



In people over 65, epilepsy is the third most common neurological disorder after dementia and stroke. Although many people are diagnosed in the first two decades of life, it is more likely that epilepsy will develop in later life.

What is epilepsy?

Epilepsy is a disruption of the normal electrical activity of the brain that results in seizures or fits. Under certain circumstances anyone can have a seizure. It is only when there is a tendency to have recurrent seizures that epilepsy is diagnosed.

What are seizures?

Seizures are due to an abnormal discharge of electrochemical activity in the brain. Seizures may alter consciousness, perception, sensation, behaviour and body movement. They can be spontaneous, may be recurrent and may last from a few seconds to a few minutes.

Causes of epilepsy

Epilepsy is a disorder with many possible causes, although sometimes the cause is not found. Anything that disrupts normal brain functioning, such as illness, trauma, lack of oxygen to the brain or abnormal brain development, can lead to seizures. In the over 60s age group:

- ❖ **Stroke** is the most frequent cause of seizures. Seizures occur in more than 15% of people who have had a stroke. The larger the stroke, the higher the risk.
- ❖ Some **medications** such as antidepressants and major tranquillisers can reduce the brain's resistance to seizures. Some herbal medicines may provoke seizures.
- ❖ **Blocked arteries or heart disease** or any other disorders that result in inadequate blood or oxygen supply to parts of the brain can result in seizures.
- ❖ **Trauma** causing head injuries or brain haemorrhage can also cause seizures.
- ❖ Up to 10% of people with **Alzheimer's disease** can have seizures.
- ❖ Other seizure causes include diabetes, kidney or liver failure, serious infections, brain tumours and chronic alcohol abuse.

Diagnosis

One of the most important factors for diagnosing epilepsy is a good description of the seizures or events that have occurred. The description details will include:

- 1 Prior to the seizure
 - What was the person doing immediately prior to the seizure?
 - What called your attention to the seizure?
- 2 During the seizure
 - What did the person do during the seizure?
 - How long did the seizure last?
- 3 Afterwards
 - How did the person appear after the seizure?

The doctor will also take a detailed medical history and may order tests such as:

- ⚡ EEG (electroencephalogram) which records the electrical activity of the brain.
- ⚡ MRI (Magnetic Resonance Imaging) or CT scans that will show detailed images of the brain.
- ⚡ Blood tests that may indicate other reasons that contributed to seizures such as a chemical imbalance or deficiency, abnormal blood sugar levels or infection.

Seizure types

Complex partial seizures are the most common type of seizures experienced by seniors. As they are less obvious than tonic clonic seizures, they may not be recognised as epilepsy and are often attributed to ageing or dementia.

There are two main categories of seizures: **partial** and **generalised**.

- 1 In **partial** seizures, seizure activity remains confined to one or more small regions of the brain. This may alter awareness or consciousness usually causing confusion and a change in behaviour.
- 2 **Generalised** seizures occur in both sides of the brain simultaneously and consciousness is usually lost. The most recognised generalised seizure is a tonic clonic seizure, previously known as 'grand mal'.

Management

Antiepileptic drugs are generally effective in controlling seizures in people with epilepsy. People over the age of 65 may experience greater sensitivity to medications, so a lower dose is usually all that is needed.

Although uncommon, side-effects can include tiredness, unsteadiness, tremor, visual disturbances, changes in mood or behaviour, depression or stomach upsets. It may be possible to reduce or eliminate these side-effects by adjusting or changing medications. Never do this without consulting your doctor.

It is dangerous to stop taking antiepileptic drugs without consulting the doctor. This can trigger more severe seizures which could be life-threatening.

Lifestyle issues

Medication

- 1 **Interactions with other medications** taken for other conditions can occur. Check with the doctor and chemist about possible side-effects and medication combinations.
- 2 **After-effects of seizures** such as confusion and extreme tiredness can be prolonged, lasting up to one week. If this occurs, it is important to rest and seek support from family, friends or neighbours during this time.
- 3 **Memory problems** affect people with epilepsy. This may result in forgetting to take medication. Simple ways to help you remember include using a pillbox or an alarm clock or taking medications with meals. On request the chemist will put the medications into a pill tray pack marked with the day and time the medications need to be taken.
- 4 Seizures are more likely to lead to **falls, fractures or injury**. To reduce the likelihood of injury during seizures, sensible and relevant safety measures are necessary.

Social concerns

- 1 For some people, it can be difficult to accept and adjust to developing epilepsy later in life. Epilepsy Action can assist with this adjustment process by providing information and support.
- 2 **The fear of injury** such as falling in public and the problem of taking a longer time to recover from a seizure may contribute to people deciding to isolate themselves. However this is not beneficial.
- 3 Many elderly people live alone and **safety** can be a concern, especially if seizures are not well controlled. Epilepsy Action provides information about fall detectors, identification bracelets and pendants, emergency response services and respite agencies.

- 4 Isolation can lead to feelings of depression.** It is important to keep in touch with family, friends and community groups. Participating in activities and maintaining interests also helps. Talk to the doctor if the depressive symptoms persist.
- 5 Loss of driver's licence** can increase the likelihood of social isolation. People who are having seizures need to check with the doctor before driving. It is vital that the transport authority guidelines for driving and epilepsy are followed.
- 6 Forgetfulness, poor concentration, memory lapses and mental confusion** can be problems for some older people on medication. Regularly reviewing medication with the doctor may help to reduce these problems.

This information is given to provide accurate, general information about epilepsy. Medical information and knowledge changes rapidly and you should consult your doctor for more detailed information. This is not medical advice and you should not make any medication or treatment changes without consulting your doctor.