

## DIAGNOSING EPILEPSY

In diagnosing epilepsy, the presence of seizures is often the determining factor. An eyewitness report of the event and the person's own description of what happened prior to the event and how they felt afterwards can be your doctor's best diagnostic tools. Neurological examination will be conducted that generally includes a test to measure the electrical activity of the brain [EEG], other test may also be conducted to assist the neurologist in diagnosing epilepsy.

## SEIZURE TYPES

A seizure occurs when the brain's nerve cells misfire and generate sudden, uncontrolled burst of electrical activity in the brain. The orderly communication between nerve cells becomes scrambled and our thoughts, feelings or movements become momentarily confused or uncontrolled.

Generally, seizures fall into two categories: partial seizures and primary generalized seizures. The difference between these two types is in how they begin. **Partial seizures** start in one **part** of the brain and affect that part of the body controlled by that part of the brain. **Primary generalized seizures** involve the whole brain and therefore involve the whole body. There are many types of seizures, some convulsive, others non-convulsive. Here are three common types of seizures:

### TONIC-CLONIC SEIZURE

A tonic-clonic seizure can cause a person's body to become stiff. The person loses consciousness and their body and limbs jerk. This seizure usually only lasts a few minutes and, when it is over, the person may be confused and will probably want to sleep.

### COMPLEX PARTIAL SEIZURE

A complex partial seizure can make a person look like they are in a trance. They may make funny sounds, fidget with their clothes or repeat movements. Sometimes they may wander around with no specific purpose. These seizures only last a few minutes. Afterwards the person may be confused but that will soon pass.

### ABSENCE SEIZURE

An absence seizure can make a person look like they are daydreaming. They will suddenly stop what they are doing and will just stare for a few seconds. Then they will recover. This may happen many times in a day, and during the seizure they will not know what happened, or more importantly, what they missed out on.

## TREATMENT FOR EPILEPSY

Generally, epilepsy is successfully treated with antiepileptic medications. 60%-70% of people diagnosed with epilepsy will gain seizure control with medication. Others may continue to have seizures, but less frequently.

When seizures continue to recur even with medication other treatment options such as surgery, stimulation of the vagus nerve, or, especially in children, the ketogenic diet may be considered.

## OUR SERVICES

We can help a child adjusting to life at school, through to advice on lifestyle issues such as managing trigger factors or advocacy issues for adults. We achieve this through the provision of the following support services:

### INFORMATION & RESOURCES

Provision of up-to-date information and resources on all aspects of living with epilepsy including fact sheets, brochures, DVD's, and access to an epilepsy library to obtain journal articles and latest research on epilepsy.

### INDIVIDUAL AND FAMILY SUPPORT

We aim to meet the individual needs of people with epilepsy and their families by providing:

- Telephone and face to face support from epilepsy educators who understand epilepsy as a medical condition and how it affects physical, emotional, social and spiritual wellbeing and refer on to relevant agencies for additional assistance.
- Assist the creation of an epilepsy management plan to help people manage their own epilepsy and assist in communicating their needs to their network such as family, friends, schools, workplaces.
- Provide support at Epilepsy clinic's in partnership with neurologists who specialise in epilepsy

### SUPPORT FOR GROUPS

- We facilitate support groups to provide an opportunity to talk with someone in the same situation, to share experiences, problems, ideas in learning to cope with epilepsy and enjoy shared activities in the community and create social networks

### ADVOCACY

- We support Individual and systemic advocacy for people living with epilepsy who are coping with prejudice and misunderstandings from the community. We aim to improve government and organisational policies to ensure a better deal for people with epilepsy.

### EDUCATION AND TRAINING

- We provide non accredited education for epilepsy care and first aid awareness in schools, tertiary institutions, medical and allied health professionals, government departments and across the full spectrum of the community. Our programs include:
- Developing skills in epilepsy care and management
- Seizure first aid training, including emergency management of seizures (midazolam)
- Community education through the delivery of Understanding and managing epilepsy workshops
- Educating teachers, principals, and school communities about epilepsy, including Trivia Challenge.

### PSYCHOLOGICAL/SOCIAL RESEARCH

- We encourage people living with epilepsy and their families to take part in research that will further enhance better health outcomes, treatment and potentially a cure for epilepsy.

## ACCESSING SERVICES

Anyone affected by epilepsy may access our services. We provide assistance to people of all ages and from all walks of life, from parents of a child that has epilepsy, to adolescents and adults with epilepsy.

Our aim is to provide a holistic framework of support to enhance the quality of life for people living with epilepsy, and to improve community awareness and create a more welcoming and inclusive society.

Our services can be accessed via the telephone, in person (appointment), mail or electronic media. We also provide services in community settings, hospitals, workplaces, and schools.

## COSTS

Most of our services are provided at no cost to the individual who has epilepsy. Epilepsy Tasmania relies on government funding and donations to provide these services. Some services may attract a small fee and we usually charge organisations for our education and training programs.

Individuals are encouraged to become members of our organisation; however membership isn't essential to be eligible to access our services.

# SEIZURE FIRST AID

## IN A CONVULSIVE SEIZURE:

- ✓ Stay calm and time the seizure from the beginning
- ✓ Protect the person from injury and remove any hard objects
- ✓ Place something soft under the head and loosen any tight clothing
- ✓ When possible roll the person on their side to keep their airway clear
- ✓ Stay with, and reassure the person until they have recovered

**If the person is disoriented or behaving strangely (a non-convulsive seizure), talk to them and protect them until they recover.**

### CALL AN AMBULANCE (DIAL 000) IF:

**A seizure continues unabated, or consciousness is not regained in five (5) minutes, or if the seizure occurs in water, or if a person is pregnant, diabetic or seriously injured and it is known to be their first seizure.**

## EPILEPSY HELPLINE 1300 852 853

Phone: 03 63317 881

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# INFORMATION AND SERVICES

10% of the population are at risk of experiencing a seizure during their lifetime, while 3-4% will go on to be diagnosed with epilepsy.

Epilepsy is a disorder of brain function that takes the form of recurring convulsive or non-convulsive seizures. Epilepsy is not just one condition; rather it is a diverse family of disorders comprising many seizure types.

Epilepsy can develop at any age, regardless of gender or ethnic group. There are many causes of epilepsy, which vary with the age at which seizures begin and the nature of the seizures. We know that structural abnormalities in the developing brain, head trauma, infections such as meningitis or encephalitis, or lack of oxygen to the brain during birth or after a stroke, can cause epilepsy. However 60% of cases, the cause is unknown.

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tasmania

“Epilepsy Tasmania provides support, advice and advocacy for people who are living with, or are affected by epilepsy, to help them achieve their goals. “