



Dietary Treatments for Epilepsy

Information - Training - Research - Support

Registered Charity Number: 1108016

[www.matthewsfriends.org](http://www.matthewsfriends.org)

## **School/Respite Information Sheet 3**

### **BASIC EPILEPSY - SEIZURE TYPES**

Written by Lisa O'Brien, Matthew's Friends Epilepsy Nurse

WHAT IS EPILEPSY?

Abnormal electrical activity that occurs in the brain

WHAT IS A SEIZURE?

This is what you see happening to somebody with abnormal epileptic discharge

When the abnormal activity spreads all over the whole brain

= GENERALISED SEIZURE

When the abnormal activity affect just part of the brain

= PARTIAL SEIZURE

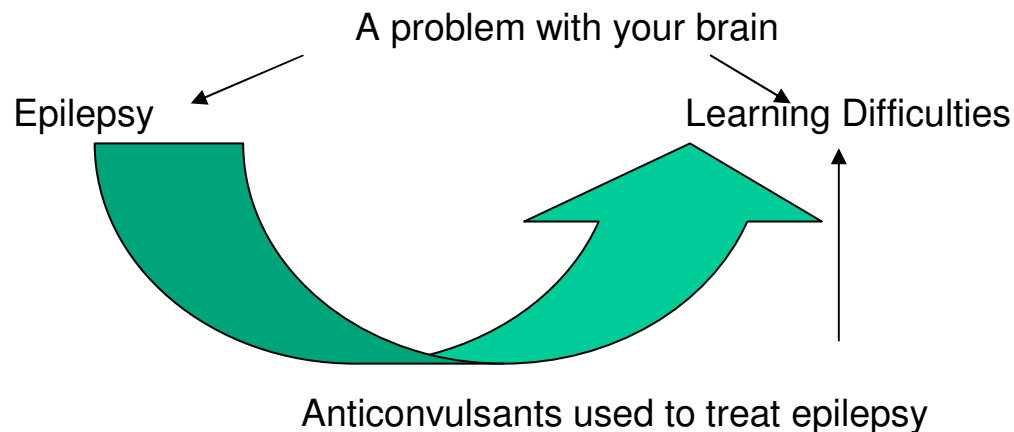
Epilepsy is diagnosed when there is a repetition of seizures (at least 2)

70% of causes of epilepsy are unknown

## EPILEPSY AND LEARNING DIFFICULTIES:

- 1 in 3 people with learning difficulties have epilepsy
- 1 in 2 people with severe learning difficulties have epilepsy

WHY?



## GENERALISED SEIZURES

- Abnormal electrical activity over the whole brain
- The person becomes unconscious
- The person is unaware and has no memory of the event

### TYPES OF GENERALISED SEIZURES

- Tonic clonic
- Tonic
- Atonic
- Myoclonic
- Absences

## TONIC CLONIC SEIZURE

- This is a GENERALISED seizure
- The person is
  - UNCONSCIOUS
  - UNAWARE
  - HAS NO MEMORY

WHAT HAPPENS?

- Abnormal electrical activity spreads all over the brain
- 2 phases TONIC and CLONIC

### TONIC PHASE

- Pupils dilate
- Will stiffen all over and posture
- If there is any air in the lungs when the rib cage becomes stiff it will be forced out which sounds like a frightened cry
- They fall backwards as they are not aware of what is going on. They will not protect themselves
- Usually lasts about 20 seconds

### CLONIC PHASE

- They have shaking movements all over known as clonic movements
- Pupils remain dilated
- The teeth are clenched
- They may bite their tongue, cheek or lip causing bleeding
- There is excessive salivation
- There maybe blueness around the mouth known as cyanosis
- They may wet themselves.
- May injure themselves
- Usually lasts 1-2 minutes
- It is equivalent to running a marathon

### HOW DO YOU KNOW IT HAS FINISHED?

- The shaking will stop
- They will be breathing so blueness around lips will disappear
- The person will be responsive. They may not be able to speak for a few minutes but they should be able to squeeze your hand

### HOW DO THEY FEEL AFTER?

- Tired and exhausted
- Muscle aches and headaches
- Thirsty and hungry
- Anxious
- Embarrassed, upset or angry
- May have injuries

- Some fall into a very deep sleep. They snore, sweat and are unresponsive lasting for 10-15 minutes
- Some may have particular behaviours afterwards
- Some may wish to carry on with their days others take a few days to recover
- Some have a Todds paralysis afterwards
- Some are confused lasting 24 hours

#### WHAT DO YOU DO?

- DO NOT PANIC
- ALWAYS REMEMBER 5 THINGS
  - Make sure they out of danger
  - Protect the head
  - Time the seizure
  - Check if they need emergency medication
  - Reassure them

#### WHEN A SEIZURE STOPS

- Put the person on their side
- Continue to reassure them
- Follow any specific medication advice e.g. treating if they have a cluster of seizures or if they have medication to calm agitated behaviour
- Stay with them until they are able to get up

#### **ABSENCES**

- This is a GENERALISED seizure
- The person is
  - UNCONSCIOUS
  - UNAWARE
  - HAS NO MEMORY

#### DURING AN ABSENCE

- Person will:
  - Will stop what they are doing
  - Their pupils will dilate
  - They will be unresponsive
  - Usually stare straight ahead
  - Some people continue walking but may wander off in the wrong direction

Some people may

- Nod of the head
- Movement of the arm
- Be Incontinent

## RISKS

- Accidents to themselves
- Accidents to someone else
- Frustration
- Lack of trust as they are not aware of what has happened
- Reduced self esteem
- Low confidence
- Being labelled as having poor memory, more severe learning difficulties or behaviour problems.

## TREATMENT

- Do not panic
- Always be alert
- Guide them away from danger
- Repeat all the information they have missed
- Treat any injuries sustained

## TONIC SEIZURES

- This is a GENERALISED seizure
- The person is
  - UNCONSCIOUS
  - UNAWARE
  - HAS NO MEMORY
- The person will:
  - Becomes unresponsive
  - Pupils dilate
  - They stiffen all over, posture and fall backwards
  - They may yell out as the air is forced from their lungs
  - Once they fall they recover immediately
  - Can be very violent
  - They may injure themselves
  - May have clusters

## TREATMENT

- Do not panic

- Ensure they are out of danger
- Assess if first aid is required
- Protect their head
- Reassure
- Time in case there is a cluster
- Check if emergency medication is required
- Most people after a tonic seizure will carry on as before

## **ATONIC SEIZURE**

- This is a GENERALISED seizure
- The person is
  - UNCONSCIOUS
  - UNAWARE
  - HAS NO MEMORY
- The person will:
  - Become unresponsive
  - Pupils dilate
  - They will lose tone in all their muscles
  - They will fall forwards
  - They will recover as soon as they hit the floor
  - Often sustain injuries to face
  - Some people wear helmets or face guards to protect themselves
  - It is common for people to have many atonic seizures per day

## **TREATMENT**

- Do not panic
- Ensure they are not in danger
- Assess for serious injury, administer first aid
- Reassure and explain
- Time it
- Check to see if they require emergency medication

## **MYOCLONIC JERKS**

- This is a GENERALISED seizure
- The person is
  - UNCONSCIOUS

- UNAWARE
- HAS NO MEMORY

- The person will be:
  - Unresponsive
  - Has a sudden jerk of a muscle group, often a flexion (forward) movement of trunk
  - Lasts a fraction of a second but the person may have many episodes

## RISKS

- Accidents
- Falls
- Misinterpreting information
- Frustration
- Blame
- Missing information
- Mistrusting people

## TREATMENT

- Move or distract to a different activity
- Reassure
- Repeat information
- Note time
- Treat injuries
- Follow treatment plan

## **PARTIAL SEIZURES**

There are 2 types:

- Simple partial
- Complex partial

## **SIMPLE PARTIAL SEIZURES**

- This is when abnormal electrical activity affects one **spot(area)** on the brain
- It can be any point

- It depends on which spot it affects as to what manifestations are seen

During a simple partial seizure:

- The person is **fully conscious** during it
- They are aware of what is going on
- They have full memory of it
- This can be the most worrying type of seizure for the person because they are fully aware it is happening
- Usually the person will have the same type of simple partial seizures each time
- They are also known as **Aura's or Warnings** because they could lead onto a generalised seizure (secondary generalised)
- Can last for any length of time, maybe momentary or may be thousands of them in a day

## TYPES

- Unusual tastes or smells
- Pins and needles
- Feeling of impending doom
- Hallucinations
- Visual disturbances
- Deja-vu
- Jerking of one limb
- Anxiety

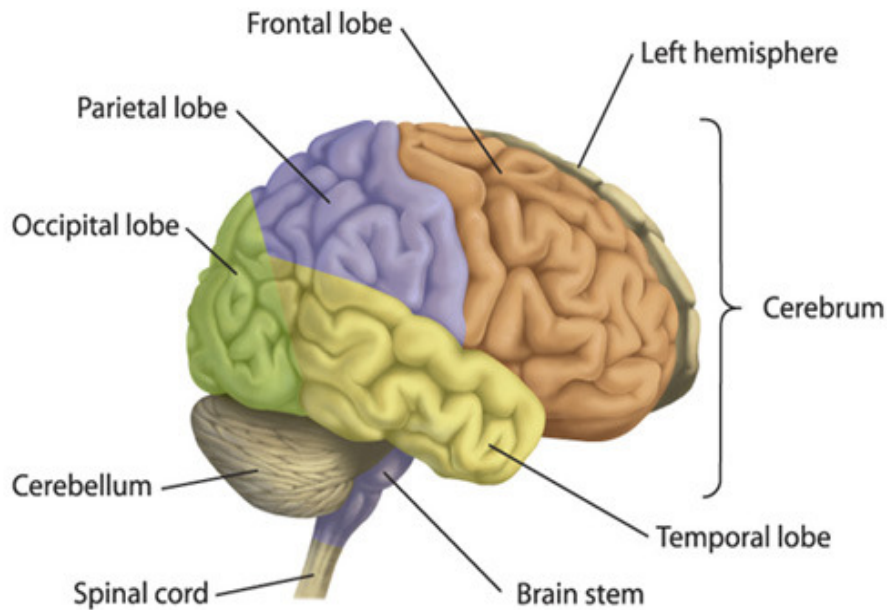
What to do?

- Ensure they are out of danger
- Reassure
- Time
- Check if they require emergency medication
- Follow individual protocol

## COMPLEX PARTIAL SEIZURES

Where:

- Abnormal electrical activity affecting the **whole lobe** of the brain
- It depends on the lobe affected as to how it manifests
- Conscious level is greatly reduced
- May have some awareness
- They have no memory of the event



## TEMPORAL LOBE SEIZURES

- Commonest lobe affected
- May or may not have a simple partial seizure first
- Appear to be in a confused state
- Pupils – dilated and staring
- Automatism – automatic movements:
  - Smacking lips
  - Picking
  - Pulling at things
  - Shouting mummy
  - Walking around
  - Trying to do things without achieving

## FRONTAL LOBE SEIZURES

- Can sometimes look like behavioural events or non-epileptic seizures
- Can be hard to diagnose

## OCCIPITAL LOBE SEIZURES

- Affects the lobe that controls vision
- Seizures can cause severe visual disturbances
  - Lilliputian
  - Delusions
  - Patterns

What happens?

- They appear to be in a confused state
- The pupils are dilated and staring
- Have awareness of tone and feelings
- May flail their arms
- May shout and swear
- May climb on furniture
- May undress
- May be incontinent

What to do?

- Ensure they are out of danger
- Remove dangerous objects
- Keep calm do not panic
- Time it
- Reassure
- Check to see if they require emergency medication