Epilepsy

Epilepsy is a disorder of the brain which takes the form of recurring seizures. These occur as a result of a brief disturbance in the brain's electrochemical activity. Sudden bursts of this electrochemical activity scramble the brain's messages upsetting the brain's normal control of the body.

Seizures can sometimes look frightening but rarely cause any damage to the brain. Once the seizure is over, the person gradually returns to a normal state without any ill-effects.

Epilepsy is a common condition in our community. Research suggests that 2-3% of the Australian population will develop the condition at some stage in their lives.

Most people have their first seizure before the age of 20. The next most vulnerable group is the elderly. However epilepsy can develop at any age.

Many factors can contribute to the development of epilepsy including brain infections, head injuries, cerebral tumours and strokes. It is also now recognised that some types of epilepsy may be inherited.

While advances in modern medical and scientific technology have made it easier to pinpoint those factors which may contribute to the development of epilepsy, in 50% of cases it is not always clear why the condition develops.

Recognising seizures

- There are many different types of seizures. Seizures that occur in just one part of the brain are called **partial seizures**. Seizures that affect the whole brain are called **generalised seizures**. It is not uncommon for people with epilepsy to experience more than one seizure type.
- The effect that a seizure has on a person depends on which part of the brain is involved. The effects may include:

  - An altered state of consciousness
  - Uncontrolled body movements
  - Alterations in sensation, perception, emotion and/or autonomic functions (e.g. pulse rate) or all of these in various combinations.

Four common types of seizures are:-

- Tonic-clonic
- Absence
- Simple partial
- Complex partial

Tonic clonic seizures
(Previously known as grand mal)

- This type of seizure involves the whole brain i.e. it is a generalised seizure.
- It is the seizure type which most people think of when they think of epilepsy.
- With a tonic-clonic seizure a person's body goes stiff all over and they fall to the ground unconscious (this is called the tonic phase). After a short time they start strong, rhythmic shaking movements (this is called the clonic phase). They may dribble from the mouth, go blue or red in the face, or lose control of their bladder or bowel.
- They may however vomit or bite their tongue and can sometimes injure themselves if they hit nearby objects as they fall or convulse.
- The seizure normally stops after a minute or two. At this time the person is usually confused and drowsy. They may have a headache and want to sleep. This drowsiness can last for a number of hours.

Absence seizures
(Previously known as petit mal)
Childhood absence epilepsy - also called 'petit mal' epilepsy. Onset age is usually three to 10 years. It involves brief staring spells and is often outgrown.

- This is another type of seizure involving the whole brain.
- It is more common in children.
- With this type of seizure, the person loses awareness of what is happening around them but they rarely fall to the ground. They simply stare and their eyes might roll back or their eyelids flutter.
- In addition, low self-esteem can result from overprotection, lack of discipline or the child feeling different to other children.
- It can sometimes be difficult to tell the difference between absence seizures and daydreaming. Absence seizures begin suddenly, last a few seconds and then stop suddenly allowing and the person to carry on with what they were doing.
- Although these seizures last only a few seconds, they can occur several times daily, and thus be very disruptive to learning.

Simple partial seizures

- This type of seizure involves only one part of the brain. The symptoms the person experiences will depend on which part of the brain is involved. They remain fully conscious throughout the seizure.
- The seizure may involve movements-like stiffness or shaking or an abnormal feeling in one part of the body such as numbness or an unpleasant smell or taste. This usually lasts for less than a minute and then the person recovers.

Complex partial seizures

- This type of seizure affects only one part of the brain but the person's conscious state is altered. They often appear confused and dazed and may do strange things like fiddle with their clothes, make chewing movements with their lips or make unusual sounds.
- The seizure usually only lasts for one to two minutes but the person may be confused and drowsy for some minutes to several hours afterwards.

Effects on Developmental Areas

Children may exhibit the following developmental characteristics

Social and Emotional Development

- Reduced self esteem
- Reluctance to participate in social activities
- May have difficulty making friends
- May appear to have little or no empathy for others

Physical Development

- Seizures (to varying degrees)

Cognitive Development

- Intellectual impairment
- Limited skills in comprehension

Language Development

- Social language deficit due to limited social experiences
- Delayed language development due to seizures

Epilepsy
Inclusion Strategies

Each child diagnosed with **Epilepsy** will be different and individual. It is important to gain information from the parents as to what characteristics of **Epilepsy** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes and skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social and Emotional Development

- Provide an environment that is responsive to child's social and emotional needs.
- Be aware of stress or fear that may trigger seizures.
- Provide small group social activities to support development.

Physical Development

- Be aware of fatigue as a trigger for seizures.
- Over-excitement may also trigger seizures.
- Check the physical environment that may trigger seizures e.g. flicking lights, streamers etc. dangling from the ceiling.
- Obtain correct procedure for managing a seizure and first aid ensuring all staff are appropriately trained.
- Ensure policies and procedures for managing medical conditions are in place.

Cognitive Development

- Plan and provide cognitive tasks for children as they would be provided for all children in the group.
- Be aware of any other conditions that the child may have such as intellectual impairment and modify your program accordingly.

Language Development/Communication

- Talking about epilepsy can help children begin to ask questions and reduce some of the myths and fantasies surrounding the condition.
- Provide interesting and stimulating activities for all children that enhance language development.
- Use visual strategies for supporting language development (pictures etc) in addition to verbal cues and stories.

Reference:

www.epine.org.au/epinet2003/info/understand.html

www.eqi.org.au Epilepsy Queensland Inc

www.betterhealth.vic.gov.au

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