

ABOUT EPILEPSY

FACT SHEET

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Epilepsy is a condition of the brain where there is a tendency to have recurrent seizures.

Epilepsy is the fourth most common brain disorder after migraine, stroke and dementia. It can be diagnosed at any age and affect anyone.



What is a seizure?

The brain works by sending tiny electrical signals between millions of nerve cells called neurons. These signals help us think, feel, move, and respond to the world around us.

A seizure happens when there is a sudden surge of electrical activity in the brain, disrupting the brain's normal activity and can have different effects, depending on where the seizure starts and spreads in the brain.

A person might:

- Feel strange or confused
- Stare blankly or stop talking
- Have unusual sensations or movements
- Experience muscle jerks, spasms, or even lose consciousness

Seizures can look very different from person to person, and most only last a minute or two.



What causes epilepsy?

Anything that causes damage or scarring to the brain may lead to seizures and epilepsy.

There are many causes for seizures and not everyone has a clear reason why they have epilepsy.

Some known causes of epilepsy include:

- Stroke
- Head injury
- Genetic factors
- Lack of oxygen to the brain for a long period (e.g. birth trauma, cardiac arrest, drug overdose)
- Brain infections (e.g. meningitis, encephalitis or brain abscess)
- Brain abnormalities at birth
- Brain tumours
- Degenerative conditions affecting the brain (e.g. dementia)



In at least half of all people with epilepsy, the cause is unknown.

SEIZURE TYPES

Three of the most common types of seizures include:

- 1. Tonic clonic seizures**
- 2. Focal seizures**
- 3. Absence seizures**

Tonic clonic seizures

These are the most recognised seizure type. They usually begin with:

- A sudden loss of consciousness, the person may cry out
- The head may turn in one direction
- If standing, the person will fall
- The body becomes stiff (tonic), followed by jerking of the muscles (clonic)
- Breathing may be shallow which may cause the face to be very pale/grey
- Excess saliva may be present, and also blood if they have bitten their tongue or cheek
- There may be loss of bladder control so the person may wet themselves.
- The seizure usually lasts less than 2 minutes
- After the seizure, the person can be confused, disorientated and possibly agitated. They will most likely have a headache, soreness and need sleep or a rest.

Focal seizures

Focal seizures vary greatly, depending on where they start and spread in the brain. They are frequently not recognised as seizures by onlookers. Many of these seizures may have features such as:

- A vacant stare, loss of expression or a vague, confused appearance
- The person may or may not respond to you, awareness may or may not be affected
- If they do respond, it is often not appropriate
- Sometimes people have unusual and repetitive behaviour such as chewing, fidgeting, walking around or mumbling
- The seizure can last from approximately 30 seconds to 2 minutes
- After the seizure, the person is often confused and may not remember anything that happened just before or during the event

Absence seizures

Usually seen in children (can occur in adults) and are easily missed or mistaken as daydreaming or inattentiveness.

- The person will suddenly stop their activity
- They will stare, lose facial expression and won't respond
- Eye blinking or upward eye movements may be seen, and sometimes minor hand movements
- The seizure can last from 2 to 20 seconds
- Recovery is usually immediate, with no memory of what has happened
- The seizures can occur many times a day

SEIZURE TRIGGERS

A seizure trigger is a circumstance that may “set off” or make a seizure more likely to happen in a person with epilepsy

Triggers don't cause epilepsy itself, but they can increase the chances of having a seizure in someone who already has the condition.

Some reported triggers for seizures include:

- Lack of sleep or poor sleep
- Missed medication
- Physical or emotional stress (fatigue, anxiety or emotional upsets)
- Hormonal fluctuations in women
- Other medications
- Illness or fever
- Flashing lights or geometrical pattern changes (photosensitive epilepsy)
- Alcohol or illicit drug use or abuse
- Vomiting, diarrhoea and constipation
- Hot weather or becoming overheated
- Boredom or over excitement

Keeping a seizure diary may highlight patterns to your seizures and identify possible triggers.

The outlook

Coming to terms with the diagnosis of epilepsy may require a period of adjustment and some lifestyle changes. Seizures can be disruptive and impact your life, but many people with epilepsy gain seizure control, with regular medications and a sensible lifestyle. Two in three people become seizure free.



NEED HELP?

Epilepsy Action Australia can help you or your family member who has had a seizure or diagnosed with epilepsy.

As a national organisation, Epilepsy Action Australia deliver services to increase epilepsy awareness, understanding, knowledge and skills to assist people with epilepsy across Australia and improve their quality of life. We deliver services nationally, with a commitment to delivering equitable and consistent services to all people irrespective of where they live. Our services include:

- National Epilepsy Line – speak with an epilepsy nurse on 1300 37 45 37 or email us on epilepsy@epilepsy.org.au
- Community Education and Training – we have many online courses, conduct webinars or in-person training. [Click here](#)
- Epilepsy Management Plans - a practical tool that can be used by all caregivers to manage seizures and seizure emergencies, treatments and safety. These can be done online, or with an Epilepsy Nurse. [Click here](#)
- Factsheets - covering many topics. [Click here](#)
- First Aid Posters and Video Animations – [Click here](#) (available in other languages)
- MyEpilepsyKey – offers information for youth, adults and parents of children newly diagnosed with epilepsy. It provides access to resources and self-management tools. [Click here](#)
- Online Academy Courses – offers a wide range of courses from an introduction to epilepsy and seizure first aid through to more comprehensive training courses catering for families, school children, carers, disability and support workers, school staff & health workers. [Click here](#)
- Online tools and resources - We have many online tools and resources, some designed for specific audiences. [Click here](#)
- SUDEP and Seizure Safety Checklist a resource to assist clinicians and those living with epilepsy to discuss seizure risks, including SUDEP. You need to go through this with your doctor or an EAA Epilepsy Nurse. [Click here](#)

Contact us on:

Phone: 1300 37 45 37

Email: epilepsy@epilepsy.org.au

[Make a telehealth booking with an epilepsy nurse](#)

Visit our website



Disclaimer: 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.

FIRST AID FOR SEIZURES

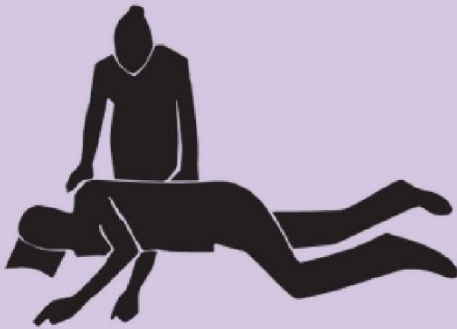
TONIC CLONIC SEIZURE

Convulsive seizures where the body stiffens (tonic phase) followed by rhythmic muscle jerking (clonic phase).



DO

- ✓ Stay with the person
- ✓ Time the seizure
- ✓ Keep them safe: protect from injury especially the head
- ✓ Roll onto side after jerking stops (immediately if food/fluid/vomit in mouth)
- ✓ Observe and monitor breathing
- ✓ Gently reassure until recovered



DO NOT

- ✗ Put anything in the person's mouth
- ✗ Restrain the person
- ✗ Move person unless in danger

FOCAL SEIZURE

Non-convulsive seizures with possible signs of confusion, inappropriate responses or behaviour.

- Stay with the person
- Time the seizure
- Gently guide away from harm if necessary
- Gently reassure until recovered
- **DO NOT** restrain the person unless in danger

CALL 000 FOR AN AMBULANCE IF:

- You are in any doubt
- Injury has occurred
- There is food/fluid/vomit in mouth
- Seizure occurs in water
- Person has breathing difficulties after jerking stops
- Another seizure quickly follows
- Seizure lasts longer than 5 mins
- The person is non-responsive for more than 5 mins after the seizure ends

