

## Seizure Medicines Allow Most to Enjoy Long, Healthy Lives

By Paul G. Donahue, M.D. (reprinted by permission of the author and North America Syndicate)

Seizures are the hallmark of epilepsy. A seizure occurs when a sudden discharge of electricity from brain cells sweeps over the brain. The discharge causes involuntary movements, altered consciousness or both. Many people have an erroneous idea that epilepsy is a childhood disease. It can happen at any age, and a great number of cases are seen in older people.

The causes of epilepsy are many: brain tumors, head trauma, the aftermath of strokes and genes. However, in a sizable number of people, a cause isn't found.

Seizures have different manifestations. When the electrical discharge involves both sides of the brain, a generalized seizure results. One kind of generalized seizure, once called "grand mal seizure," makes the person lapse into unconsciousness and fall to the ground with the arms and legs contracting and relaxing. Generally the spell is brief and the person awakens, somewhat dazed. Another sort of generalized seizure is quite different and mostly seen in children. It was called "petit mal seizure," and is now called an absence seizure. The child has a blank look, doesn't fall and isn't unconscious, but doesn't respond to commands. Onlookers think the child is daydreaming. These seizures are brief, but they can be quite repetitive and can interfere with a child's learning.

Seizures confined to one side of the brain are called focal seizures. They cause jerking of an arm or leg on the side of the body opposite to the side of brain involvement.

Medicines have changed the outlook for epilepsy patients. Most people function well in almost every occupation available. Few restrictions are placed on them. They raise families and participate in just about all aspects of life.

## Our Local Offices Assure Convenient Service

We encourage persons with epilepsy, their families, medical providers, schools and others in the community to contact their nearest field office for additional information on how we may help with treatment, advocacy, education and referrals.

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### Sarasota – Headquarters

Glasser-Schoenbaum Human Services Center  
1750 17th Street, Building I-2  
Sarasota, Florida 34234  
(941) 953-5988

### Bradenton

Healthcare America Medical Office Complex  
3501 Cortez Road, Suite B-909  
Bradenton, Florida 34210  
(941) 752-6226

### Fort Myers

4040 Palm Beach Blvd., Suite D  
Fort Myers, Florida 33916  
(239) 275-4838

### Naples

852 First Avenue South, Suite 113  
Naples, Florida 34102  
(239) 649-7430

[www.epilepsy-services.org](http://www.epilepsy-services.org)



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A 501(c)3 nonprofit organization dedicated to helping individuals and families who are affected by epilepsy.

## About Us

Epilepsy Services of Southwest Florida is a non-profit charitable organization founded in 1968. We provide critical medical attention, including medication, to uninsured individuals over the age of 18. Additionally, we offer case management, referrals to other community services and prevention and educational programs to the community at large.

Our goal at Epilepsy Services of Southwest Florida is to assist in the process of empowering our patients so they can lead full and invigorating lives. We provide:

- ❖ Access to initial medical services, including neurological evaluation, diagnostic testing and blood work
- ❖ Assistance in obtaining medications
- ❖ Case management including coordination of resources and referrals
- ❖ Prevention and education to schools, medical professionals, caregivers, first responders and other members of the community



## Frequently Asked Questions

- Q.** What exactly is epilepsy?
- A.** Epilepsy is a neurological disorder, which briefly interrupts the normal function of the brain. These brief interruptions or seizures are characterized by a sudden change in movement, behavior, sensation or consciousness produced by an abnormal electrical discharge in the brain. In short it is a temporary electrical short circuit creating an excessive electrical discharge.
- Q.** Is epilepsy a disease?
- A.** Absolutely not. It is not a physical or mental illness, it is not communicable and it is not the result of an evil spirit. In about 70 percent of cases, the cause is unknown.
- Q.** Can people with epilepsy lead a normal life?
- A.** Yes! When treated, most people with epilepsy go to school, make friends, hold jobs and raise families. Sometimes coping with the reaction of others can be the most difficult part of living with epilepsy.
- Q.** How many people in the world have epilepsy?
- A.** It is estimated that around 60 million people have epilepsy at any one time, and up to 5 percent of the world's population may have a seizure at some point in their lives.
- Q.** In response to a seizure, what is the cost difference between a hospital emergency room visit and treatment in the Epilepsy Services of Southwest Florida program?
- A.** An untreated patient who has seizures four to six times per year would incur costs in a hospital emergency room of about \$3,000 per visit, for \$12,000 to \$18,000 per year. Our cost for treatment for the same patient would be approximately \$800 per year.
- Q.** Can epilepsy be treated?
- A.** Yes! Approximately 75 percent of persons with epilepsy can achieve partial or total control of seizures.

## How You Can Help

Epilepsy Services of Southwest Florida is a non-profit organization, serving patients in eight Southwest Florida counties. Funding comes in part, from the Florida Department of Health. Grants and donations are gratefully accepted to supplement this funding.

We are thankful to the dedicated doctors who donate their professional skills, to the providers who make it possible for us to treat our patients by donating or applying discounts for critical diagnostic tests, and to generous discounts from medical suppliers and pharmaceutical companies. This keeps our cost per patient lower than Medicaid and makes it possible to provide desperately needed services to our patients.

Your contribution is tax-deductible and every gift helps.

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All contributions are deeply appreciated and may be mailed to:

**Epilepsy Services of Southwest Florida**  
1750 17th Street, Building I-2  
Sarasota, Florida 34234

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## How to Handle a Seizure

- ❖ Don't Panic!
- ❖ Note time when the seizure starts.
- ❖ Direct the person away from hazards or remove objects that may present a danger.
- ❖ If the person is having a convulsive seizure, turn him on his side and cushion his head.
- ❖ Remove glasses and loosen tight clothing.
- ❖ Do NOT put anything in the mouth.
- ❖ Do NOT give liquids or medication.
- ❖ Do NOT restrain.
- ❖ Remain present until the person regains conscious awareness of his surroundings.

## When to Call 911

Most seizures are not medical emergencies, but an ambulance should be called if:

- ❖ The seizure lasts longer than 5 minutes or one seizure immediately follows another.
- ❖ The person does not resume normal breathing after the seizure ends.
- ❖ There is no medical ID and no known history of seizures.
- ❖ There is an obvious head injury.
- ❖ The person is pregnant or has diabetes.
- ❖ Heat exhaustion is suspected.
- ❖ The person has a high fever.
- ❖ Poison could be a cause.
- ❖ The person has hypoglycemia.
- ❖ The seizure happens in water.
- ❖ If consciousness does not start to return after the shaking has stopped (for tonic-clonic seizures).
- ❖ The person requests an ambulance.

If the ambulance arrives after consciousness has returned, the person should be asked whether the seizure was associated with epilepsy and whether emergency room care is wanted.

## Types of Seizures

Seizures can take many different forms, often not resembling the convulsions that most people associate with epilepsy. Common types of seizures include:

- ❖ Generalized Tonic-clonic (Grand Mal): Convulsions, muscle rigidity, jerking.
- ❖ Absence (Petit Mal): Blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions.
- ❖ Complex Partial (Psychomotor/Temporal Lobe): Random activity where the person is out of touch with his surroundings.
- ❖ Simple Partial: Jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers.
- ❖ Atonic (Drop Attack): Sudden collapse with recovery within a minute.
- ❖ Myoclonic: Sudden, brief, massive jerks involving all or part of the body.

## First Aid for Generalized Tonic-Clonic Seizures

When providing seizure first aid for generalized tonic-clonic seizures, these are the key things to remember:

- ❖ Keep calm and reassure other people who may be nearby.
- ❖ Don't hold the person down or try to stop his movements.
- ❖ Time the seizure with your watch.
- ❖ Clear the area around the person of anything hard or sharp.
- ❖ Loosen ties or anything around the neck that may make breathing difficult.
- ❖ Put something flat and soft, like a folded jacket, under the head.
- ❖ Turn him or her gently onto one side.
- ❖ Don't attempt artificial respiration except in the unlikely event that a person does not start breathing again after the seizure has stopped.
- ❖ Stay with the person until the seizure ends naturally.

## First Aid for Absence Seizures

If someone has the kind of seizure that produces a dazed state, the best thing to do is:

- ❖ Watch him carefully and explain to others what is happening. Often people who don't recognize this kind of behavior as a seizure think that the dazed person is drunk or on drugs.
- ❖ Speak quietly and calmly in a friendly way.
- ❖ Guide the person gently away from any danger, such as a steep flight of steps or a busy highway.
- ❖ Stay with the person until full consciousness returns and offer help in returning home.

## First Aid for Complex Partial Seizures

- ❖ Do not restrain the person.
- ❖ Remove dangerous objects from the person's path.
- ❖ Calmly direct the person to sit down and guide him or her from dangerous situations.
- ❖ Observe, but do not approach, a person who seems angry or combative.
- ❖ Remain with the person until he is fully alert.

## A Seizure in Water

Support the person with the head tilted so his face and head stay above the water. Once on dry land, if he is not breathing, administer CPR and call 911 to transport to an emergency room.

## A Seizure in an Airplane

Help the person lie across two or more seats with head and body turned on one side. Once consciousness has fully returned, the person can be helped into a resting position in a single reclining seat.

## A Seizure on a Bus

Ease the person across a double or triple seat. Turn him on his side, and follow the same steps as indicated above. There's no reason a person who has fully recovered from a seizure can't stay on the bus until he arrives at his destination.

## Is Employment Affected by Epilepsy?

Most people with epilepsy are able to work in the full range of jobs. There are people with epilepsy serving successfully in every walk of life.

Unfortunately, epilepsy is often still stigmatized and people face discrimination. Sometimes people are reluctant to tell their employers they have epilepsy or seizures because they learn through bitter experiences that it can be used against them.

People with epilepsy can face significant challenges in the workplace, and many advocacy efforts are underway. The Americans with Disabilities Act (ADA) was enacted to prohibit disability-based discrimination. Many provisions of the ADA have particular impact on people with epilepsy, including inclusion of safety-sensitive jobs and reasonable accommodation.

## Getting a Job

If your seizure control is not yet good enough for you to get a driver's license, avoid occupations that would require you to drive as part of the job, or that would place you in hazardous situations. Think about jobs that allow you to work at home, at your own pace.

If your seizure control is completely reliable, almost all jobs should be open to you. In fact, the only thing you may want to do that other job applicants don't is to learn how to talk comfortably about epilepsy with other people so that if you discuss your epilepsy with an employer, you can explain how much or how little impact it has on your ability to perform your job well.

## Disclosing Epilepsy with a Potential Employer

It is not always necessary to discuss epilepsy with a potential employer. Whether you do or not is up to you. If you have excellent seizure control and the employer does not ask any health-related questions, there's no reason to start talking about epilepsy unless you want to.

The important thing is whether you are able to do the job as described. Employers are also required to make reasonable accommodation for a disability.

If you decide to talk about your epilepsy, or if you have to because of a legal question from the employer (after a job has been offered), remember that the more confident, well-informed, and relaxed you can be, the more reassured the employer is likely to be.

Explain how long you've had epilepsy and how well it's controlled. If you drive, say so. Say how long you've been seizure-free. Explain that research studies show the longer people are free of seizures, the greater the likelihood they will stay that way.

If you've never had a convulsive seizure in your life, mention that as well. The average person thinks everyone with epilepsy has convulsions all the time.

If you have only occasional seizures, point that out, too. Explain that if one should occur it will only last a very short time. And always explain how this condition actually affects your ability to perform your job.

## Your Rights

If you feel you have been unfairly treated by a prospective employer and you want to challenge it, check with a lawyer. Many courts have recognized epilepsy as a disability and that many people with a history of epilepsy are considered disabled because of the varied nature of seizures.

The ADA prohibits employment discrimination against qualified individuals with disabilities who are able to perform the essential function of the job, with or without reasonable accommodation.

While many people with epilepsy are able to maintain regular employment without interruption, others may need to miss work because of seizures, changes in medication, or to visit a doctor for regular monitoring. The federal laws that protect employees are known as the Americans with Disabilities Act and the Family and Medical Leave Act.

## Safety-Sensitive Jobs

People with epilepsy are able to perform a wide array of jobs safely and effectively, and are successfully employed in a variety of jobs that might be considered high-risk. Depending on the degree of seizure control, it is entirely possible that a person with epilepsy may pose no greater risk on the job than the average person without epilepsy. There are some jobs, however, where the perceived risk to public safety is so high that the federal government has established rules limiting who can perform these jobs.

## Permissible Medical Exams and Inquiries

Prior to the offer of a job, an employer may NOT ask whether an applicant has a disability, inquire about the severity of a disability or make any inquiry that is likely to elicit information about the disability. Once employment begins, an employer may make disability related inquiries and require medical examinations only if they are "job-related and consistent with business necessity."

(Source: Epilepsy Foundation)

