1. When the person regains consciousness and the seizure ends, help find a place to rest or become re-oriented.
2. If a seizure lasts beyond 6 to 10 minutes or if seizures occur repeatedly, call an ambulance.

# For Non-Convulsive Seizures

1. There is no need for any first aid if a person has brief periods of staring or shaking of the limbs. If someone has the kind of non-convulsive seizure that involves a dazed state and automatic behaviour, the best thing to do is:
2. Watch the person carefully and explain to others what is happening. Often people who don’t recognize this kind of behaviour as a seizure will think that person is drunk or on drugs.
3. Speak quietly and calmly.
4. Guide the person gently away from any danger, such as a steep flight of steps, a busy highway or a hot stove. Do not grab hold unless some immediate danger threatens. Instinct may make them struggle or lash out at the person who is trying to hold them. People having this kind of seizure are on “automatic pilot” where movements are concerned.
5. Stay with the person until full consciousness returns and offer help in returning home.

The goal of the Epilepsy

and Seizure Association

of Manitoba is to promote

the well being of people with

epilepsy/seizure disorders on

a non-profit basis. Further, to

do all things necessary to

achieve this aim.

⚫

*A cure may be found*

*tomorrow, but someone*

*needs your help today.*



##### **Membership/Donation – Epilepsy and Seizure Association of Manitoba**

4 – 1805 Main Street

Winnipeg, Manitoba R2V 2A2

###### Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ I would like to become a member of the Epilepsy and Seizure Association of Manitoba for an annual fee of $10.00

\_\_\_\_\_\_\_\_ I would like to make a donation to the Epilepsy and Seizure Association of Manitoba

##### **THANK YOU FOR YOUR SUPPORT**

⚫

**Epilepsy and Seizure**

**Association**

**OF Manitoba**

⚫

4 – 1805 Main Street

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**The Epilepsy and Seizure Association provides important services to persons with**

**epilepsy or seizure disorders**

**in our community.**

Education for individuals with epilepsy or seizure disorder and their families

Information and referral service

Support groups

⚫

We are also available to present information to:

### Schools

Professional Associations

Community Groups

**What is Epilepsy/Seizure Disorders?**

***Epilepsy/Seizure Disorders*** are a condition characterized by recurring, uncontrolled seizures. Seizures are the result of brief electrical discharges or brain cells and can appear in several forms. They can range from convulsions to unusual body movements, to change in awareness, to a brief stare. Number of seizures experienced varies greatly from person to person – from a few per year to several per day. Those whose disorder is controlled by medication may experience no seizures at all.

## Causes of Epilepsy/Seizure Disorders

***Epilepsy/Seizure Disorders***  may be caused by a number of things that make a difference in the way the brain works. Examples include head injuries, lack of oxygen, brain tumours, genetic conditions (such as tuberous sclerosis), lead poisoning, problems in development of the brain before birth, illnesses like meningitis, encephalitis, or even severe cases of measles. Quite often there is no one cause that can be found.

***Genetics.*** Generally, children of a parent with epilepsy have a slightly higher probability of developing the condition than the rest of the population. However, the probability is much greater that they will not.

## Other Considerations

***Brain Injury.*** Seizures generally do not have lasting effects on brain function. However, seizures which last an unusually long time, or a series of nonstop seizures, may produce changes in the brain that may reduce the person’s ability to function in one way or another. Changes in alertness, should they occur, may be due to side effects from medication.

***Death.*** A seizure is very seldom a direct cause of death. Rather, the danger is indirect in the sense that the seizure may occur in water, near heights, while driving a car, falling in such a way that breathing is blocked or suffering a heart attack as a result of the stress of the seizure. In very rare cases breathing may not start again when a convulsive seizure is over, in which case artificial respiration should be given. In cases where death is directly attributed to a seizure disorder, it is usually as a result of a series of nonstop seizures that may last for hours if not treated. People suffering more than one convulsive seizure in a short period of time should always receive immediate medical attention.

***Mental ability.*** Generally, people with epilepsy fit into a normal range of intelligence. When compared to the general population there are just as many individuals with a high, average and low intelligence. However, average or above average intelligence does not guarantee performing at that level. This may be due to a number of factors including medication and unrecognized seizures.

On occasion people with seizure conditions who experience hallucinations think that they may be mentally ill. Nothing could be further from the truth. It must be cautioned, however, that people with seizure conditions can have a mental illness just like anyone else.

***Aging.*** As the person with epilepsy or seizure condition grows older, some forms of childhood seizures (absence) may be out-grown. Conditions do not generally worsen and seizures often diminish.

***Driving.*** People with a seizure condition can get a driver’s license if their seizures are under reliable control and are under a physician’s care. However, each case is given individual consideration as to seizure type, frequency, time of occurrence and other factors. Some provinces require the person to be seizure free for two years, and others, only eight months. Local licensing authorities should be contacted for exact details.

***Employment.*** The Canadian Human Rights Act forbids employers to make a distinction between certain individuals and others based on a characteristic that has nothing to do with the job. Those characteristics include: race, national or ethnic origin, colour, religion, age, sex, marital status, family status, mental or physical disability, and pardoned conviction.

***Alcohol.***Use of alcohol depends greatly on the reaction of the individual. It must be remembered that alcohol may react negatively with anticonvulsant medications. Heavy use of alcohol is likely to result in increased seizure activity.

**DID YOU KNOW………..**

Epilepsy is far more common than most of us realize – approximately 1-2% of Canadians have epilepsy. More people have epilepsy than multiple sclerosis, muscular dystrophy and cerebral palsy combined.

#### First Aid: For Convulsive Seizures

This type of seizure is often the most dramatic and frightening but it is important to realize that a person undergoing a seizure is usually unconscious and feels no pain. The seizure lasts only a few minutes and the person usually does not require medical care. This procedure should be followed:

1. Keep calm. You cannot stop a seizure once it has started. Let the seizure run its course. Do not try to revive or restrain the person.
2. Ease the person to the floor and loosen clothing.
3. Try to remove any hard, sharp objects that might injure the person.
4. Turn the person on his/her side, so that saliva can flow from the mouth.
5. Check for Medic Alert, ID or wallet card.
6. **Do not** put anything in the person’s mouth. **(It could cause choking or damage to the mouth or teeth.)** A person cannot swallow their tongue.