



PARENT LINK- INFORMATION SHEET no. 8

Epilepsy

1. What is it?

Epilepsy is the second most common neurological disorder after migraine. It affects 1 in 130 people in the UK. It is a disorder of the nervous system which is characterised by convulsions or seizures, and often loss of consciousness. There are two main types of epilepsy -

a) Generalised Seizures

These include the whole of the brain and consciousness is severely impaired or lost. They include,

- Absences (which used to be called "petit mal") - they are very subtle and can easily be missed.
- Tonic seizures - general stiffening of the muscles (The person will fall if standing).
- Atonic seizures - general loss of muscle tone. (The person will fall if standing).
- Myoclonic jerks - abrupt jerking of limbs.
- Tonic-Clonic (which used to be called "grand mal") The person will go stiff, fall to the ground, and then jerk.

b) Partial Seizure

Only part of the brain is affected.

- **Simple partial seizures** - often a strange feeling in, or movement of one limb. The child is aware of what is happening.

- **Complex partial seizures** - characterised by abnormal movements, wandering and confusion, with impaired consciousness.

There are numerous types of seizure and the most common are described below. A person with epilepsy may have more than one type of fit.

A generalised seizure

This affects the whole brain. It includes absences and tonic-clonic seizures.

What it looks like -

Absence - the pupil will look blank, stare, and may have slight twitching or blinking. It lasts for a few seconds. The pupil will be unaware of the absence, which may be mistaken for daydreaming or lack of concentration.

Tonic-clonic - the pupil may stare, stiffen, cry out and fall. There may be a blue colour and convulsions of the body. As breathing restarts, normal colour returns. There may be blood-flecked salivation and incontinence. It lasts a few minutes. Be alert for characteristic behaviour before the fit, with fatigue and headache afterwards.

A partial seizure

This originates in one part of the brain. The form most obvious to an observer is called a complex seizure, and was previously called temporal lobe epilepsy.

What it looks like -

The seizure may start with a "characteristic "aura" or warning. This may be visual, auditory, or taste. The pupil appears conscious, but may not respond. It is followed by abnormal movements, or emotional disorder. Be alert for irrational behaviour and confusion. This form of seizure may easily be interpreted as a behavioural problem.

2. Implications

Apart from seizures already described, there is one type that a teacher may help detect. These are sub-clinical seizures, which cannot be seen. They may be indicated if a pupil's attainment drops significantly without explanation, or the standard of work is below expectation. If seizures are suspected, parents should always be informed.

Possible causes of seizures

Seizures may sometimes be triggered by certain factors. These include -

- *Anxiety or stress*
- *Tiredness, such as too many late nights*
- *Patterns of light, for those who are sensitive to flickering light*

- *Illness, which is associated with a high temperature*
- *Alcohol, if taken in excess*
- *Food - there is no evidence to suggest that certain foods can trigger seizures, but an unbalanced diet may be a factor.*

Activities - *there are no reasons to restrict activities for the pupil with epilepsy, providing that adequate supervision is available. If there is a history of frequent or unpredictable seizures, climbing ropes or wall bars should be avoided. There should always be a qualified and informed lifeguard present during swimming.*

Medication - *it is unlikely that medication will need to be taken during school hours, but a change in behaviour such as increased drowsiness, inattentiveness or over-activity, or an increase in seizures should be reported to parents.*

Vocational experience - *consult a careers officer for specialist advice*

3. Strategies

Draw up a health care plan detailing management, with parents, the pupil, health care professionals and school staff. It is helpful for parents to let staff know how much understanding the pupil has of his condition.

Essential information which the school needs to know includes - what type of seizure the child has; how long they last and what they look like; what first aid is appropriate; trigger factors, if any; how often medication is taken and what side-effects there may be; whether the child has a warning ("aura") before a seizure, what activities, if any, may require limiting, and whether there are any other medical conditions.

First aid for a seizure

During the seizure -

- Reassure other pupils. Move sharp or hot objects, or electrical appliances away from the pupil. Only move the pupil if these objects or appliances cannot be moved.
- Cushion the head with something soft
- Do not force anything into the mouth
- Do not try and restrain movements
- Loosen tight clothing around the neck, but with care as it may alarm a semi-conscious child

After the seizure -

- Turn the child into the recovery position
- Do not give anything to drink until fully awake
- Be reassuring and supportive, and provide a quiet place to rest
- If there has been incontinence, cover the child with a blanket to prevent embarrassment

When to call for emergency help -

- If a seizure shows no sign of stopping after a few minutes

- If a series of seizures takes place without the child regaining consciousness in between
- If a child who is not known to have epilepsy experiences a seizure

4. More information

British Epilepsy Association

Helpline 0808 800 5050

www.epilepsy.org.uk

epilepsy