

What is Status epilepticus?

Most of the time an epileptic seizure ends of its own accord. Status epilepticus occurs when a seizure lasts for a long time, or repeats without full recovery and can take as many forms as there are seizure types. The two main types are tonic clonic status epilepticus and non-convulsive status epilepticus.

Tonic clonic status epilepticus

Is defined as an unvarying prolonged tonic clonic seizure, which persists for 30 minutes or more without a recovery period. This is a **medical emergency** and an ambulance should be called after 5 minutes of continuous seizure activity. If you are prone to status epilepticus your doctor may teach your carers to administer medication like rectal diazepam, or intranasal midazolam at home to help stop the seizures. (Further information can be obtained from your local epilepsy association).

Non convulsive status epilepticus

Is usually characterised by a clouding of mental processes, which may be abrupt or come on quite slowly, they appear to be dazed or confused. Seek medical attention or advice.

Can someone die during a seizure?

Death is a great fear for people with epilepsy and is not often discussed. In fact epilepsy is not a very fatal disorder. As with other chronic conditions such as asthma and diabetes, a small number of people with epilepsy may die prematurely each year. Death may occur during status epilepticus because inadequate oxygen intake may affect the heart and brain. Death can also result, if seizures occur in dangerous places or circumstances e.g. around water, when driving or in isolated situations.

SUDEP stands for Sudden Unexplained Death in Epilepsy. It is an uncommon occurrence but it does happen. Risks appear negligible for those whose epilepsy is well controlled and greatly reduced for those that follow a healthy lifestyle. More research is needed and some is occurring. Your local epilepsy Association can provide you with further information about SUDEP. It is not helpful to discuss SUDEP immediately after a diagnosis of epilepsy. Based on current data you will exchange excellent seizure control and the possibility of SUDEP will not become an issue. This underlines the importance of taking seriously the need to work with your doctor, family and health professionals to minimise the impact of epilepsy in your life.

References:

- Hopkins, A., Shorvon, S., Cascino, G. (1995) *Epilepsy. Second Edition*. London: Chapman & Hall.
- Walker, M., Shorvon, S., Somerville, E. (2000) *The Australian Medical Association Home Medical Guide to Epilepsy*. Sydney: Dorling Kindersley.
- Epilepsy Queensland. (2000) *Supporting People with Epilepsy. Epilepsy and Intellectual disability*. Brisbane: Epilepsy Queensland.
- Epilfile

What can trigger seizures?

It is possible for anyone to have a seizure if the conditions are right. Everyone has a seizure threshold. Children tend to have a relatively low seizure threshold. This may help to explain why children often outgrow their epilepsy as their brain matures. Triggers are provoking factors which may induce seizures in people with epilepsy. These factors vary. Many seizures seem to occur for no reason at all. It may not always be possible to recognise triggers and people may be susceptible to several of these triggers.

- Missing doses of antiepileptic medication.
- Stress, excitement and emotional upset.
- Fatigue through lack of sleep and physical exhaustion.
- Illness and high temperature.
- Constipation, diarrhoea and vomiting which can prevent the absorption of anticonvulsants.
- Poor diet, missing meals, low blood sugar level, drinking a lot of caffeine.
- Menstrual cycle.
- Very warm weather, hot baths or showers, a sudden change in temperature.
- Other medications that are taken in addition to antiepileptic medication. There are a number of other legally prescribed drugs that may provoke seizures such as anti-depressants, anti-histamines, anti-psychotics, penicillins, general anaesthetics and others.
- Withdrawal from sedative and hypnotic drugs including minor tranquillisers, sleeping pills and illegal drugs can cause problems, as can combining these drugs with anti-epileptic medication.
- Television, videos, and flashing lights. The 'strobe effect' from fast scene changes on a bright screen, rapidly changing colours or fast-moving shadows or patterns can all trigger seizures in a small minority of children with epilepsy. This is called Photosensitive Epilepsy.
- Boredom, Research shows that people who are happily occupied are less likely to have a seizure.
- Alcohol. Most people with epilepsy can safely drink a small amount of alcohol. However some people find even small amounts trigger seizures. Alcohol may interact with your medication and reduce its effectiveness or may make you feel sedated.

Should I keep a record of seizures?

Yes! This information is important to help your doctor with the medical management of your condition.

You should

- Keep a track of how many seizures you have. A simple seizure diary for one year is included in this kit.
- Note possible triggers e.g. late nights or over excitement.
- Describe your activities before during and after the seizure.
- Note duration of seizures.

See description of seizure form contained in this kit.