

SENIORS AND

# *Epilepsy*



EPILEPSY EDUCATION SERIES

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This booklet is designed to provide general information about Epilepsy to the public. It does not include specific medical advice, and people with Epilepsy should not make changes based on this information to previously prescribed treatment or activities without first consulting their physician.

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Special thanks to our Consulting Team, which was comprised of Epilepsy Specialist Neurologists & Neuroscience Nurses, Hospital Epilepsy Clinic Staff, Educators, Individuals with Epilepsy, and Family Members of Individuals with Epilepsy.

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## *Seniors and Epilepsy*

Whether you are a senior who has lived with epilepsy for many years or a senior who has recently been diagnosed with epilepsy, you may have questions regarding the condition and how it may affect your life.

This booklet is designed to address some of the issues regarding seniors and epilepsy, and to offer helpful tips for living with epilepsy.

If you would like further information, most local epilepsy associations have useful resource materials as well as a staff committed to answering questions and providing information.

Associations may also be able to link you with self-help and support groups, and with trained professionals.

Living with epilepsy can result in personal challenges, but it does not have to result in an inability to have a full and independent life. Learning about epilepsy and sharing that information with others, finding the medical treatment that is best for you, developing a network of family and friends who support and care about you, and pursuing what matters in your life, are all important.



# Epilepsy

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Epilepsy is a condition that is characterized by recurrent seizures. Approximately one in ten Canadians will experience at least one seizure during a lifetime. A single seizure, however, is not epilepsy. Epilepsy is a condition that is defined by multiple seizures.

Epilepsy is also more common than most people realize. In the general population, approximately one person in a hundred has epilepsy. In Canada, there are an estimated 330,000 people with epilepsy.

Epilepsy **is** a seizure disorder, **not** a psychological disorder or a disease and it is **not** contagious.

## Epilepsy in Seniors

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While epilepsy has traditionally been considered a condition of childhood, the incidence of epilepsy in those over 75 years of age has increased significantly in recent years. The incidence (or new cases each year) of epilepsy in those over the age of 75 is now as high as it is in children under the age of 10 years.

The increased incidence of epilepsy in seniors is linked to a number of factors including:

- aging of the brain in the later years of life that results in an increased risk of seizures.
- the increase in the number of seniors as the population boom ages.
- longer life spans today than in the past.

# Causes

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Although epilepsy can present at any age, its onset is most often in the later years of life or in childhood. The causes vary according to the age of the onset of epilepsy.

In approximately 60 to 75 percent of epilepsy cases no specific cause can be identified. In the remaining 25 to 40 percent, there are identifiable causes.

In seniors, the most common causes are:

- ***Stroke***

The most frequent cause of seizures in seniors is stroke. If arteries narrow or become clogged, there may be a reduction in the flow of blood and oxygen reaching the brain. This can result in seizures. Bleeding in the brain can also result in seizures because of damage to the brain.

- ***Degenerative disorders***

Degenerative disorders that result in changes in the brain such as Alzheimer's disease are also a leading cause of seizures in seniors.

- ***Brain tumors***

- ***Metabolic changes***

Disorders that involve metabolic change including very low or high blood sugar or very low sodium levels can result in seizures.

- *Head injury*

Seniors are at greater risk of falling than the general population. If a person suffers a head injury, seizures may result.

- *Heart attacks*

Seizures may be the result of oxygen not getting to the brain.

- *Drug toxicity and withdrawal*

Seniors are at a greater risk of drug toxicity due to factors such as slower liver and kidney function, an increased use of medications to treat other medical conditions, and a difficulty in distinguishing toxic effects from other symptoms associated with aging. Toxicity and interactions of drugs could contribute to a person experiencing seizures.

- *Surgery*

If previous brain surgery results in a scar, this may also cause seizures to occur.

In the general population, causes of seizures also include genetic conditions, birth injury, developmental disorder such as brain damage to the fetus, brain trauma from car accidents, sports injuries, etc., drug and alcohol abuse, and infections such as meningitis, encephalitis, and AIDS.

# D Diagnosis

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To establish a diagnosis of epilepsy in seniors is more difficult than in the general population.

This may be partly due to the fact that people often don't understand the different forms seizures can take and they mistakenly assume that unusual behavior or sensations are the result of changes that occur with aging.

Seizures take many different forms and can involve experiences such as blank staring, sudden unusual feelings like fear or joy, hallucinations, random purposeless movements, or convulsions.

Diagnosis may also be more complicated because a senior may live alone or with someone who has difficulty observing, remembering, or describing the seizures.

Seniors may also have other disorders that resemble seizures. These include medical conditions such as syncope (fainting), panic attacks, hyperventilation, and vertigo (extreme dizziness).

***It is very important to discuss any unusual behavior or experiences with your doctor. This will assist your doctor in making a diagnosis.***

Before diagnosing epilepsy, a doctor will often order laboratory tests such as blood tests to determine whether or not there are medical conditions other than epilepsy that could be causing seizures.

For example, metabolic disturbances such as an electrolyte disturbance as a result of severe diarrhea or vomiting, or a



glucose imbalance caused by low blood sugar, can result in seizures.

In addition to possible laboratory tests and a thorough physical examination, the procedures used to establish a diagnosis of epilepsy generally include a medical history and diagnostic tests.

Medical history is very important in a doctor's assessment. It usually involves a family health history and a detailed description of the characteristics, onset, and frequency of the seizures. In diagnosing seniors, it is also important that the doctor have a medication history.

Diagnostic tests often include an electroencephalogram (EEG), an important tool in the diagnosis of epilepsy. An EEG is used to record the brain's electrical activity.

Neuroimaging tests are also sometimes used to provide pictures of the brain. Computed tomography (CT) and magnetic resonance imaging (MRI) scans provide pictures of the brain structures.



Other neuroimaging tests such as magnetic resonance spectroscopy (MRS) and positron emission tomography (PET) show how the brain functions and are used to evaluate the possibilities for epilepsy surgery.

It is important to note that sometimes a diagnostic test does not detect abnormalities. For example, a person with epilepsy may have a normal EEG because abnormal activity is not present during the recording or the activity is too deeply located in the brain to be recorded.

# S seizures

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The brain is made up of billions of nerve cells or neurons that communicate through electrical and chemical signals. When there is a sudden excessive electrical discharge that disrupts the normal activity of the nerve cells, a change in the person's behavior or function may result.

This abnormal activity in the brain that results in a change in the person's behavior or function is a seizure.

A seizure can take many different forms. For instance, a person having a seizure might stare blankly, jerk his or her arm uncontrollably, feel a burning sensation, or have a convulsion.

There are many types of seizures. The form the seizure takes depends on where in the brain the excessive electrical activity occurs.

People sometimes only experience one type of seizure. Others experience more than one type.

Some people with epilepsy rarely have seizures. Others have them numerous times a day.

**When there is a sudden excessive electrical discharge that disrupts the normal activity of the nerve cells, a change in the person's behavior or function may result. This abnormal activity in the brain that results in a change in the person's behavior or function is a seizure.**

Seizures can also change with age. If you have lived with epilepsy for a number of years, you may experience a change in the duration, intensity, or frequency of your seizures as you reach your senior years.

*Changes in seizures should always be discussed with your doctor.*

Although seizures are typically painless, end naturally, and are not dangerous to others, they can lead to complications in seniors.

For example, although most seizures do not result in injury, some major seizures can cause additional stress on the heart and lungs. For seniors, stress on the heart poses the risk of angina or heart attack. The labored breathing that sometimes occurs with major seizures can also stress the lungs and create complications for those with lung disorders.

Falls associated with seizures can also cause problems for seniors. If a person has osteoporosis (or thinning of the bones), falls could result in bone fractures.

## Seizure Types

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There are many types of seizures. The different types begin in different areas of the brain and they are grouped into two categories: *partial* and *generalized*.

If the sudden excessive electrical activity occurs in one part of the brain, it is called a *partial seizure*.

If the electrical activity involves the whole brain, the seizure is called a *generalized seizure*. Sometimes seizures begin as partial and then spread and become generalized. These are referred to as *partial seizures secondarily generalized*.

## Partial Seizures

Partial seizures take two forms: simple partial (formerly called focal) and complex partial (formerly called psychomotor or temporal lobe). In a simple partial seizure you remain aware of what is going on around you. In a complex partial seizure you are not fully aware.

A **simple partial** seizure usually begins suddenly and lasts seconds to minutes.

It involves symptoms that result in a person experiencing an unusual sensation, feeling, or movement called an **aura**. An aura can take many different forms. For example, an aura might be a distortion in sight, sound, or smell, sudden jerky movements of one area of the body, dizziness, or an overwhelming emotion.

An aura is a simple partial seizure that may occur alone or may progress to a complex partial seizure or a generalized seizure.

During a **complex partial** seizure, a person experiences altered awareness and may appear dazed and confused. A dreamlike experience may occur.

The seizure often begins with an aura that occurs just before awareness is altered.

Random purposeless movements over which the individual has no control called **automatisms** often characterize the seizure. These may include movements such as chewing motions, lip smacking, pulling at clothing, or random walking.

Once the pattern has been established, the same set of actions often occurs with each seizure.

The seizure generally lasts between one and two minutes and is often followed by a postictal period of disorientation and confusion.

## Generalized Seizures

A generalized seizure commonly takes one of two forms: absence (without convulsions) or tonic clonic (with convulsions).

An **absence** (formerly called petit mal) seizure results in a blank stare usually lasting less than 10 seconds. The seizure starts and ends abruptly, and awareness is impaired during the seizure. These seizures are sometimes misinterpreted as daydreaming or inattentiveness. Following the seizure, alertness is regained quickly.

A **tonic clonic** (formerly called grand mal) seizure usually lasts from one to three minutes.

The **tonic phase** of this seizure type typically involves a crying out or groan, a loss of awareness, and a fall as consciousness is lost and muscles stiffen. The second phase or **clonic phase** of the seizure typically involves a convulsion and there is jerking and twitching of the muscles in all four limbs. Usually the movements involve the whole body.

Awareness is regained slowly and the person often experiences a postictal period of fatigue, confusion, or a severe headache after the seizure.

Other types of generalized seizures include **atonic** and **myoclonic** seizures.

An **atonic** seizure involves a sudden loss of muscle tone often resulting in the person falling down or almost falling down, dropping objects, or nodding the head involuntarily. Typically, these seizures last for a few seconds.

A **myoclonic** seizure results in a sudden jerk of part of the body such as the arm or leg. The person may fall over. The seizure is very brief.

## Status Epilepticus

A continuous seizure state, or *status epilepticus*, is a life-threatening condition. Seizures are prolonged or occur one after another without full recovery between seizures. **Immediate medical care is necessary.** The seizures may be convulsive or non-convulsive. Status epilepticus is more common in seniors and in young children than in others with epilepsy.

## Sudden Unexplained Death in Epilepsy (SUDEP)

The cause of SUDEP where death occurs suddenly for no discernible reason, is unknown. This is rare.

### Keeping A Seizure Record

Keeping a record of your seizures is very useful. A description of the seizures will assist the doctor in making a diagnosis as well as in the decision regarding the appropriate treatment.



In addition to detailing the characteristics of the seizures, a record will also provide information regarding the frequency and duration of the seizures. It may also help to identify any consistent seizure triggers.

Asking those who were with you during the seizure for a description of what happened is helpful. Seizure record charts are available from most epilepsy associations or you could use a notebook or create your own chart.

**In your seizure record, it is important to record information such as:**

- the time the seizure occurred
- the date the seizure occurred
- how long the seizure lasted
- information that describes your behavior before, during, or after the seizure.

# Treatment

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In many cases, seizures in seniors can be well controlled.

## *Seizure Medication*

Seizure medication is the primary treatment for epilepsy. Drugs do not cure epilepsy, but they often reduce or even stop seizures from occurring by altering the activity of nerve cells in the brain. The majority of people achieve seizure control with seizure medication.

Due to the number of different types of epilepsy, there are many different medications. *Monotherapy* (treatment with one drug) is preferable in the treatment of epilepsy but sometimes more than one drug, or *polytherapy*, is required.

In the senior years, the body metabolizes medication at a slower rate due to diminished liver and kidney function.

Monotherapy and lower doses are often prescribed for seniors as seniors are particularly at risk of drug toxicity. Drug interactions with other medications can also cause complications.

Neurologic symptoms associated with aging as well as an increased risk of seizures with the use of medications to treat other medical conditions can also make assessing the toxic effects of seizure medications more difficult in seniors.

## Side Effects

Tiredness and confusion are more common in seniors than in other groups taking seizure medication. Seniors seem particularly susceptible to difficulties with remembering and thinking. This is commonly due to over-medication.

In general, side effects tend to be more typical when a drug has just been started, when the dosage has been increased, or when more than one drug has been prescribed.



In addition to cognitive impairment, side effects can also involve loss of coordination, decreased appetite, tremor, nausea, weight gain or loss, double or blurred vision, agitation, dizziness, and with long time use, osteoporosis. Skin rash may often be the first sign of an allergic reaction to a drug.

*Physicians should be consulted regarding side effects.*

*For more information on the possible adverse side effects of each drug consult your doctor, pharmacist, or contact your local epilepsy association.*

## Discontinuing or Not Taking Medication as Prescribed

*Discontinuing (or stopping) seizure medication can cause serious complications and should only be done with a doctor's advice and supervision.*

Sudden discontinuation of medication could result in withdrawal seizures or status epilepticus, a continuous seizure state that can be life threatening. Some doctors will advise people with epilepsy to discontinue medication after two years without a seizure. Other doctors do so after four or five years of medication without a



seizure. Safe reduction of seizure medication can only be done if a number of factors have been carefully considered.

Taking less than the prescribed dosage of seizure medication can also result in problems.

Sometimes there are age-related difficulties that result in seniors not taking prescribed dosages at the appropriate times. For instance, memory disorders could result in a person not remembering to take his or her medication or financial concerns could result in someone taking medication less often than prescribed in order to make it last longer.

If you have difficulties or concerns regarding taking seizure medication as prescribed, discuss these with your doctor. There may be financial support available or your doctor, pharmacist, or local epilepsy association may be able to provide you with a detailed list of tips to help you to remember to take your seizure medicine at the appropriate time.

**If you have difficulties  
or concerns regarding  
taking seizure medication as  
prescribed, discuss these  
with your doctor.**

## Seizure Medication Tips

- 1 Always take seizure medication as prescribed. Sudden discontinuation of medication can result in withdrawal seizures or status epilepticus.
- 2 Discuss the use of any other medications or vitamins with your doctor or pharmacist. There is a greater risk of interaction between medications in seniors due to the increased use of both prescription and non-prescription drugs at this age. Decongestants, acetylsalicylic acid products (ASA) such as Aspirin, herbal medications, and diet pills can all interact with seizure medication. Even some therapeutic drugs such as antidepressants and antibiotics could interact with your seizure medication.
- 3 Don't change from a brand name drug to a generic drug without first consulting your doctor. The use of different fillers, dyes, etc., can result in differences in processing by the body.
- 4 A watch with a timer, a weekly pillbox, and bubble-pack medications available from some pharmacies are helpful in reminding you to take seizure medication at the right time.
- 5 Ask your doctor what you should do if you miss taking a dose of your seizure medication.
- 6 Keep a list of current prescribed medications in an easily accessible place.
- 7 Establish a routine of taking your seizure medication at certain times each day. For example, you may take a dose of your medication to the table each morning to have with breakfast.
- 8 Inform your pharmacist and dentist that you are taking seizure medication.
- 9 Keep a one to two week supply of your seizure medication to assure that you don't run out.



## *Surgery*

Typically, patients considered for surgery have seizures that are *medically refractory* or *intractable*. This means that they do not respond to medical treatment such as the use of seizure medication. In some cases, the person's quality of life while on medication is poor and surgery may be an option.

In considering surgery, extensive medical testing and evaluation are necessary to determine where the seizures originate and if it is safe to operate on that area of the brain.

Surgery may involve the removal of the part of the brain where the seizures begin or it may involve a surgical cut to prevent seizures from spreading from one side of the brain to the other by interrupting the nerve pathways.

Surgery is irreversible and changes in personality or cognitive abilities, or disturbances in sensation, vision, or speech could result although the risk of severe neurologic complication is low. As with any surgery, there is always the possibility of serious complications.

When successful, however, surgery can be very effective in improving seizure control. With recent technological advances, surgery has become safer and more widely used.

## *Complementary Therapies*

There are many complementary therapies that some individuals have found helpful in seizure control. Although some of these methods may not have been scientifically proven, there are people with epilepsy who have found that they help in reducing seizures. A number of the methods were developed centuries ago before current treatments were available.

*It is important to remember that all therapies should be discussed with a doctor. Complementary therapies are used to supplement and not to replace accepted treatments.*

Advocates of a self-control approach in dealing with epilepsy believe that playing an active role will not only alleviate feelings of powerlessness but may also be effective in controlling seizures. Through persistence and careful observation, some individuals have developed the ability to use tools such as mental imagery, odors, or relaxation techniques to prevent or delay seizures.

Some individuals have found that yoga, massage therapy, or meditation is helpful.

Others advocate aromatherapy, herbal remedies, or vitamin therapy, while a number have had positive results from art, music, and pet therapy. Individuals have also found that techniques such as acupuncture and hypnosis are effective in seizure control.

Reflexology and biofeedback are also techniques that have been used by people with epilepsy.

## *Choosing A Doctor*

Establishing a *positive relationship with your doctor* is very important. It is helpful to have a doctor in whom you have confidence and with whom you can talk openly. It is useful to take a list of questions when visiting your doctor in order to assure that you are prepared and that your concerns are addressed.



Often your general practitioner will refer you to a neurologist. Neurologists specialize in the area of medicine relating to the nervous system and its disorders. In some centers, a patient may be referred to an epileptologist who is a neurologist with specialized training in epilepsy.

Occasionally people feel that they are not getting the treatment they would like and, in those cases, requesting a second opinion may be important.

# Lifestyle

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For some seniors with epilepsy, few changes in lifestyle are necessary. Many seniors with epilepsy live independent, active lifestyles.

For others with uncontrolled seizures, lifestyle changes may be necessary.

If you are living alone and have uncontrolled seizures, alternate living arrangements may have to be considered.

In either case, your family, friends, and neighbors may be concerned for your safety. By sharing information on epilepsy with others who care about you, you will help them to understand the condition and also increase awareness on what they should do to help if you have a seizure.

Misconceptions based on historical perceptions, lack of public awareness, and inaccurate television and movie portrayals do result in incorrect assumptions about epilepsy. Sometimes these create the misguided perception that those with epilepsy are mentally disabled or are more likely to be violent. Sometimes the forms that seizures take can be mistaken to be deliberate acts. They are not.

Although in the past epilepsy was misunderstood and even feared, attitudes towards the condition are slowly changing through public awareness and education. As a group, people with epilepsy have the same range of intelligence as the general public. As in any cross section of the population, people with epilepsy have varying intellectual abilities.

It has become accepted knowledge that many brilliant historical figures including Vincent Van Gogh, Feodor Dostoyevski, and Isaac Newton had epilepsy.

# *E* Emotional Well-Being

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A range of emotions may accompany a diagnosis of epilepsy. You may feel depressed, angry, or frustrated. You may be concerned about the future. Or you may find that you are relieved that a diagnosis has been made.

Some people with epilepsy find that family or friends respond negatively to the condition out of fear or a lack of knowledge.

Depression is more common in individuals with epilepsy than it is in the general population. This could be due to psychosocial factors, the seizures themselves, and/or to seizure medication. Seniors may be more sensitive to the depressive effects of some seizure medications than others with epilepsy. Depression in seniors may also be compounded by issues such as grief over the loss of a loved one, loneliness, or the transition of retirement.

If you are overly confused, depressed, fatigued, irritable, or forgetful, discuss your feelings with your doctor. The doctor may make adjustments in your seizure medication in order to determine whether these issues are side effects of your medication.

Remember that there are many treatment options for those with epilepsy and if you have epilepsy, you can still have a rich and rewarding life.

# *T* Transportation

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There are restrictions to driving if your seizures are not controlled. If epilepsy has been diagnosed, driving is generally not allowed until you have been seizure free for at least 6 to 12

months, and you are under a doctor's care. A shorter period may be considered upon a favourable neurologist's recommendation. There are provincial and territorial differences in regulations. Drivers are required by law to report any health problems such as epilepsy that would interfere with driving to the appropriate regulatory agency.

If you are not eligible to drive, explore public transportation systems or taxi use. Some communities offer door-to-door transportation for individuals unable to use public transport due to a disability. Some travel companies provide discounted transportation for an escort capable of providing the required assistance if it is medically necessary. Friends or family may also be able to help.

## *R* Recreational Activities and Sports

Many recreational activities and sports including tennis, golf, hiking, bowling, dancing, cross-country skiing, and jogging are safe and beneficial for people with epilepsy. Exercise reduces the stress that sometimes triggers seizures and also maintains fitness and bone mass levels.



Some activities such as downhill skiing, bike riding, and ice skating pose a greater risk. Swimming with a companion, preferably an experienced swimmer, is recommended for anyone who has seizures. If your seizures are uncontrolled, constant supervision is advised.

Certain activities such as scuba diving, rock climbing, and wind surfing are considered too dangerous.

It is also important to use the appropriate safety gear (e.g. helmets, flotation devices, etc.) and to avoid related problems such as low blood sugar, dehydration, or overexertion which could increase the risk of seizures.

Participation in activities should be discussed with your doctor.

## *S*afety for Seniors

There is an increased risk of injury in people with epilepsy. If you experience sudden and frequent seizures that affect awareness, you are the most likely to be at risk. Precaution in your home may be necessary. Using a microwave oven instead of a stove, using plastic rather than glass dishware, and carpeting the floors and padding the edges of tables are just a few precautions that can be taken.

Showers are safer than baths for those with

epilepsy, but injuries can still occur. If you experience falls during a seizure, a shower seat with a safety strap should be considered.

Wearing a medical identification bracelet or necklace is also important and carrying a pre-programmed cell phone or beeper in case you need help is useful.



Detailed lists of safety tips are available from most epilepsy associations.



# *General Health and Seizure Triggers*

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Monitoring what may trigger a seizure is helpful for people with epilepsy. Lack of sleep or stress can affect seizure control. Eating regularly and maintaining sufficient fluid-intake as well as a well-balanced and nutritious diet are important. A poor and irregular diet may affect medication levels.

There are medications other than prescribed seizure medication that can trigger seizures. To learn more about medications associated with triggering seizures ask your doctor, pharmacist, or local epilepsy association for detailed information.

Excessive alcohol consumption and subsequent withdrawal can trigger seizures.

As hormonal changes are a seizure trigger in some people, seizures sometimes begin or change with menopause. Some women experience a recurrence of seizures that were previously controlled at menopause.

Only in rare cases, does sexual activity trigger seizures. Seizure medication may, however, lessen a person's interest in sexual activity or affect sexual function. If seizures are uncontrolled, this could also affect sexual function.

If you have concerns over any of these issues, they should be discussed with your doctor. A change in medication or other treatments may help.

# *A* Abuse of Seniors

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Seniors with a disability may be vulnerable to abuse and/or violence. Abuse can take different forms including physical, emotional, or sexual abuse. It can also involve neglect or control. It may involve forced confinement or deliberate humiliation, threats, pushing, slapping, or financial abuse where a person forces the senior to sell personal property or steals from a senior. In some cases, the abuser may be a relative or a caregiver or someone who has power over the senior. The senior may rely on the abuser for care, food, shelter, or friendship, or the abuser may be a person who the senior trusts.

A person with a disability may be at risk due to an increased dependency on others, a lack of knowledge about his or her rights, the negative attitude of others, or due to being more isolated. A senior may not want to talk to others about the abuse because of embarrassment, of being afraid of institutionalization, or out of concern over being rejected by loved ones.

Becoming involved in your community, informing friends and neighbors of your seizures, being as independent as possible, and finding out about your rights are all ways to help prevent abuse.

If you are experiencing abuse, call your local crisis line or contact your local epilepsy association. Epilepsy associations can generally direct you to the appropriate agencies in your area.

## *S* Support and Financial Assistance

There are federal, provincial, and community programs available to seniors in need. Contacting each program directly for detailed information or connecting with the government agency servicing seniors in your area is worthwhile.

Programs available include those offering assistance related to housing through the Canada Mortgage and Housing Corporation (CMHC).

Information on Canada Pension Plan and Old Age Security benefits is available through Human Resources Development Canada.

A federal disability tax credit is also available that offers tax assistance to individuals who have severe and prolonged disabilities and who need life-sustaining therapy on an ongoing basis.

Most Provinces provide financial assistance to eligible lower-income seniors.

Health care and personal support are offered through various service providers.

Your local epilepsy association may be able to provide you with more information or direct you to the appropriate agencies.

## Insurance

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Applications for life and car insurance are increasingly being considered on an individual basis. Contacting various agencies before submitting an application and asking for information regarding policies and costs are very useful in finding an appropriate provider. By investigating the options first, you will be able to compare what various companies offer. An insurance agent who deals with more than one company may be helpful. If your application is rejected, don't assume it will be by a different insurer.

In some cases, health care coverage may be available for seniors through government programs. Contact the appropriate government agency in your area or your local epilepsy association for more information.

# F *First Aid for Seizures*

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## What To Do If Someone Has A Non-Convulsive Seizure

(staring blankly, confused, not responding, movements are purposeless)

- 1 **Stay with the person.** Let the seizure take its course. Speak calmly and explain to others what is happening.
- 2 **Move dangerous objects out of the way.**
- 3 **DO NOT restrain the person.**
- 4 **Gently guide the person away from danger or block access to hazards.**
- 5 **After the seizure, talk reassuringly to the person.** Stay with the person until complete awareness returns.

## What To Do If Someone Has A Convulsive Seizure

(characterized by stiffening, falling, jerking)

- 1 **Stay calm.** Let the seizure take its course.
- 2 **Time the seizure.**
- 3 **Protect from injury.** If necessary, ease the person to the floor. Move hard or sharp objects out of the way. Place something soft under the head.
- 4 **Loosen anything tight around the neck.** Check for medical identification.
- 5 **DO NOT restrain the person.**
- 6 **DO NOT put anything in the mouth.** The person will not swallow his or her tongue.
- 7 **Gently roll the person onto his or her side as the convulsive seizure subsides** to allow saliva or other fluids to drain away and keep the airway clear.
- 8 **After the seizure, talk to the person reassuringly.** Do not leave until the person is re-oriented. The person may need to rest or sleep.



## Calling An Ambulance

*In assessing the need to call an ambulance, a combination of factors has to be considered. For example, if cyanosis (blue or gray color) or labored breathing accompanies the seizure, then an ambulance may be called earlier. If a person is known to have epilepsy and the seizure pattern is uncomplicated and predictable, then ambulance help may not be necessary.*



### CALL AN AMBULANCE:

- If a convulsive seizure lasts longer than 5 minutes.
- If consciousness or regular breathing does not return after the seizure has ended.
- If seizure repeats without full recovery between seizures.
- If confusion after a seizure persists for more than one hour.
- If a seizure occurs in water and there is any chance that the person has inhaled water. Inhaling water can cause heart or lung damage.
- If it is a first-time seizure, or the person is injured, pregnant, or has diabetes. A person with diabetes may experience a seizure as a result of extremely high or low blood sugar levels.

# *Epilepsy Associations*

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If you have concerns, questions, or ideas to share regarding epilepsy, contact your local epilepsy association. Epilepsy associations can provide you with, or direct you to, up-to-date medical and lifestyle information. New information, research, and medical technology are continually improving the understanding of and treatment for epilepsy.

Consider becoming a member of your local epilepsy association. Epilepsy associations have much to offer including support groups, programs, educational forums, public awareness, newsletters, resource libraries, referrals, special events, and advocacy. Becoming a member will give you the opportunity to learn more about epilepsy, to volunteer, to network with others in your community, and to share information.

By volunteering with your local epilepsy association, you can make a difference in helping others to better understand epilepsy and in improving the quality of life of those with epilepsy. Most epilepsy associations require volunteers to assist in areas such as peer-support programs, educational activities, administrative duties, and fundraising events. Volunteers are also needed to serve on committees and Boards of Directors.

Your local epilepsy association can be of assistance to you but you can also be of assistance to others living with epilepsy. By getting involved, you can help to make a difference in your community. Contact your local epilepsy association or call 1-866-EPILEPSY (374-5377) toll-free to connect directly with the association in your area.

## Epilepsy Education Series

The Edmonton Epilepsy Association has produced a series of epilepsy educational booklets, including:

Epilepsy: An Overview

Living with Epilepsy

Epilepsy: A Guide for Parents

Let's Learn About Epilepsy:  
An Activity Book for Children

Teens and Epilepsy

Epilepsy: A Guide for Teachers

Women and Epilepsy

Seniors and Epilepsy

Epilepsy: A Guide for Professionals and Caregivers

Epilepsy: Seizures and First Aid

Safety and Epilepsy

For more information, or to order copies of these booklets, contact your local Epilepsy Association at 1-866-EPILEPSY (374-5377).

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# Partners in Improving the Quality of Life for Those Who Live With Epilepsy:

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Alliance



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**L'ÉPILEPSIE**

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Canadian League  
Against Epilepsy



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**Your Local Contact Information:**



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