Tip Sheet: Epilepsy and Seizures

**Topic:** Epilepsy and Seizures

**What's the Problem?**

Epilepsy is a general term for more than 30 types of seizures. People diagnosed with epilepsy have had more than one seizure, and they may have more than one kind of seizure. About 2.9 million people in the United States have some form of epilepsy.

A seizure happens when abnormal electrical activity in the brain results in an involuntary change in body movement or function, sensation, awareness, or behavior. It can last from a few seconds to minutes.

The signs and symptoms of seizures depend on the location of the abnormal electrical activity in the brain. Some types of seizures may be frightening to onlookers. A person having a tonic-clonic (grand mal) seizure may make a sound (due to air being forced out of the lungs), lose consciousness and fall to the ground; the seizure might cause their muscles to stiffen and jerk. A person having a focal (complex partial) seizure may appear confused or dazed. They might be unable to respond to questions or direction. Some people have seizures that are very brief and not noticed at all by others. Sometimes, the only clue that a person is having an absence (petit mal) seizure is rapid blinking or staring into space.

Current treatment methods control seizures for most people with epilepsy. Anti-seizure drugs are the most common form of treatment. When medication is not effective, surgery may be. In children and some adults with certain types of seizures, a special high-fat, low-carbohydrate diet may reduce seizures when other treatments don't work.

People with epilepsy often feel stigmatized (feel ashamed or different because of the condition). This stigma is compounded by the lack of the public’s knowledge and attitudes about epilepsy and appropriate seizure response which might result in their avoiding people with epilepsy. People with uncontrolled seizures face driver’s license restrictions further limiting their ability to work, go to school, get health care or spend time with friends. These barriers cause adverse professional, social, and employment consequences for people with epilepsy—limiting life opportunities. Those who have seizures only occasionally must decide whether to talk about it or hide it.
Who’s at Risk?
Epilepsy is one of the most common disabling neurological disorders. Under certain conditions, anyone—young to older in age—can have a seizure.

Can It Be Prevented?
Sometimes we can prevent epilepsy. The most common ways to reduce risk of developing epilepsy include having a healthy pregnancy. Some problems during pregnancy and childbirth may lead to epilepsy. Other epilepsy prevention strategies include protection from brain injury, stroke, and heart disease. Staying up-to-date on vaccinations, handwashing and preparing food safely can prevent some infections related to epilepsy.

Read more about epilepsy prevention: http://www.cdc.gov/epilepsy/preventing-epilepsy.htm

The Bottom Line
Epilepsy is common and can affect anyone. People who have seizures have a medical condition that can be treated.

There are many types of seizures. Most seizures end in a few minutes. These are general steps to help someone who is having any type seizure:

• EDUCATE viewers to stay with the person until the seizure ends and he or she is fully awake. After it ends, they should help the person sit in a safe place. Once they are alert and able to communicate, they should tell them what happened in very simple terms.

• ADVISE viewers to comfort the person and speak calmly.

• INFORM viewers to check to see if the person is wearing or a medical bracelet or other emergency information.

• REMIND viewers to keep themselves and other people calm.

• ENCOURAGE viewers to offer to call a taxi or another person to make sure the person gets home safely.

Learn more about seizure first aid: http://www.cdc.gov/epilepsy/basics/first-aid.htm, including what to do in the event of a tonic-clonic (grand mal) seizure.

Case Example
Allen, an employee at a marketing company, has epilepsy. His seizures are usually controlled by medicine, but occasionally he blanks out and gets forgetful. One day, Allen forgot to run a routine software back-up for a buyer. As a result, some files were lost during a network outage. The office manager warned Allen that if he can't pay attention or forgets to run his weekly back-up again, he'll be fired. Allen is upset and worries he'll be fired if he tells his manager about his seizures.
Two months later, Allen has another seizure which causes another mistake at work. The manager fires him the next day. With nothing left to lose, Allen tells the manager about his condition. The manager listens and understands, and works with Allen to set up a checklist to help him keep track of his tasks. This allowed Allen to keep his job and feel more comfortable talking about epilepsy.

Resources

- Epilepsy, CDC(http://www.cdc.gov/epilepsy/index.htm)
- The American Epilepsy Society
- The Epilepsy Foundation