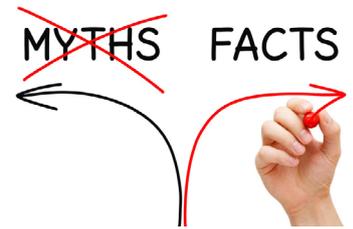


**For many people, overcoming problems related to the social stigma of epilepsy is harder than living with the disease itself. A major part of epilepsy education involves dispelling the myths about epilepsy and ensuring people are given factual up-to-date information.**



**Myth: Epilepsy is rare**

**Fact:** Epilepsy is one of the most common neurological disorders in the world today and affects people of any age, racial, geographic or socio-economic background. It can occur on its own or be linked with other conditions of the brain such as cerebral palsy, autism, dementia or traumatic brain injury. Epilepsy affects more than 50 million people worldwide<sup>1</sup>, and up to 1-2% of Australians.

**Myth: Epilepsy is a mental illness**

**Fact:** While the risk of mental illness is higher in people with epilepsy, it is not a form of mental illness. The numbers are higher than average - up to 20-30% of people with epilepsy have a psychiatric disorder, predominantly anxiety and depression. It is complex, and there is an overlap such as: sometimes symptoms of seizures can mimic psychiatric symptoms and vice versa, sometimes psychiatric symptoms are a reaction to epilepsy, and some epilepsy treatments are also used for psychiatric disorders<sup>23</sup>, but it is wrong to assume someone with epilepsy has a psychiatric disorder as epilepsy itself is not a mental illness.

**Myth: You should put something in a person's mouth to stop them from swallowing their tongue during a seizure**

**Fact:** It is physically impossible to swallow your tongue. However, when the tongue is completely relaxed and if the person is lying on their back, it can fall to the back of the throat, blocking the airway. Rolling the person on their side (recovery position) after the jerking stops and tilting their head back slightly rectifies this. You can harm yourself or the person's teeth, jaw and mouth if you try to force something into their mouth.

**Myth: You should restrain someone having a seizure**

**Fact:** A seizure will run its course and restraint will not stop it or slow it down. Restraining someone during a seizure is likely to agitate or harm them and possibly even yourself. It is important to remember that in most instances, the person will not be able to respond or recognise you until the seizure is over. Even then they may still be confused for a period of time. Only gently move a person if they are in danger of being harmed during the seizure such as on a busy road, or close to stairs.

**Myth: You can make a person 'snap' out of a seizure**

**Fact:** There is nothing you can do to stop a seizure. The best thing to do is stay with the person and talk to them calmly. Ensure they are safe and be supportive and reassuring once they are aware of their surroundings.

**Myth: People with epilepsy cannot drive**

**Fact:** People with epilepsy can obtain a driver's licence if their seizures are controlled by medication or if they fulfil the guidelines set out by the Driving Licensing Authority.

**Myth: People with epilepsy lose consciousness and have convulsions**

**Fact:** Seizures can present as a brief loss of awareness, or confusion and disorientation, to major convulsions. Not all seizures involve jerking and convulsions, in fact, the majority don't.

1 [http://www.who.int/mental\\_health/neurology/epilepsy/epilepsy\\_global\\_toolkit.pdf?ua=1](http://www.who.int/mental_health/neurology/epilepsy/epilepsy_global_toolkit.pdf?ua=1)  
2 <http://emedicine.medscape.com/article/1186336-overview>  
3 [http://www.health.harvard.edu/press\\_releases/epilepsy-symptoms](http://www.health.harvard.edu/press_releases/epilepsy-symptoms)

# Fact Sheet: Exploding Myths About Epilepsy

## **Myth: Epilepsy cannot be controlled**

**Fact:** Although there is no known cure for epilepsy, the majority of people can be successfully treated with medications. Other options available are surgery, Vagus Nerve Stimulator and the ketogenic diet. Promising research is underway for future treatments like deep brain stimulation.

## **Myth: Epilepsy is a lifelong disorder**

**Fact:** Epilepsy is not necessarily a lifelong disorder. Many childhood epilepsies are outgrown and more than 70% of people with epilepsy become seizure free with medication, many within five years of diagnosis. If people have a seizure-free period of 2 years or more, it may be possible to wean off medications under medical supervision and advice. For someone who has an age related epilepsy and past the applicable age, or people who have not had a seizure in 10 years with no seizure medication for the last 5 years, their epilepsy is considered to be "resolved".<sup>4</sup>

## **Myth: People cannot die from epilepsy**

**Fact:** Although it is uncommon, death because of seizures can occur tragically such as drowning, suffocation, accidents, burns and falls during and after a seizure. The risk of sudden unexpected death (SUDEP) is slightly higher among people with epilepsy. [See fact sheet Seizure Smart: A Question of Risk: Life, Death and Epilepsy].

## **Myth: You only develop epilepsy as a child**

**Fact:** Although epilepsy is often seen as a condition of childhood, it can occur at any age. Seizures in later life are often caused by other health problems such as stroke and heart disease. The number of older people who develop epilepsy is actually higher than in children.

## **Myth: People with epilepsy are disabled and can't lead a normal life**

**Fact:** Epilepsy isn't a barrier to personal achievement. Most people with epilepsy have the same range of abilities and intelligence as people without epilepsy. Although a significant number of people with learning difficulties and/or intellectual disability have epilepsy, it does not mean that people with epilepsy necessarily have learning difficulties or an intellectual disability.

## **Myth: All epilepsy is genetic**

**Fact:** Genetics are believed to play a role in many forms of epilepsy. Although surprisingly, a lot of people with epilepsy do not have any affected relatives. Mostly, the risk of passing on epilepsy to children is low. Current scientific evidence suggests that the role of genetics in epilepsy is complex - many genes with a small or modest effect on risk are likely involved - so that it is difficult to predict which people are at high risk. In some unusual families, however, many people develop epilepsy, consistent with an effect of a mutation in a single gene with a strong effect on risk in the family.<sup>5</sup>

## **Myth: Women with epilepsy cannot have children and breast feed their baby**

**Fact:** Most women with epilepsy do not have any problems with conception or pregnancy and the majority of babies are born healthy. However, pregnancy should be planned to help avoid potential complications. It is recommended that women considering pregnancy discuss this with their neurologist. Breast feeding is recommended for all babies including those born to women taking anti-epileptic medications.



<sup>4</sup> <http://www.ilae.org/visitors/centre/Definition-2014.cfm>  
<sup>5</sup> <http://www.ilae.org/Commission/genetics/documents/GeneticsPamphlet-2013.pdf>  
<http://www.neural.org.uk/store/assets/files/20/original/NeuroNumbers.pdf>

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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.

