

FAQS

Our service providers answer frequently asked questions

Can I check if my baby could inherit my type of epilepsy?

Your first port of call is your treating doctor who may refer you for genetic counselling. Specially trained health care professionals can help you study your medical history, and find out facts about your family and, if possible, calculate the risk for you and your baby. They may recommend certain laboratory tests to get more information. It's important to remember that although there is evidence genes can play a role in causing epilepsy, exactly which genes are involved has not been identified for most people who have seizures. Studying families of people who have epilepsy will help increase our knowledge and perhaps, in the future, will lead to new treatments for epilepsy or even measures to prevent epilepsy.

I have epilepsy. Will my child, brother or sister get epilepsy too?

If epilepsy develops after a head injury, surgery or stroke, it is not considered genetic and therefore can't be inherited. However some forms of epilepsy are known to run in families. If a person has one of these forms, their siblings and children have a slightly higher risk of developing epilepsy than the general population (about 1-2% of whom will develop epilepsy during their lifetime). However it is important to remember that most people with epilepsy do not have any relatives with seizures, and the



great majority of parents with epilepsy do not have children with epilepsy.

My epilepsy started after a stroke. Is this common?

Stroke is the leading cause of symptomatic epilepsy in adults, accounting for up to one-third of newly diagnosed seizures among the elderly. About 3% to 5% of stroke patients will suffer a seizure, half to two-thirds of this group will develop epilepsy. In one of the longest follow-up studies performed, researchers found that 3.1% of people who suffered a stroke developed epilepsy. Those who experienced severe strokes had five times the risk of developing epilepsy afterwards compared to those who had less severe strokes. The cause is believed to be the injury to the brain, in particular to the tissue surrounding the scarring that develops in the affected area of the brain.

Is epilepsy associated with mental health issues?

Most people experience highs and lows associated with daily life and 1 in 5 will experience

a major depression during their lifetime. But research indicates that people with epilepsy have an increased risk of experiencing depression or anxiety which can be a result of seizures, medications, neurological impairment or a combination of these. Make sure you talk with your doctor if you experience mood changes lasting longer than two weeks. Visit www.blackdog.com.au for more information.

I have not had a seizure for years. Do I still need to take my medication?

Many people with epilepsy will raise this issue with their treating doctor at some point and it is important to weigh the risks and benefits of discontinuing medication before taking any action. Discontinuing medication is usually considered when a person has been seizure free for a long period of time, does not have an epilepsy syndrome considered to be life-long nor an identified structural cause of their epilepsy. It is also important to consider the risks and impact of withdrawal seizures on lifestyle, livelihood and driving.

Overall the prognosis following discontinuation is good with a 60% chance of seizure freedom after weaning off medication.

Can seizures be affected by hormones?

Hormones can affect seizures, and seizures can affect hormonal regulation and secretion. Awareness of how various hormones lessen or increase seizures may lead to improvement in the treatment of seizures. In both men and women, hormonal treatments are currently being explored for their usefulness as additional anticonvulsant therapy. For women, seizures may occur only during menstruation or ovulation, or increase at that time, and might affect endocrine reproductive function such as ovulation and sexuality. The most common problem for men is altered sexuality, usually hyposexuality (diminished interest in sex). Antiepileptic drugs may also affect this endocrine function in both men and woman.

Sources available on request