

EPILEPSY



1. Anti-epileptic Drugs

- More than a dozen anti-epileptic drugs are available.
- Combination of drugs is sometimes prescribed.
- Regular analysis of medication in blood is done to determine proper dosage. Daily use of drugs, as prescribed by the physician, is essential.
- Only a doctor should decide when to start, donot reduce or stop medication without consulting your Physician.

2. Surgery

Epilepsy surgery is an operation on the brain to control seizures. In some cases of uncontrolled seizures, brain surgery may be an option. Surgery is considered only if the area of the brain where the seizures start can be clearly found and would not affect critical functions, such as language and movement. Extensive evaluation and testing are necessary to determine if surgery is an appropriate option.

Factors which may Trigger an Epileptic Attack

Avoid sleep deprivation, menstruate cycle, exposure to flickering lights, abrupt withdrawal of medications, under medication alcohol, stress & fever.

Are Anti-epilepsy Drugs Safe In Pregnancy?

This is a frequently asked question by a pregnant lady. There is a small but definite risk of malformations in infants of mothers treated with anti-epileptic drugs during pregnancy. On the other hand, there is an undoubted risk to the new born child if tonic-clonic seizures are not controlled. During epileptic attack, there may be temporary lack of oxygen supply. In early pregnancy, uncontrolled epilepsy may cause miscarriage and premature labor in more advanced pregnancy. In general, uncontrolled epilepsy is more dangerous than anti-epileptic medication.

For further information:

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What is Epilepsy?

It is a disorder of the central nervous system. Brain cells (neurons) create abnormal electrical discharges that cause seizures (temporary loss of control over certain body functions). There are many types of epilepsy which may manifest in the form of muscle spasms, mental confusion, loss of consciousness and uncontrolled or aimless body movements.

It is important to know about epilepsy because ignorance and myths about epilepsy often cause more problems for a person with epilepsy than the condition itself. Today, up to 80% of the people with epilepsy have their symptoms totally or partially controlled through continuing treatment. The vast majority can live active, self-supporting life. Epilepsy does not usually affect a person's general health.

Who Gets Epilepsy?

Birth to age 5: 30% of all epilepsies are show up in these years. Major causes are problems during pregnancy, birth defects, injuries, infections and fever.

Early school years: 34% of cases become evident at this time. Many are triggered by accidents and illnesses.

Adolescence: 13% of the cases occur at this time, sometimes due to head injuries, brain tumours or severe illnesses.

Adult years: 23% of epilepsies appear in grown-ups. Major causes are injuries, tumours and circulatory problems.

Heredity: Usually it is not a direct factor in epilepsy. But some types of epilepsy do tend to run in families

Who Gets Epilepsy?

About 1 %-2% of the population develops epilepsy at some time in their lives

MAIN TYPES OF EPILEPSY:

1. Generalized Convulsive:

- Sometimes called "tonic-clonic" or "grand mal."
- May occur at any age.
- Symptoms: Loss of consciousness, stiffening and

- Shaking of entire body - violent jerking of limbs, rigidity and irregular breathing.
- May last for one to several minutes.
- May occur frequently or seldom (once a year).
- Not dangerous unless continuous.

2. Generalized Non-Convulsive:

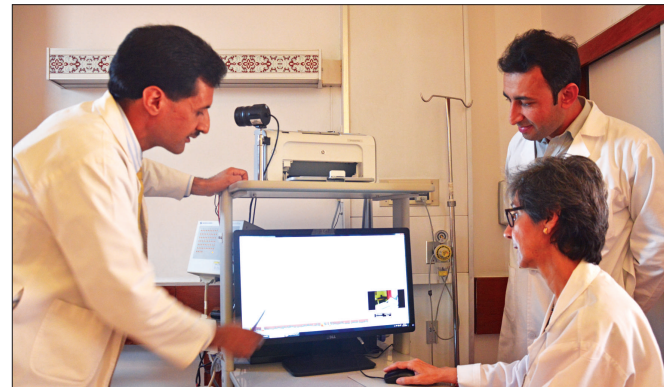
- Sometimes called "petit mal."
- Most common in children, between 6-14 years.
- Symptoms: Loosing awareness, staring and blinking.
- Attack lasts only for a few seconds.
- May occur several times a day.
- Hard to recognise; may be mistaken for daydreaming or inattentiveness.

3. Partial:

- Nerve cells discharge in part of the brain.
- May occur at any age.
- Symptoms: May be limited to part or one side of the body.

4. Complex Partial Seizures.

- Attack lasts for seconds to few minutes.
- May occur at any age.
- Symptoms: Transient unawareness from surroundings.
- May involve mental confusion accompanied by aimless movements (pacing, hand-rubbing) and irritability.
- Occasionally mistaken for alcohol/drug abuse.



What to Do when someone has Epileptic Attack?

- Stay calm: Do not try to restrain the person. If he/she is seated when the seizure starts, help ease him/her to the floor.
- Do not move the person: Unless the area is clearly dangerous, such as a busy street. Loosen tight clothing and remove glasses.
- Let the seizure run its course, unless the person seems to have one attack after another, without regaining consciousness or the seizure lasts longer than 10 minutes.
- Remove hazards: Such as hard, hot or sharp objects that can cause injury if the person falls or knocks against them.
- Protect airways: By gently turning the person on his/her side, so that any fluid in the mouth can drain safely. Never try to force mouth open. Do not put fingers or any object in the mouth.
- When the seizure ends: Let the person rest or sleep if he/she wishes. Be calm and reassuring, because the person may feel embarrassed or disoriented after an attack.

Diagnosis of Epilepsy is Based on:

1. Medical History: The physician requires a detailed description of the seizures, family and personal history, including pregnancy, birth and development. Questions are asked about social, mental and emotional background.

2. Physical and Neurological Examination: This will be performed by your physician to look for any causes of seizures.

3. Laboratory Test: Blood and urine samples may be sent by your doctor that can sometimes determine the cause of the seizures, like nutritional or metabolic problems, that are sometimes correctable.

4. Specific Tests for Epilepsy: CT scan or MRI of the brain looks at the structure of the brain which may help in finding the cause. EEG (just like ECG) and Video EEG check the abnormal electrical activity of the brain and tell us about the type of Epilepsy. Video EEG is more comprehensive and the patient is videotaped with EEG recording which helps to relate the patient's behaviour with abnormal electrical activity of the brain.

Treatment

Epilepsy can be partly or completely controlled by: