

WHAT IS EPILEPSY?

Epilepsy is a common neurological disorder affecting about two in 100 people. Three out of four cases of epilepsy begin in childhood.

A seizure is caused when more than the usual amount of electrical energy passes through the brain. The portion of the brain affected by this “overload” causes temporary changes in body movement, consciousness and behavior.

Epilepsy is not contagious, it is not a disease. It can be caused by head injury, auto accidents, severe illnesses, tumors and other health conditions.

Recognition of seizure disorders and knowledge of first aid is important because it is very easy to mistake some seizures for other conditions.

COULD IT BE EPILEPSY?

Only a physician can say for sure whether or not a person has epilepsy. But many people miss the more subtle signs of the condition and therefore also miss the opportunity for early diagnosis and treatment.

The symptoms listed below are not necessarily indicators of epilepsy, and may be caused by some other, unrelated condition. If one or more is present, however, a medical check-up is recommended:

- Periods of blackout or confused memory
- Occasional “fainting spells” in which bladder or bowel control is lost, followed by extreme fatigue
- Episodes of blank staring in children; brief periods when there is no response to questions or instructions
- Sudden falls for no apparent reason
- Episodes of blinking or chewing at inappropriate times
- A convulsion, with or without fever
- Frequent jerking movements in babies

HOW MANY TYPES ARE THERE?

There are over 30 types of seizures classified into three major categories:

1. **Partial** – arise in a specific portion of the brain
2. **Generalized** – both hemispheres of the brain
3. **Unclassified** – inadequate/incomplete data available. The most common seizure types are generalized tonic-clonic, absence and complex partial seizure.

GENERALIZED TONIC-CLONIC

Formally known as the “grand mal” seizure, this is a convulsive seizure affecting the whole body. The seizure may start with a crying out. The person falls, becomes unconscious and his body stiffens, followed by jerking motions. The person slowly regains consciousness but is tired and confused. The seizure usually lasts 2-4 minutes.

ABSENCE SEIZURES

Formally called “petit mal,” it is the most common in children. There is no aura before the seizure. The seizure consists of brief loss of consciousness (10-20 seconds). Staring and blinking is associated with this type of seizure, dozens or even hundreds may occur each day. They may be mistaken for day dreaming.

COMPLEX PARTIAL SEIZURES

Formally known as “psychomotor” or “temporal lobe” seizure. It is accompanied by an aura or “warning.” During the seizure, a person may have a glassy stare, give no response, move aimlessly, make lip smacking or chewing motions, may appear intoxicated, drugged or psychotic. There may be struggle or fighting of restraint.

FIRST AID FOR SEIZURES IN SPECIAL CIRCUMSTANCES

A seizure in water – If a seizure occurs in water, this person should be supported in the water with the head tilted so his face and head stay above the surface. He should be removed from the water as quickly as possible with the head in this position. He should be examined once on dry land.

A seizure on public transportation – Ease the person across a double or triple seat. Turn him on his side, and follow the same steps as indicated above. If he wishes to do so, there is no reason why a person who has fully recovered from a seizure cannot complete the trip to his destination.

IS AN EMERGENCY ROOM VISIT NEEDED?

An uncomplicated convulsive seizure in someone who has epilepsy is not a medical emergency, even though it looks like one. It stops naturally after a few minutes without ill effects. The average person is able to continue with his normal activities after a rest period, and may need only limited assistance or no assistance at all, in getting home.

There are several medical conditions other than epilepsy, however, that can cause seizures. These require immediate medical attention and include:

- Diabetes
- Brain infections
- Heat exhaustion
- Pregnancy
- Poisoning
- Hypoglycemia
- High fever
- Head injury

IS AN AMBULANCE NEEDED?

- If the seizure has happened in water
- If there is no medical I.D., and no way of knowing whether the seizure is caused by epilepsy
- If the person is pregnant, injured or diabetic
- If the seizure continues for more than five minutes
- If a second seizure starts shortly after the first ends
- If consciousness does not return after the shaking has stopped

Seizure Recognition and First Aid



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SEIZURE RECOGNITION AND FIRST AID

TYPE OF SEIZURE	WHAT IT LOOKS LIKE	WHAT IT'S NOT	WHAT YOU CAN DO	WHAT NOT TO DO
GENERALIZED TONIC-CLONIC <i>(Also called Grand Mal)</i>	<p>Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing or temporarily suspended breathing, bluish skin; possible loss of bladder or bowel control, usually lasts a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue followed by rerun to full consciousness..</p>	<ul style="list-style-type: none"> •Heart Attack •Stroke 	<ul style="list-style-type: none"> •Look for medical ID. Protect from nearby hazards. Loosen ties or shirt collars. Protect head from injury. Turn on side and keep airway clear. Reassure when consciousness returns. •If single seizure lasted less than 5 minutes, ask if hospital evaluation is wanted. If multiple seizures, or if one seizure lasts longer than 5 minutes, call an ambulance. If person is pregnant, injured or diabetic, call for aid at once. 	<ul style="list-style-type: none"> •Don't put any hard implements in the mouth •Don't try to hold tongue, it can't be swallowed. •Don't try to give liquids during or just after a seizure
ABSENCE <i>(Also called Petit Mal)</i>	<p>A blank stare, beginning and ending abruptly, lasting only a few seconds, most common in children. May be accompanied by rapid blinking, some chewing movements of the mouth. Child is unaware of what is going on during the seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated.</p>	<ul style="list-style-type: none"> •Daydreaming •Lack of Attention •Deliberate ignoring of adult instruction 	<ul style="list-style-type: none"> •No first aid necessary, but if this is the first observation of this seizure(s), medical evaluation should be recommended. •Report instructions that were missed, be reassuring. 	<ul style="list-style-type: none"> •Don't use artificial respiration unless breathing is absent after muscle jerks subside, or unless water has been inhaled. •Don't shout, grab or try to "snap" person out of it.
SIMPLE PARTIAL	<p>Jerking may begin in one area of the body, arm. Leg or face. Can't be stopped, but patient is awake and aware. Jerking may proceed from one area of the body to another, and sometimes spreads to become a convulsive seizure.</p> <p>Partial sensory seizures may not be obvious to an onlooker, Patient experiences a distorted environment. May see or hear things that aren't there. May feel unexplained fear, sadness, anger or joy. May have nausea, experience odd smells and have a generally "funny" feeling in stomach.</p>	<ul style="list-style-type: none"> •Acting Out, Bizarre Behavior •Hysteria •Mental Illness •Psychosomatic Illness •Para-psychological or Mystical Experience 	<ul style="list-style-type: none"> •No first aid necessary unless seizure becomes convulsive, then first aid as outlined above. •No immediate action needed other than reassurance and emotional support. •Medical evaluation should be recommended. 	<ul style="list-style-type: none"> •Don't expect verbal instructions to be completely understood and obeyed.
COMPLEX PARTIAL <i>(Also called Psychomotor or Temporal Lobe)</i>	<p>Usually starts with a blank stare, followed by chewing, random activity. Person appears unaware of surrounding, may seem dazed and mumble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. May run, appear afraid. May struggle or fight restraint. Once pattern is established, same set of actions usually appear with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period.</p>	<ul style="list-style-type: none"> •Drunkenness •Intoxication on Drugs •Mental Illness •Disorderly Conduct 	<ul style="list-style-type: none"> •Speak calmly and reassuringly to patient and others. •Guide safely away from obvious hazards. •Stay with person until they are completely aware of environment. •Offer to help person get home. 	<ul style="list-style-type: none"> •Don't grab unless a sudden danger (such as a cliff edge or an approaching car) threatens person's safety. •Don't try to restrain •Don't shout. •Don't expect verbal instructions to be obeyed.
ATONIC <i>(Also called Drop Attacks)</i>	<p>A child or adult suddenly collapses or falls. After 10 seconds to a minute he recovers, regains consciousness and can stand and work again.</p>	<ul style="list-style-type: none"> •Clumsiness, normal "Childhood" Stages •Lack of Walking Skills or drunkenness 	<ul style="list-style-type: none"> •No first aid needed (unless patient is hurt from falling), but a child should be given a thorough medical evaluation. 	
MYOCLONIC	<p>Sudden brief, massive muscle jerks, may involve part or all of the body. May cause the person to spill what they are holding, or fall out of chair.</p>	<ul style="list-style-type: none"> •Clumsiness •Poor Coordination 	<ul style="list-style-type: none"> •No first aid needed, but should be given a thorough medical evaluation. 	
INFANTILE SPASMS	<p>Clusters of sudden movements that start between 3 months and 2 years. If sitting up, head will fall forward, arms and legs will flex forward. If lying down, knees will be drawn up with arms and head flexed forward, as if baby is reaching for support.</p>	<ul style="list-style-type: none"> •Normal movement •Colic 	<ul style="list-style-type: none"> •No first aid, but doctor should be consulted. 	