

# CLINICIANS: EPILEPSY ESSENTIALS

FACT SHEET



# EPILEPSY ESSENTIALS

**Many people in the community have little knowledge or experience of epilepsy. Experiencing or witnessing a seizure can be confronting for most people.**

Access to accurate information can bring a greater sense of confidence both for the person having the seizure and those witnessing it.

## What is epilepsy?



Epilepsy is a disease of the brain characterised by the tendency to have recurrent seizures. It is defined by any of the following conditions:

1. A least two unprovoked (or reflex) seizures occurring more than 24 h apart
2. One unprovoked (or reflex) seizure and a probability of further seizures occurring
3. Diagnosis of an epilepsy syndrome

## What is a seizure?

A seizure is a temporary disruption of the electrical activity in the brain which can cause changes in awareness, movement and behaviour.

Seizures can cause changes in consciousness, movement and behaviour, depending on where the seizure starts and spreads in the brain.

Seizures vary greatly, and not all are convulsive, and not all seizures are epilepsy.

**There are many events that can mimic seizures.**

**[Click here for more...](#)**

## What causes epilepsy?



Seizures can arise from a wide range of underlying factors.

Any condition that results in structural brain injury or scarring may predispose to epilepsy.

Despite thorough investigation, no identifiable cause is found in approximately 50% of people with epilepsy.

## Seizure types

Three of the most common seizure types include:  
Tonic-clonic seizures

- Characterised by loss of consciousness, stiffening (tonic phase), followed by rhythmic jerking (clonic phase).
- Often associated with tongue biting, incontinence, and post-ictal confusion or fatigue.

Focal seizures

- Originate in one region of the brain.
- Symptoms depend on the area affected: may include motor, sensory, autonomic, or behavioural changes.
- Consciousness may be preserved or impaired.
- Can progress into a tonic clonic seizure

Absence seizures

- Brief episodes of impaired awareness, typically lasting seconds.
- Sudden behavioural arrest with staring, sometimes subtle features such as eyelid flutter.
- Rapid recovery without post-ictal confusion.

## Seizure triggers

Certain circumstances or factors may increase the likelihood of seizures in people with epilepsy. When identifiable, these triggers can be managed to help reduce seizure frequency.

Common seizure triggers can include:

Missed medication	Illness
Sleep disturbances or deprivation	Flashing lights or geometric patterns
Physical or emotional stress	Alcohol or drugs
Hormonal fluctuations (women)	

## Seizures and risk

- Seizures may result in injury or accidents, and in some cases can contribute to premature mortality.
- Risk varies according to seizure type, individual lifestyle, and specific activities.
- Awareness of these risks enables clinicians and families to implement strategies to enhance safety and reduce harm.
- Further information about epilepsy-related risk is available [here](#).

## Need help?

We are happy to talk to you or your patients. Our services include:

Epilepsy Nurse Line – 1300 37 45 37 or email [epilepsy@epilepsy.org.au](mailto:epilepsy@epilepsy.org.au) to connect with a registered nurse for support, information, guidance and advocacy

Epilepsy Management Plans - an online tool that provides clear epilepsy and seizure management guidance for support staff. These can be completed by the person with epilepsy, a caregiver, health worker or with one of our Epilepsy Nurses. [Click here](#)

Community Education and Training – online courses, webinars or in-person. [Click here](#)

Factsheets - covering a variety of topics. [Click here](#)

First Aid Posters and Videos – [Click here](#) (available in other languages)

Expert videos and webinars – [Click here](#)

Online tools and resources - designed for specific audiences, topics and age groups. [Click here](#)

Online Communities and Support - connect with others who may be having similar issues and experiences with their epilepsy. [Click here](#)

Seizure Smart Schools - designed to increase awareness and encourage necessary training and Epilepsy Management Plans are developed for all students with epilepsy. [Click here](#)

Teens and Young Adults Resources– including tools to help transition to adult health services. [Click here](#)

MyEpilepsyKey – offers information for youth, adults and parents of children newly diagnosed with epilepsy. [Click here](#)

SUDEP and Seizure Safety Checklist – a tool to guide conversation between clinicians and those living with epilepsy to discuss seizure risks, including SUDEP. Our Epilepsy Nurses are also happy to go through this tool and conversation with your patients.. [Click here](#)

[Visit our website](#)



# FIRST AID FOR SEIZURES

## TONIC CLONIC SEIZURE

Seizures where the body stiffens (tonic phase) followed by general muscle jerking (clonic phase).



### DO

- ✓ Stay with the person
- ✓ Time 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 outward signs of confusion, inappropriate responses or behaviour.

- Stay with the person
- Time seizure
- Gently guide away from harm
- 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



Phone: 1300 37 45 37

Email: [epilepsy@epilepsy.org.au](mailto:epilepsy@epilepsy.org.au)

[Book a telehealth appointment with an epilepsy nurse.](#)