



# **About Epilepsy**

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# WHAT IS EPILEPSY?

- This is a condition that is characterized with a tendency of recurrent seizures. Seizures (or convulsions) occur when there is abnormal electrical discharge in the brain. This may be triggered by chemical imbalance or a structural abnormality. The term epilepsy is used to cover a variety of seizure types. These differ in cause, nature, severity, management and long-term outcome.



# CATEGORIES (TYPES)

- There are many types of seizures and a person may have more than one type. No two people will have the same symptoms. The type of seizure depends on which part of the brain is affected. If the whole brain is affected then the seizure is known as “generalized” and there is a loss of consciousness, however brief.
- If only part of the brain is affected, then it is known as “partial” or “focal” and consciousness although affected may not necessarily be lost. This comes with the captions of the brain.
- Just as people’s seizures vary, so do recovery times. This can be from seconds

# HOW RECOGNISE A SEIZURE

S.NO	SEIZURE	WHAT IT LOOKS LIKE
1.	<b>Grand Mal (Generalised Seizure)</b>	<p>This is the most common sequence. It is associated with staring, stiffening of the body, possible blue color around the mouth, jerking movements and many others. As breathing restarts normal color returns. There may be blood flecked saliva and incontinence (rare). Last a few minutes.</p>
2.	<b>Petit Mal (Absence Seizure)</b>	<p>The person looks blank and stares. There may be blinking or slight twitching. It lasts a few seconds then normal activity continues</p>

# HOW RECOGNISE A SEIZURE

S.NO	SEIZURE	WHAT IT LOOKS LIKE
3.	<b>Simple Partial Seizure (Jacksonian Fit)</b>	<p>It may be motor or sensory or both, If motor, movement starts from an extreme end of the limb and spreads to cover the whole of one side of the body. This is termed Jacksonian march. The person remains conscious. If the other side gets involved a person loses consciousness and gets a generalized seizure. After recovering from a fit usually there is temporary paralysis of the side where the movement started. This is called Todd's Paralysis</p>
4.	<b>Complex partial seizure (temporal lobe epilepsy)</b>	<p>It starts with an AURA. The patient gets any of the following:</p> <ul style="list-style-type: none"><li>• Churning sensation in the abdomen which spreads to the chest or neck (Epigastric Aura).</li><li>• <b>Hallucinations</b><ul style="list-style-type: none"><li>✚ Visual hallucination (sees particular things which are not there).</li><li>✚ Auditory hallucination (hears voices or sounds).</li><li>✚ Olfactory hallucination (gets a bad smell).</li></ul></li></ul> <p>In case any of the above experiences is present, it will happen in a similar way during every attack it occurs in</p>

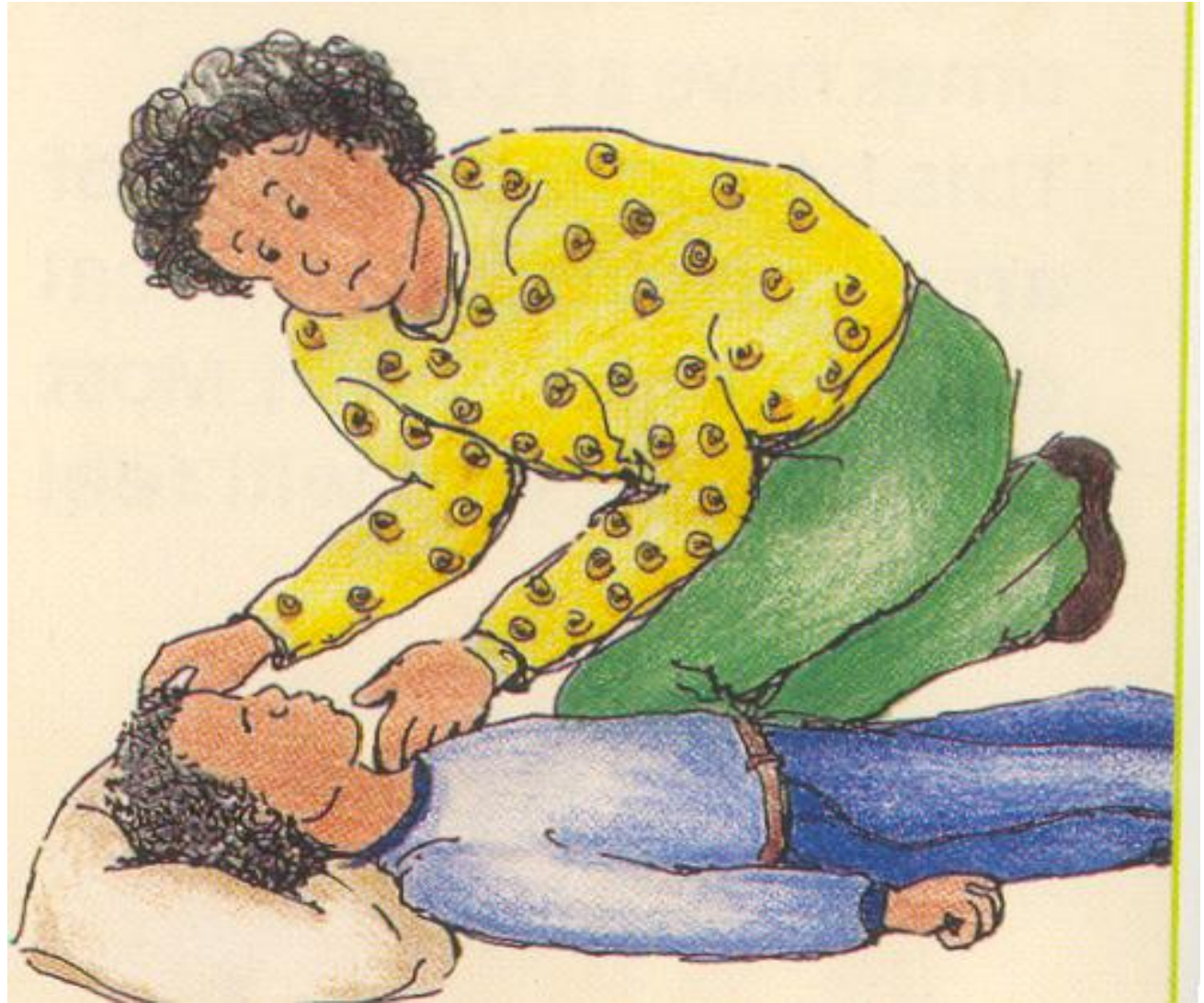
# CAUSES OF EPILEPSY

- Un known causes
- Hereditary causes
- Birth injury
- Febrile convulsions during childhood
- Infections(Syphilis,HIV/Aids,tape worms,ochocerciasis)
- Head injury
- Brain tumors
- Alcohol abuse
- Measles
- Meningitis
- Drug abuse

**NOTE:** Witch craft, demons or curses do not cause epilepsy!!

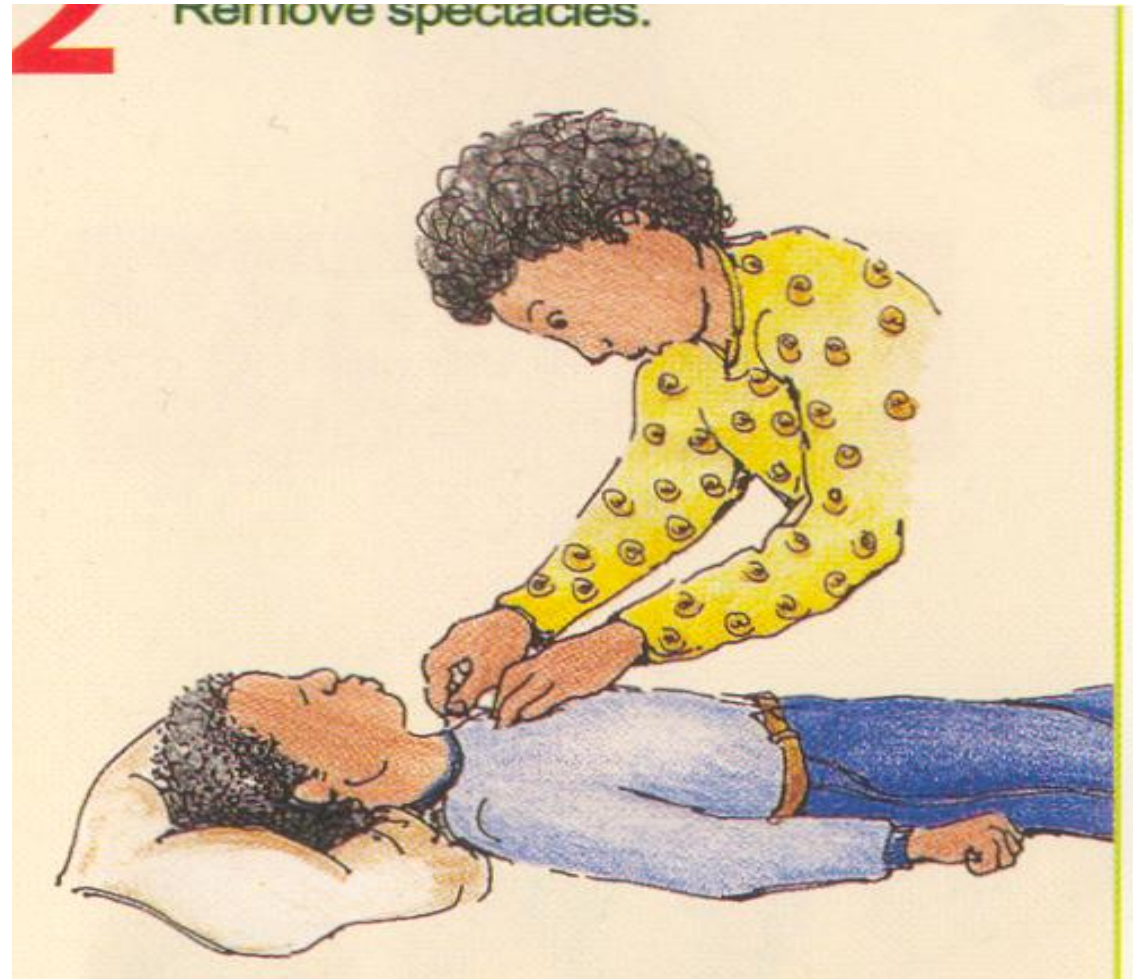
# FIRST AID

- **PROTECT  
THE  
HEAD**



# FIRST AID

**LOOSEN  
TIGHT  
CLOTHINGS**





# FIRST AID

- **PUT THE PERSON IN A RECOVERY POSITION AND COVER HIM/HER**



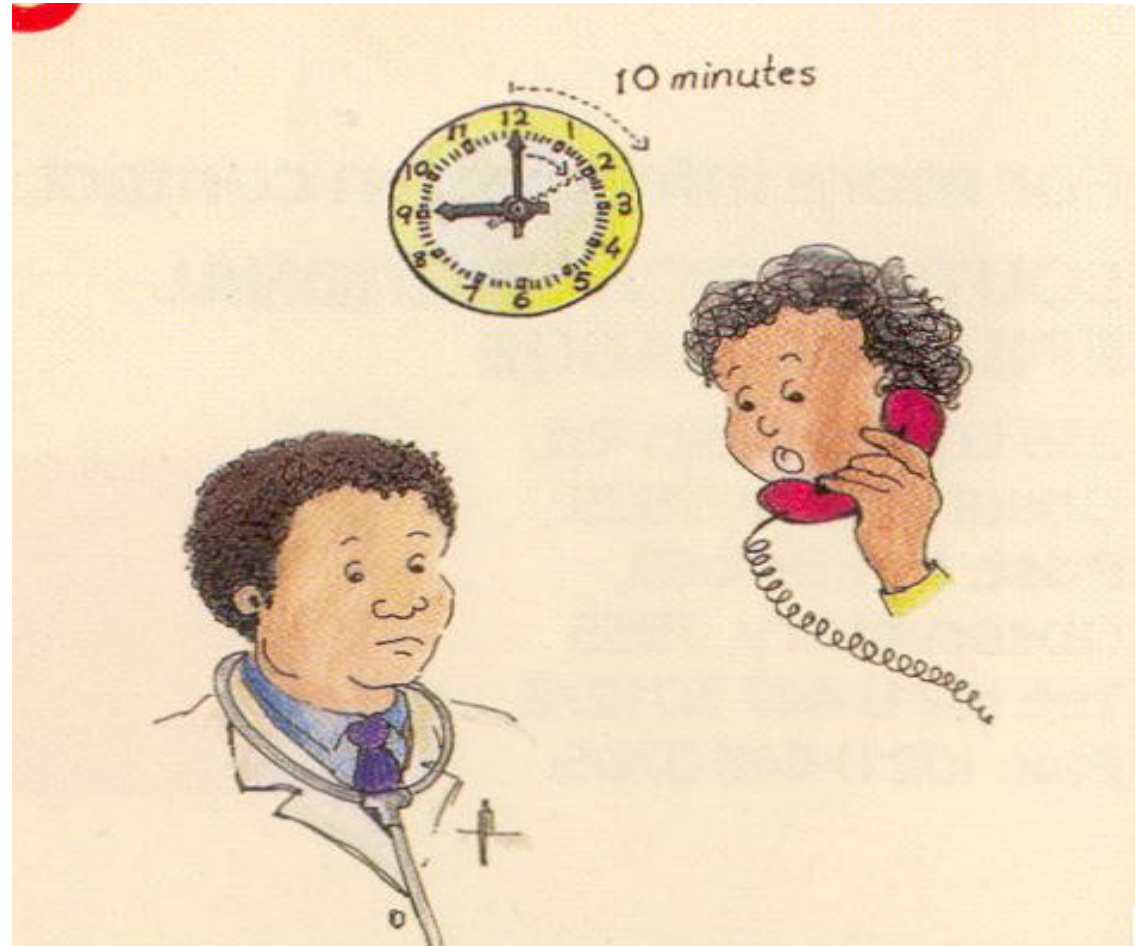
# FIRST AID

- **GIVE CARE, LOVE AND REASSURE THE PERSON**



# FIRST AID

- REFFER OR CALL A HEALTH FERCILITY



# NEVER LIFT A PERSON IN AN ATTACK



# NEVER GIVE ANYTHING TO EAT OR DRINK



# NEVER GIVE MEDICATION DURING A SEIZURE



# MEDICATION FOR EPILEPSY

- PWE have special medicines called AED's (Anti Epileptic Drugs)
- They include;
  - ❖ Carbamazapine
  - ❖ Phenytoin
  - ❖ Phenobabitone
  - ❖ Sodium Valproate

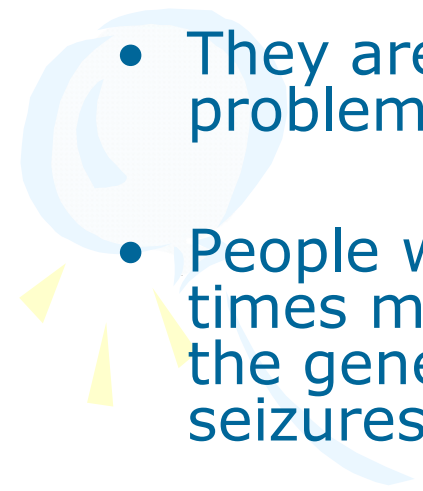

# MEDICATION FOR EPILEPSY

- The above drugs should be given and taken under the direction of a trained psychiatric health worker, (psychiatric Nurse, Clinical officer), Neurologist or a Doctor versed with epilepsy or mental health issues.
- PWE should adhere to medication and drugs should never be shared.





# CHALLENGES OF PWE

- Neuropsychological effects like: poor memory, language skills, executive functions and motor speed.
  - They are also prone to migraines, psychological problems especially anxiety and depression.
  - People with Epilepsy (PWE) are approximately five times more likely to have psychiatric problems than the general population and the more the frequency of seizures the greater the degree of psychopathology.
  - Furthermore psychiatric disease is associated with suicide in PWE.
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# CHALLENGES OF PWE

- PWE and their families are often stigmatised by society.
- Misconceptions about the cause of epilepsy, mean that many are not accepted in some communities
- These factors may influence decision to seek medical advice and treatment.
- PWE are less likely to attend school, obtain a job or marry.

# WHAT WE NEED TO DO

- The public and the patients need to develop a positive attitude to seizure disorders in general, so as to minimise on the stigma attached to these conditions.
- Sensitisation of the public in order to raise awareness through talk shows, the visual and printed media and schools should be encouraged.
- Peer Support groups for patients with epilepsy should be strengthened

# WHAT WE NEED TO DO

- Epilepsy should receive healthcare priority in Schools and other learning Institutions.
- Need to encourage parents, relatives, friends, public and private sectors and NGO's to get involved in the local activities of the Global Campaign against Epilepsy.
- Elimination of discrimination against epilepsy in all spheres of life, particularly in schools and at work places.



# WHAT WE NEED TO DO

- Promote interaction with traditional health systems.
- Listen to PWE and give them same treatment like other patients
- Encourage basic and applied research on epilepsy.
- Encourage regional and continental co - operation.