropriately. When planning family outings, create a back-up plan, should a seizure occur. How can brothers and sisters help during and after a seizure? Can your child resume activity after a seizure? If not, who will tend to the child after the seizure while other family members continue with their trip to the park, birthday party, picnic, or camping? Under what conditions would it be necessary to cancel or end an outing prematurely? How much parents tell their child depends on how much they think their child can handle. Parents should reassure their child that although some seizures look dramatic, the vast majority are painless for the person involved. Parents should also consider mentioning that it is extremely rare for anyone to die while having a seizure if they suspect their child has fears about death. Children should also be encouraged to ask any questions and mention any concerns they have. Children still need the same love, attention and encouragement from their parents to grow up. Infants newborn to 18 months All children in this stage of development need their parents to promote crawling, feeding, walking and talking. When a child has seizures, parents may be more worried about their child having a seizure while trying to do any of the above. Sometimes, in an effort to be a good parent or to be loving and helpful, parents try to do too much for their child. Toddlers 18 months to three years Children in this age group need their parents to promote walking, exploring and playing, climbing, talking and feeding themselves. Parents may be concerned about the bumps and bruises, which any toddler encounters. They may find it difficult to allow their child the increased independence, which is so important at this stage. Parents strive to find a balance between nurturing and protection, and independence. Too much of either is not good. Each parent must decide where that balance lies for them based on their own comfort level. Not only do parents struggle with finding their own balance, others who care for their child i. Parents can help these caregivers by educating them about promoting independence and safety, and by providing information about seizures and medication. If you find that things are out of balance in this area, you may want to find someone â€” another parent or a professional who is familiar with this experience â€” to talk about your concerns. Preschoolers three to five years Children in this age group need their parents to promote play, creativity and imagination, exploration of their environment, socializing in various environments and setting limits and rules. The concerns and worries of parents whose child has seizures may push them to parent differently than they would if their child did not have seizures. Some parents view their child as being constantly at risk. They may feel so worried that they become excessively permissive. Other parents view their child as special or sick and feel so sorry for their child that they become excessively permissive. Parents whose style is excessively protective may find their child becomes inhibited and frightened of trying new things. Parents whose style is excessively permissive may find their child becomes uninhibited or unable to manage feelings or behaviour. At this stage, it is extremely important to set rules and expectations, exposing your child to various social situations with appropriate supervision in which the child can learn about and practice new skills with others. Again, the behaviour between what a child needs to grow up and what is reasonably safe for your child is one that each parent struggles with and finds on their own. Latency Age seven to 11 years Children in this age group need their parents to promote success and mastery. Growing up means taking calculated risks and achieving benefits from those risks. At this stage it is also important for children to be able to know about their seizures, what happens to them during a seizure and to be able to explain this to their friends. Some children who have seizures also have learning challenges or behaviour difficulties. Parents who are able to show their acceptance of the seizures send the message to their child that the seizures are not to be feared. Adolescence 12 to 18 years Adolescents need promotion in

areas of independence from their family, membership in a peer group, sexual identity and sexual roles, and thinking about career options. Adolescence is a challenging and exciting phase for both adolescents with their parents. Parents worry about whether their adolescent is making good choices, getting into trouble and not being responsible enough. This is entirely normal. The level of worry for parents of an adolescent with seizures can be exacerbated. Some adolescents may go overboard to prove they are just like their peers and pay no attention to their safety. At the other extreme, others may become inhibited and never find a peer group to belong to because they feel so different. Parents can help their adolescent through this phase with only a minimal amount of turmoil. They can encourage their young adult to become involved in safe peer group activities. Issues of independence and safety can be negotiated through ongoing dialogue rather than by polarized arguments. This makes it possible for both parties to get what they want. By promoting from an early stage the idea that the adolescent develops a peer support group that becomes familiar with seizure management, issues of safety may become less problematic and worrisome. Your adolescent will not remain an adolescent. As parents, you help to prepare your offspring for that, providing the equipment and skills necessary to survive in an adult world.

Siblings Expand Siblings Section When there is so much to attend to for the child with epilepsy, parents may tend to overlook the effects of seizures on siblings. Siblings of children with epilepsy have also been found to be at an increased risk for psychosocial difficulties. These children may feel a great deal of jealousy toward the child with epilepsy who receives more attention from the parents. Siblings may have trouble adapting to their situation. They may feel overwhelmed by their complex feelings and thoughts about the demanding situation in which they find themselves. Siblings may also feel alienated from their parents or from the child with epilepsy. Siblings still need to contribute their fair share to the family. Parents should, however, acknowledge their feelings and deal with them accordingly. Many of the negative feelings of siblings can be eliminated or reduced by providing them with reassurance and adequate information about epilepsy. Siblings are also part of the process of socialization. This is particularly important for the development of social skills. Siblings may play together at home or in the neighbourhood with other children. Siblings may also fight with each other. This may cause siblings to feel resentment toward the child with epilepsy.

Expand Siblings as Caregivers Section Siblings as Caregivers Remember that brothers and sisters play a significant role in the life of your child with epilepsy. Siblings who understand seizures and are not fearful of them can often be helpful by ensuring that other children do not overreact to a seizure and by calling a designated adult to assist the seizing child. Include brothers and sisters in the care of your child with epilepsy. This can help them to feel useful and can also be a welcome support to you as parents. It is important to note that placing responsibility on the sibling to supervise a child with seizures is not recommended. This places the sibling in a parental role and is too much responsibility for a child. Explain what epilepsy is and is not. Explain that the child with epilepsy will not die from seizures. Be aware that brothers and sisters may fear catching epilepsy. They can believe the myths and stereotypes held by schoolmates. They may have a difficult time coping with ridicule, teasing and ignorance. Take time to talk with your other children about epilepsy. Be sure to spend time one-on-one with each child. Brothers and sisters are aware of the extra time that parents spend with their child with seizures and do feel left out. Give them information about how to explain seizures to their friends. Give your child with epilepsy responsibilities, duties and privileges as you do your other children in the family. Some children may threaten with a temper tantrum that parents often fear may lead to a seizure. Treat your child with epilepsy the same as you do your other children. Any precautions for brothers and sisters will usually apply to your child with epilepsy. For example, no child should ever swim alone.

Expand Grandparents Section People of earlier generations are more likely to have misunderstandings and stereotypes regarding epilepsy. They may be set in their ideas and opinions of the disorder and may be unwilling to accept it in the way parents feel they should. Parents should try to explain to grandparents what epilepsy is so they can better understand it. While this is understandable, there are things that parents can do to help grandparents feel more confident in their abilities to help the child having a seizure. Parents should explain to them what they will need to do if the child has a seizure. If the grandparents spend time with the parents and witnesses them during a seizure, they will probably be more confident in handling a seizure themselves.

Expand Babysitters and Other Caregivers Section For a

child with well controlled epilepsy, a competent babysitter should be able to manage quite well. This is no surprise, since helping a child manage a seizure is a great responsibility. Provide a clear explanation of what epilepsy is. See our About Epilepsy section. It is important to note that epilepsy is not contagious, and it is not a mental illness. A list of the medications the child is taking including the dosages , who should administer it and when it should be administered.

5: Managing Epilepsy | CDC

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.

The ACA was primarily designed to make coverage for individuals not covered by employer-sponsored plans or government programs “such as Medicaid or Medicare” more affordable and readily available to consumers, including those with health conditions who had often been denied coverage, or charged more, because of their conditions. The ACA made significant changes to improve the individual and small group health insurance markets. Individuals who did not have access to health insurance previously are now able to shop for and obtain coverage with the availability, for most, of tax credits to help pay for premiums and cost-sharing subsidies to pay for out-of-pocket costs such as deductibles. The ACA also gave states the option to expand their Medicaid program to cover more low-income adults and receive additional federal funds to pay for this new population of beneficiaries. Another major component of the ACA is the host of patient protections that ensure that individual and small group health plans are adequate and more similar in benefit design to employer-sponsored health plans. Prior to the ACA, many individuals with epilepsy and other chronic conditions did not have access to health insurance that was affordable and sufficient to cover their health care needs. Individuals often could not gain coverage because of pre-existing conditions, exorbitant costs, and mandatory waiting periods before they could gain coverage via a state high-risk pool or Medicare. Learn more about the basics of the ACA here. Preserving Patient Protections Created by the Affordable Care Act The Epilepsy Foundation advocates for access to quality health care that is affordable and comprehensive, and that meets the needs of individuals with serious and chronic health conditions and disabilities. We are dedicated to implementation, strengthening and enforcement of the patient protections created by the Patient Protection and Affordable Care Act ACA , especially as they relate to health plans offered in the ACA Marketplace and Medicaid expansion. As Congress and the Administration consider health care reform proposals, we continue to raise awareness of the critical role patient protections created by the ACA play in ensuring people living with epilepsy have access to quality care. The ACA allowed millions of individuals “many who had been unable to access health insurance in the past because of denials and exclusions for pre-existing conditions, as well as unaffordable premiums” to gain meaningful access to quality and affordable care through the ACA Marketplace and Medicaid expansion. United States, challenging the recently finalized federal rule on short-term health insurance plans. The brief argues that the expansion of these plans from three to almost 12 months, with the ability to renew, will weaken protections for individuals with pre-existing conditions and destabilize the insurance marketplace by siphoning younger, healthier individuals out of the market, leading to increased “potentially unaffordable” premium rates for individuals living with chronic conditions like epilepsy. People with pre-existing conditions are at risk of being underinsured or losing coverage altogether if premiums become too high. Short-term health plans are not a substitute for comprehensive, affordable health care. Due to the overwhelming risk to people with pre-existing conditions and the insurance market, the amicus brief asks the court to issue a preliminary injunction stopping the rule and preserving current limits on short-term plans. Read the full amicus brief here. Organizations supporting the amicus brief include: On Friday, October 26, , the court is expected to begin hearing arguments. The final rule reverses the previous maximum period of short term plans of less than 3 months. The Epilepsy Foundation signed onto a statement with over 26 other patient advocacy organizations expressing serious concern over the decision to finalize this short-term, limited-duration rule, which will reintroduce health insurance discrimination based on gender, health status, age, and pre-existing conditions. Association Health Plan Final Rule Released On June 19, , the Administration released the final rule on Association Health Plans AHPs , which will expand the definition of an employer, allowing more small businesses and self-employed individuals to join together for the sole purpose of offering health insurance through association health plans. In the final rule, AHPs will not be able to deny individuals with pre-existing conditions coverage or charge them more, however these plans will not be required to cover Essential Health Benefits or comply with other

patient protections created by the Affordable Care Act ACA. Without comprehensive coverage, many who purchase these plans will be left underinsured. Since AHPs do not have to cover all Essential Health Benefits or comply with patient protections created by the ACA, the premiums are expected to be lower and accordingly siphon healthier people out of the marketplace. Premiums are likely to increase for consumers, which will further destabilize the marketplace in which individuals with complex chronic conditions like epilepsy rely on for high-quality, affordable care. Short-Term Limited Duration Plans Proposed Rule Released On February 19, the Department of Health and Human Services released a proposed rule that would allow insurance companies to offer short-term limited duration health plans “ which do not have to cover Essential Health Benefits -- for just under 12 months, as opposed to the current limit of just under three months. While short-term limited duration plans currently exist to help individuals navigate insurance coverage gaps, the proposal would allow short-term limited duration plans to become a substitute for comprehensive annual plans. These short-term limited duration plans would be able to charge lower premiums and draw in younger, healthier individuals because they do not have to cover all Essential Health Benefits or comply with patient protections created by the ACA. These changes would destabilize the ACA marketplace on which people with complex chronic conditions like epilepsy who rely on for quality, affordable care. We joined other patient advocacy groups in a statement express our concerns with the proposal that would allow short-term limited duration plans to become a substitute for comprehensive annual plans. Read more letters in the sidebar. Association Health Plans Proposed Rule Released On January 4, the Department of Labor released a proposed rule that would expand the definition of an employer, allowing more small businesses and self-employed individuals to join together for the sole purpose of offering health insurance through association health plans. It is unclear how these association health plans would be regulated and importantly, they would not be required to cover Essential Health Benefits and guarantee other patient protections created by the ACA. These plans would be able to charge lower premiums and draw in younger, healthier individuals because they do not have to cover all Essential Health Benefits or comply with patient protections created by the ACA. We are bringing together state and national patient and community groups to issue public comments on our concerns about how the proposal could negatively impact access to quality, affordable health care. In response to this directive, the Departments of Labor and Health and Human Services have issued proposed rules earlier this year. Any changes to the individual and small group insurance market can have a profound impact on access, quality and affordability for people living with complex chronic conditions like epilepsy. If association health plans and short-term limited duration plans are allowed to provide less comprehensive coverage they can charge lower premiums and draw in younger, healthier individuals and this shift comes at the high cost of destabilizing the ACA marketplace. People living with serious and complex chronic conditions likely would not be able to obtain insurance policies that meet their needs with association health plans and especially with short-term limited duration plans, and they would face higher cost-sharing and out-of-pocket costs in their ACA marketplace plans. Department of Health and Human Services. The Epilepsy Foundation also signed onto an I Am Essential comment letter with other patient and community organizations. Read the letters below. Epilepsy Foundation NBPP Comment Letter November 27, Epilepsy Foundation Joins Statements and Letter Opposing Repeal of Individual Mandate On November 14, , 16 patient consumer groups issued a statement in relation to the current tax reform debate, which now includes proposals to repeal the individual mandate for health insurance coverage. Any changes Congress makes to our health care system should be focused upon expanding access to quality, affordable health coverage for all Americans. Eliminating the individual mandate tax penalty will result in 13 million fewer Americans having health insurance and an increase in premiums, especially for those with chronic conditions. Read the full statement below.

6: Home | CareEpilepsy

Supporting and caring for people with epilepsy This course is designed for people who support or care for people with epilepsy. It aims to give you the knowledge and skills you need to work effectively with people with the condition.

If you experience a seizure for the first time, seek medical advice. Request an Appointment at Mayo Clinic

Causes Epilepsy has no identifiable cause in about half the people with the condition. In the other half, the condition may be traced to various factors, including: Some types of epilepsy, which are categorized by the type of seizure you experience or the part of the brain that is affected, run in families. Researchers have linked some types of epilepsy to specific genes, but for most people, genes are only part of the cause of epilepsy. Certain genes may make a person more sensitive to environmental conditions that trigger seizures. Head trauma as a result of a car accident or other traumatic injury can cause epilepsy. Brain conditions that cause damage to the brain, such as brain tumors or strokes, can cause epilepsy. Stroke is a leading cause of epilepsy in adults older than age 65. Infectious diseases, such as meningitis, AIDS and viral encephalitis, can cause epilepsy. Before birth, babies are sensitive to brain damage that could be caused by several factors, such as an infection in the mother, poor nutrition or oxygen deficiencies. This brain damage can result in epilepsy or cerebral palsy. Epilepsy can sometimes be associated with developmental disorders, such as autism and neurofibromatosis.

Risk factors Certain factors may increase your risk of epilepsy: The onset of epilepsy is most common in children and older adults, but the condition can occur at any age. If you have a family history of epilepsy, you may be at an increased risk of developing a seizure disorder. Head injuries are responsible for some cases of epilepsy. You can reduce your risk by wearing a seat belt while riding in a car and by wearing a helmet while bicycling, skiing, riding a motorcycle or engaging in other activities with a high risk of head injury. Stroke and other vascular diseases. Stroke and other blood vessel diseases can lead to brain damage that may trigger epilepsy. You can take a number of steps to reduce your risk of these diseases, including limiting your intake of alcohol and avoiding cigarettes, eating a healthy diet, and exercising regularly. Dementia can increase the risk of epilepsy in older adults. Infections such as meningitis, which causes inflammation in your brain or spinal cord, can increase your risk. High fevers in childhood can sometimes be associated with seizures. The risk of epilepsy increases if a child has a long seizure, another nervous system condition or a family history of epilepsy.

Complications Having a seizure at certain times can lead to circumstances that are dangerous to yourself or others. If you fall during a seizure, you can injure your head or break a bone. Seizures during pregnancy pose dangers to both mother and baby, and certain anti-epileptic medications increase the risk of birth defects. Most women with epilepsy can become pregnant and have healthy babies. People with epilepsy are more likely to have psychological problems, especially depression, anxiety and suicidal thoughts and behaviors. Problems may be a result of difficulties dealing with the condition itself as well as medication side effects. Other life-threatening complications of epilepsy are uncommon, but may happen, such as: People with status epilepticus have an increased risk of permanent brain damage and death. People with epilepsy also have a small risk of sudden unexpected death. The cause is unknown, but some research shows it may occur due to heart or respiratory conditions.

7: Epilepsy - Symptoms and causes - Mayo Clinic

Critical care services, such as life-support or organ-support systems in acute care settings, which may be relevant for people with epilepsy in life-threatening situations or those who have serious comorbidities or seizure etiologies, such as brain tumors or stroke.

Caring can involve a number of skills and can be both rewarding and exhausting. Who is a carer? A carer is someone who looks after a family member, partner or friend who needs help because of a health condition, disability or frailty, and who would not be able to manage without this help. All the care they give is unpaid. Not all carers are adults: Every year, more than two million people become carers for the first time. Some people are carers for a short period of time, others for many years. Most of us provide care for someone else at some point in our lives. Carers and epilepsy Epilepsy can be different for each person, so the need for care can vary greatly. Some people with epilepsy do not need any additional care from others to live independent lives. Other people with epilepsy may need a lot of care, some or all of the time. Seizures can be unpredictable – someone with epilepsy may be unlikely to be able to plan when they will need help. What carers do If you care for someone with epilepsy, the things you do to support them may include: Any of the above may be very valuable but may also mean a lot of responsibility for you as a carer. People with epilepsy may also have other conditions, with additional care needs. This can mean that other people do not see the need for care. For example, some local authorities providing social services may not always recognise epilepsy as a condition that has particular care needs. For some people, living with epilepsy can have a psychological impact which may also affect you as their carer. The multi-skilled nature of caring Caring can involve a number of skills: These roles may be in addition to other demands: You may cope well with multi-tasking in this way, or you may find that some areas of your life are being neglected. When situations change As epilepsy is an individual condition it can change over time. The amount of care you need to provide may become more, or less. Or you might want to regain some independence. You could even be caring for more than one person, which may cause more strain on you. There may be an expectation from others that you can continue to cope because you always have done before. Looking after yourself Many people in a caring role find it rewarding, and many would not want their situation to change. However, for some people, being a carer can be exhausting. Emotions such as guilt, resentment, anger, anxiety or helplessness can be common. Some carers give up their income and career prospects to care for someone. Sometimes, even if you care very deeply for the person, it can feel as though the focus is always on them and that your needs and wishes go unnoticed. It can be very important to look after yourself, and have some time to yourself. Carers often deal with their situation alone and can feel very isolated. Support for you Find out about how we give support for carers.

8: Epilepsy Fast Facts | CDC

Hospitalized adults with epilepsy are vulnerable to specific safety-related adverse events, and these potential patient safety failures substantially impact outcomes and resource use. Efforts to reduce long-term disability and improve the value of care delivered to PWEs may need to consider provider-level interventions to reduce adverse events.

Cognitive limitations or altered consciousness Loss of large or small muscle coordination Emotional difficulties Possibly evidenced by Not applicable. Desired Outcomes Verbalize understanding of factors that contribute to the possibility of trauma and or suffocation and take steps to correct the situation. Identify actions or measures to take when seizure activity occurs. Identify and correct potential risk factors in the environment. Demonstrate behaviors, lifestyle changes to reduce risk factors and protect self from injury. Modify environment as indicated to enhance safety. Maintain treatment regimen to control or eliminate seizure activity. Recognize the need for assistance to prevent accidents or injuries. Nursing Interventions Determine factors related to individual situation, as listed in Risk Factors, and extent of risk. Influences scope and intensity of interventions to manage threat to safety. Alcohol, various drugs, and other stimuli loss of sleep, flashing lights, prolonged television viewing may increase brain activity, thereby increasing the potential for seizure activity. Review diagnostic studies or laboratory tests for impairments and imbalances. Such may result in or exacerbate conditions, such as confusion , tetany, pathological fractures, etc. Explore and expound seizure warning signs if appropriate and usual seizure pattern. Enables patient to protect self from injury and recognize changes that require notification of physician and further intervention. Most individuals seize in place and if in the middle of the bed, individual is unlikely to fall out of bed. May cause burns if cigarette is accidentally dropped during aura or seizure activity. Evaluate need for or provide protective headgear. Avoid using thermometers that can cause breakage. Use tympanic thermometer when necessary to take temperature. Reduces risk of patient biting and breaking glass thermometer or suffering injury if sudden seizure activity should occur. Explain necessity for these actions. Patient may feel restless or need to ambulate or even defecate during aural phase, thereby inadvertently removing self from safe environment and easy observation. Understanding importance of providing for own safety needs may enhance patient cooperation. Turn head to side and suction airway as indicated. Insert plastic bite block only if jaw relaxed. Do not attempt to restrain. If attempt is made to restrain patient during seizure, erratic movements may increase, and patient may injure self or others. Note whether patient fell, expressed vocalizations, drooled, or had automatisms lip-smacking, chewing, picking at clothes. Helps localize the cerebral area of involvement. Documents postictal state and time or completeness of recovery to normal state. May identify additional safety concerns to be addressed. Reorient patient following seizure activity. Patient may be confused, disoriented, and possibly amnesic after the seizure and need help to regain control and alleviate anxiety. May display behavior of motor or psychic origin that seems inappropriate or irrelevant for time and place. Attempts to control or prevent activity may result in patient becoming aggressive or combative. Investigate reports of pain. May be result of repetitive muscle contractions or symptom of injury incurred, requiring further evaluation or intervention. This is a life-threatening emergency that if left untreated could cause metabolic acidosis, hyperthermia , hypoglycemia , arrhythmias, hypoxia, increased intracranial pressure, airway obstruction, and respiratory arrest. Immediate intervention is required to control seizure activity and prevent permanent injury or death. Although absence seizures may become static, they are not usually life-threatening. Specific drug therapy depends on seizure type, with some patients requiring polytherapy or frequent medication adjustments. Goal is optimal suppression of seizure activity with lowest possible dose of drug and with fewest side effects. Cerebyx reaches therapeutic levels within 24 hr and can be used for nonemergent loading while waiting for other agents to become effective. Some patients require polytherapy or frequent medication adjustments to control seizure activity. This increases the risk of adverse reactions and problems with adherence. Topiramate Topamax , ethosuximide Zarontin , lamotrigine Lamictal , gabapentin Neurontin Adjunctive therapy for partial seizures or an alternative for patients when seizures are not adequately controlled by other drugs. Potentiates and enhances effects of AEDs and allows for lower dosage to reduce side effects. Lorazepam Ativan Used to abort

status seizure activity because it is shorter acting than Valium and less likely to prolong post seizure sedation. Diazepam Valium, Diastat rectal gel May be used alone or in combination with phenobarbital to suppress status seizure activity. Diastat, a gel, may be administered rectally, even in the home setting, to reduce frequency of seizures and need for additional medical care. May be given to restore metabolic balance if seizure is induced by hypoglycemia or alcohol. Monitor and document AED drug levels, corresponding side effects, and frequency of seizure activity. Standard therapeutic level may not be optimal for individual patient if untoward side effects develop or seizures are not controlled. Monitor CBC, electrolytes , glucose levels. Identifies factors that aggravate or decrease seizure threshold. Prepare for surgery or electrode implantation as indicated. Vagal nerve stimulator, magnetic beam therapy, or other surgical intervention temporal lobectomy may be done for intractable seizures or well-localized epileptogenic lesions when patient is disabled and at high risk for serious injury. Success has been reported with gamma ray radio surgery for the treatment of multiple seizure activity that has otherwise been difficult to control. Back See Also You may also like the following posts and care plans:

9: Caring for someone with epilepsy | Epilepsy Society

The National Association of Epilepsy Centers rates all Mayo Clinic campuses as Level 4 epilepsy centers, providing the highest level of diagnosis and treatment options for people with epilepsy. Mayo Clinic in Rochester, Minn., ranks #1 for neurology and neurosurgery in the U.S. News & World Report Best Hospitals rankings.

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 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.

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