



epilepsy 
foundation of victoria

818 Burke Road Camberwell VIC 3124
phone (03) 9805 9111 fax (03) 9882 7159
web www.epinet.org.au

Epilepsy Care & Management
for
Disability
Support Workers
ASSID Conference 2009

The Epilepsy Foundation of Victoria
is dedicated to enhancing the quality of life of people
living with epilepsy through information, education,
advocacy, support services and research.





- Individualised support
- Advocacy
- Library
- Seizure Clinic Support
- Research
- Information & Resources
- Education & Training
- Seminars
- Support & Recreation Programs



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TOPICS



Seizure Classification
Triggers & Causes
Epilepsy & Disability
Seizure First Aid
Epilepsy Management Plan
Safety & Risks



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Epilepsy...the facts



- A disorder of brain function that involves recurring seizures.
- Around 10% of people can expect to have at least one seizure in their lifetime
A third of these will later receive a diagnosis of epilepsy
- Can be diagnosed at any age, but most newly diagnosed people are under 16 years old or over 60
- Around 140 Australians each year die from seizures
(National Coroners Information System July 2000 – August 2008)

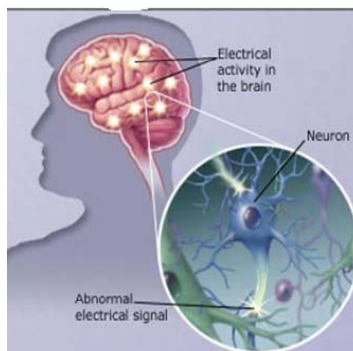


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What is a Seizure ?



Sudden, uncontrolled electrical discharge in a group of brain cells (neurons)



Neurons can fire up to five hundred times a second – more than six times the normal rate.

For a brief period, this can cause strange sensations, emotions and behaviour or convulsions & loss of consciousness.

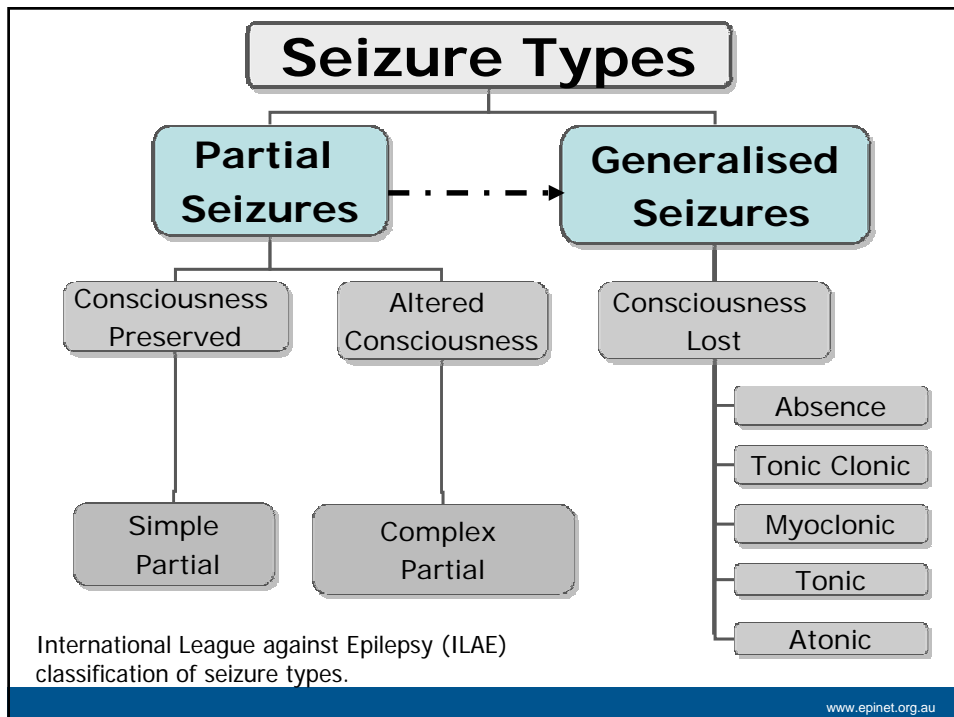
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Most seizures are:

Spontaneous

Brief

Self-limiting



SEIZURE TRIGGERS

Lack of Sleep	Missed medication
Alcohol	Illness & high temperature
Stress	Recreational & Prescribed Drugs
Menstruation	Sensitivity to physical stimuli (flashing lights, loud noise, heat)
Hyperventilation	and many others
Constipation	

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DIAGNOSIS of EPILEPSY

Medical history

Medical examination

Eye witness accounts of the “event”
(Support Worker)

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Epilepsy and Disability

People with an Intellectual disability are shown to have the highest incidence of epilepsy.

People with Cerebral Palsy have the second highest incidence of epilepsy.

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Epilepsy and Intellectual Disability

Both are symptoms of a brain abnormality.

People with the following have an increased risk of developing epilepsy

Fragile X syndrome	10%
Autism	30%
Rett's syndrome	70%
Tuberous sclerosis	80%

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Lennox Gastaut Syndrome



- Onset age 1-14 yrs
- Multiple seizure types
Myoclonic, atypical absence, tonic
and tonic clonic seizures
- Learning Disability
- Status epilepticus is common
Especially non-convulsive
- Poor response to anti-epileptic treatment

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Things to consider

- Non – Epileptic seizures (NES) are events that resemble seizures but are not caused by electrical disturbance
- A client's disability, epilepsy or medication can cause certain behaviors. It is important to try and accurately identify the cause.
- People with intellectual disabilities are often more sensitive to side effects from medication
- Clients may often may not be able to communicate their symptoms.

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Status Epilepticus

- Prolonged, continuous or repeated seizures with incomplete recovery of consciousness.
- The continuing lack of oxygen may lead eventually to brain damage and death.
- Convulsive: tonic-clonic seizure going longer than 30 minutes.
- Non-convulsive: ongoing absence or partial seizures.

SUDEP

- Sudden unexpected death of a person with epilepsy.
- Post mortem examination does not reveal a toxicological or anatomical cause for death.
- With or without evidence of a seizure and excluding status epilepticus.
- The estimated incidence in epilepsy 5/10,000 per year
2007 Dr Raju Yerra FRACP
Neurologist, Royal Melbourne Hospital

Management Anti-Epileptic Drugs (AEDs)



- Most people obtain good seizure control with medication:
Approx 80% of people with Generalised Seizures
and 60-70% with Partial Seizures
- But finding the most appropriate drug and dosage can take some time
- Drugs do not cure epilepsy



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Generic Drugs



Based on a branded drug but made by a different manufacturer.

Common name	Brand name
Sodium Valproate	Epilim
	Valpro

But changing brands can increase the risk of side effects or seizures

Epilepsy Society of Australia and Pharmacy Society have recommended against changing the brand of AEDs **without the treating doctor's advice**

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Common side effects



- nausea
- drowsiness
- fatigue

- Keppra - Moodiness & depression
- Epilim - Hair loss & weight gain
- Dilantin - Gum problems

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SEIZURE FIRST AID



In all cases:

- Time the seizure
- Protect the person from injury
- Do not restrain the person

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FIRST AID FOR TONIC CLONIC SEIZURES



- Time the seizure
- Protect the person from injury
- Do not restrain the person
- *Call an ambulance as set out in the seizure First Aid Plan or Emergency Action plan*
or if the Seizure lasts more than 5 MINUTES
or A SECOND SEIZURE QUICKLY OCCURS

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FIRST AID FOR A TONIC CLONIC SEIZURE



When the seizure has ended, place in recovery position

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When to call an ambulance

- If the seizure activity lasts more than 5 minutes or a second seizure quickly follows.
- If the person is not conscious within 5 minutes of the seizure stopping
- If the person is pregnant or has diabetes
- If the seizure occurs in water or they are injured
- If you believe it is the person's first seizure
- **If you have any doubts**
- **WHEN the Seizure First aid plan or Emergency Medication Action Plan tells you.**

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First Aid for Tonic Clonic Seizures if: in a wheelchair, pram or stroller, or seated on a bus

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DURING THE SEIZURE

- **Protect** them from falling if there is no seat belt.
- **Make sure** the wheelchair is secure.
- **Support** their head if there is no moulded head rest.
- **Check** whether you need to move any dangerous objects.
- **Don't** try to stop the seizure or put anything in their mouth
- **Don't** try to remove them from this position. the seat usually provides some support

Tilt the head into a position that keeps the airway clear



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First Aid for a Complex Partial Seizure

- Time the seizure
- Protect & guide rather than restrain
- Remain with the person & reassure

The person may be confused and disorientated
for a period after the seizure

Call an ambulance if the seizure lasts longer than 5 minutes

SAFETY WITH SEIZURES

- Water
- Swimming
- Fires, hot water, etc.
- Heights
- Machinery
- Sport & recreation
- Travel

Examples of Reducing Injury

- Supervision when swimming
- Extra caution with frequent seizures
 - Using machinery, climbing ladders, ironing etc
- Have a sliding door for the toilet
- Use the microwave instead of the oven
- Wear a identification bracelet

PROCEDURE FOR SEIZURE MANAGEMENT

All people with epilepsy should have an
Epilepsy Management Plan
(SEIZURE FIRST AID PLAN)

Check if the person has Emergency Seizure
Medication prescribed.
(EMERGENCY MEDICATION PLAN)

Plans should be with the PERSON at all times

Epilepsy Management Plan



- The types of seizures & when they usually occur (eg nocturnal, soon after waking)
- How long & how frequent
- Detailed description of what happens before, during and after the seizures
- History of prolonged seizures/clusters/hospital admissions
- Known Triggers
- First aid protocols & when to call an ambulance
- Up to date record of medications – preventative & emergency

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Have a clear Action Plan with instructions on what to do.

During the seizure

During the recovery

When to call an Ambulance

When to contact family members

Preferably endorsed by the client's doctor and family

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Epilepsy Support & Training

- Training in the administration of emergency medication (Midazolam & Rectal Valium).
- Assistance with development of Epilepsy Management Plans.
- On site training in CRU's throughout Metropolitan and Regional areas



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Epilepsy You can deal with it!





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