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Understanding Epilepsy-II



UNDERSTANDING EPILEPSY

Dear friend,

Thank you for picking up this booklet on "Understanding Epilepsy". This booklet is brought to you by EPICARE - a patient care program, designed specially for people with epilepsy.

We firmly believe that epilepsy is what a person has and not what he is. We are confident, that by following a few important guidelines outlined by your doctor, you can definitely overcome epilepsy and achieve life's full potential.

As a part of EPICARE program, we will be bringing to you a series of booklets to help you understand Epilepsy better. This booklet covers topics on:-

- = Diagnosis of epilepsy
- = Treatment of epilepsy

We are sure that you will find this booklet useful and informative. At Lenbrook, we support your endeavours to lead a normal life and beat epilepsy.

Wishing you the Very Best!



Patient Care Program

Understanding Epilepsy-II





How is Epilepsy diagnosed?

The diagnosis and evaluation of epilepsy requires the physician to know all about the seizures - when they started, the patient's appearance before, during, and after a seizure, and any

unusual behavioural occurrences. A background of the family's health history is also useful. In addition, an electroencephalogram (EEG) may help detect areas of increased nerve cell activity.

What types of doctors can diagnose and treat epilepsy?

Any licensed physician is qualified to treat epilepsy. There are doctors who specialize in neurological disorders, and these neurologists can be found practicing in many hospitals and private practices. Epileptologists may work in an epilepsy clinic, as well as in private practices. Usually a referral is required from another physician in order to see a Neurologist and Epileptologists.



Often, the first doctor to diagnose epilepsy is the family doctor. Most of them have had some experience with it, and they will be the one to refer a person with epilepsy to a specialist initially. Pediatricians are also well aware of epilepsy, since about two-thirds of all epilepsy occurs before the age of 14. A neurologist has specialized training in the disorders of the brain and nervous system.

Is my child having absence seizures or just day dreaming?

A child having an absence seizure may appear to the onlooker as if they are day dreaming or just staring into space. What may be happening is a sudden



period of altered consciousness. To be able to tell the difference, close observation might have to be done. Usual behavioral characteristics of an absence seizure may include: eye blinking, chewing of the mouth, and perhaps a slight rhythmic movement of the facial muscles, head, or arms. During the seizure the child may not respond to verbal or physical stimulation. Immediately after the seizure, the child is able to resume normal activity. If you observe unusual behaviour in your child, a visit to a neurologist should be arranged through your family doctor.

Is there a cure for Epilepsy?

There is no known "cure" for epilepsy. Medications can often control seizures, but they are not a cure. Some forms occur only in childhood, and the person is said to have outgrown the seizures. In some cases there is a spontaneous remission of these seizures.

Is it fatal?

Epilepsy itself can cause death if prolonged repeated seizures ("status epilepticus") are not treated properly. Such deaths are very rare, however. More common is death due to hazards or accidents that occur when someone has a seizure unexpectedly in a potentially dangerous situation.

What kind of treatments are available?

When a physician diagnoses epilepsy, a specific treatment can be recommended. The treatment prescribed by the physician is designed to control the seizures and help



the patient to carry on a healthy life, participating in all normal activities, including most sports. The two major kinds of treatments are drug therapy and surgery.

Are there drug treatments for epilepsy?

Treatment of epilepsy is primarily through the use of special anti-convulsive drugs. There are many different types of these drugs, and the type prescribed will depend upon



the particular needs of the individual. The drugs are prescribed either alone or in a combination. The various drugs or combination of drugs control different types of seizures.

How effective are the drug treatments?

Most epileptic seizures are controlled by special anti-convulsive drugs prescribed by a physician. About 50 per cent of those who take this medication will have their seizures eliminated; 30 per cent will have their seizures reduced in intensity and frequency to the point where they can live and work normally. The remaining 20 per cent are either resistant to the medication, or else they require such large dosages of the drug to control these seizures that it is preferable to accept partial

Do these drugs have side effects?

Many medications for epilepsy have side effects. These can range from mild to severe, and will differ depending on the drug and dosage. Some of the more common side effects of anti-epileptic drugs are: drowsiness, nausea, irritability, and hyper activity.

It is necessary for all people with epilepsy to be on medication?

Treatment of epilepsy is primarily through the use of anti-convulsive drugs. There are many different types of drugs and the type



proscribed will depend upon the particular seizure pattern of the individual. If someone has been seizure free for several years, the doctor may decide to slowly withdraw the medication.

When is surgery used to treat Epilepsy?

Surgery is used only when medication fails and only in a small percentage of cases where the injured brain tissue causing the seizures is confined to one area of the brain and can be safely removed without damaging personality or functions.



What is the likelihood that my child will outgrow a seizure disorder?

The likelihood of a child outgrowing a seizure disorder is difficult to answer. Sometimes children do outgrow epilepsy, while for others these seizures may stay



the same or intensify with age. Some people experience the same type of seizures throughout their lifetime. Some epilepsies are known to almost always remit (for example, Benign Rolandic epilepsy or epilepsy with centrotemporal spikes and Rolandic seizures), some are known to usually remit (e.g. childhood absence) and some are known to almost never remit (e.g. Juvenile myoclonic epilepsy). The medical community cannot predict who will continue to have seizures and who will not, but they feel that the sooner epilepsy is diagnosed, the better it can be controlled.

Is there a special diet for people with epilepsy?

Good nutritional habits and a healthy lifestyle may assist in the maintenance of optimum seizure control. Experiencing a drastic weight change may mean that either a chemical or metabolic imbalance is



occurring, and you should consult your physician. Through some anti-convulsants may cause nutrient deficiencies in some people, a well-balanced diet will usually prevent this.

What should be done if a person has a seizure?



Keep calm and lie the patient to his side. Loosen tight clothing



Drain saliva from his tightly held teeth.



Move away any objects which can hurt the patient.



Do not restrain his convulsive movements



Do not force anything between his tightly held teeth



Do not make him smell onions or chappals.



Allow him to breathe freely and do not crowd around him

Call the doctor if seizure continues for a long time

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