



Understanding Epilepsy: A Guide for Families

What is epilepsy?

Having a seizure does not necessarily mean that a person has epilepsy. A person who has one or multiple seizures while suffering from a fever, trauma, or infection is *not* considered to have epilepsy. In fact, epilepsy is defined as a neurological disorder (a disorder of the brain) manifested by two or more *unprovoked* seizures. Epilepsy may be caused by genetic conditions, head injury, stroke, brain tumor, toxic poisoning or severe infections like meningitis and encephalitis. These causes may occur during pregnancy and during or after birth. However, in approximately 70% of cases, no etiology or cause for epilepsy can be identified.

Epilepsy is usually classified into three categories:

1. Partial epilepsy: seizure originates in one area of the brain (although it may generalize or expand to other parts of the brain), typically lasts for a short time (2—5 minutes), and is the most common form of epilepsy among adults. Doctors will often further describe this type of seizure based on whether the person is conscious or unconscious during the seizure.

2. Generalized epilepsy: affects both cerebral hemispheres (sides of the brain) from the beginning of the seizure. They produce a loss of consciousness, either briefly or for a longer period of time, and are sub-categorized into other types.

3. Status epilepticus: is a life-threatening condition in which the brain is in a state of persistent seizure. This is usually characterized by successive seizures with no intervening periods of consciousness or seizures lasting 20—30 minutes or more. It can be convulsive or non-convulsive seizures.

How do you receive this diagnosis?

A doctor determines a diagnosis of epilepsy through a series of steps. They may look over medical history, request blood tests, and administer developmental, neurological, behavioral tests, as well as EEGs and brain scans.

How do you manage this diagnosis?

Once epilepsy is diagnosed, it is important to begin treatment as soon as possible. For about 70% of those diagnosed with epilepsy, seizures can be controlled with modern medicine and surgical techniques when needed.

- **Medication.** Epilepsy is generally treated with antiepileptic medications. The most important step is to select an antiepileptic drug that is appropriate to the particular type of epilepsy because specific medications are used for different types of seizures. The main objective of drug therapy is to maintain maximum control of the seizures with the least side effects. It is important to take the medications regularly and as directed.

- **Surgical Treatment.** Seizure surgery can be considered for patients in whom antiepileptic drugs fail to completely control seizures. However, it is very important to determine whether or not an individual is a viable candidate. Your doctor will discuss what options are possible and will help guide you through the proper evaluation and testing prior to making a decision about surgical treatment. Surgery should always be performed with support from rehabilitation specialists and counselors who can help with the many psychological, social, and employment issues. While surgery can significantly reduce or even halt seizures for some people, it is important to remember that any kind of surgery carries risks. Patients should ask their surgeon about his or her experience, success rates, and complication rates with the procedure they are considering.
- **Specialized Diet.** The ketogenic diet is another approach to the treatment of epileptic seizures. It is generally tried in children younger than 10 years of age (although it has also had some success with adults). People who try the ketogenic diet should seek the guidance of a dietician to ensure that it does not lead to serious nutritional deficiency.
- **Ongoing.** During any treatment it is important for you to keep track of sleep behavior, appetite, weight gain or loss, and menses. Keep track of tests, the frequency and nature of seizures and medications and report all the information to your physician.

Most people with epilepsy lead outwardly normal lives. While epilepsy cannot currently be cured, for some people it does eventually go away. Most seizures do not cause brain damage. It is common for people with epilepsy, especially children, to develop behavioral and emotional problems due to embarrassment, frustration, bullying, teasing, or avoidance in school and other social settings.



RESOURCES

**Epilepsy
Foundation**
epilepsyfoundation.org
(800) 332-1000

**National Association
of Epilepsy Centers**
naec-epilepsy.org
(202) 524-6767

For additional information, you may also contact
WRC's Staff Psychologist Kaely Shilakes, Psy.D
who can be reached at (310) 258-4157.



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