

# CLIP

15 minute Worksheet



## Helping the patient with communication difficulties

### 4: Epilepsy

Intermediate level

Produced by  
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#### Aim of this worksheet

To introduce the health professional to the person with epilepsy.

#### How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

#### Case study

**Susan is a 57 year old lady with Down Syndrome who has always lived at home with her sister.**

**About 2 years ago it was noticed that Susan was becoming quieter, less lively, with less sparkle to her personality. At times she would be unsure where she was or what day it was. Her sister thought these changes were related to Susan getting older, then she suffered a 'shaking, funny turn'.**

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## Nature and prevalence of epilepsy

- *What it is:* The brain is a highly complex structure composed of billions of nerve cells called neurones. The neurones are responsible for a wide range of functions including awareness, consciousness, movement and posture. A sudden, temporary overactivity of the neurones in one area of the brain may cause a seizure.
- *Prevalence:* Epilepsy is the most common neurological condition in the general population with a prevalence rate of about 5-10 per 1000 (about 1 in 200). Anyone can develop epilepsy; it occurs in all races and social classes.
- *Epilepsy in learning disabilities:* About one in five people with a learning disability have epilepsy, which is 40 times higher than the average population and increases in proportion with the severity of the disability. However of those with a profound or severe learning disability at least 40-50% of those people will have epilepsy. Both epilepsy and learning disability are outward symptoms of underlying brain dysfunction or damage, but there is no evidence to suggest that there is a direct link between epilepsy and intelligence.

## The causes, diagnosis and types of epilepsy

- *Causes:* The possible causes of epilepsy include – inherited causes (20%), congenital malformation, infection, brain tumours, vascular disease (eg. stroke), head injury and Alzheimer's dementia. Learning disabilities are not a cause, but some conditions cause both. A direct cause cannot be identified in approximately 60% of cases. Some situations can trigger a seizure (eg. flashing lights, antidepressants, drug withdrawal, pyrexia), but there is no evidence that emotion (eg. fear, stress or anger) or tiredness can trigger a seizure. Alcohol is not a cause of epilepsy, but it can worsen existing seizures.
- *Diagnosis:* Epilepsy can be difficult to diagnose and is dependent on clinical observations and investigations such as an EEG (Electroencephalogram). An ambulatory EEG allows the brain activity to be recorded over a 24-hour period.
- *Types of epilepsy:*  
*Generalised Epilepsy-* this involves abnormal electrical activity affecting the whole brain, during which there will be a loss of consciousness. In a major seizure (a 'Tonic-Clonic' seizure) the person stiffens (the tonic phase) and then convulses or jerks (the clonic phase). They may make strange noises, salivate excessively and be incontinent. Other types of generalised seizure can be much less dramatic- an 'absence' seizure can look like a very brief daydream.  
*Partial (focal) Epilepsy-* this disturbance is confined to a local area of the brain, causing either simple partial or complex partial seizures. This may show a shaking of an arm with the patient fully conscious. Partial epilepsy usually indicates a damaged area in the brain.

## The effects of epilepsy

Epilepsy and seizures affect people in different ways. Some people might have to make several changes in their lives to live more safely, while others will only have to make a few changes.

It is important to recognise that a diagnosis of epilepsy can bring with it a social prejudice, which can result in as many difficulties as are caused by the seizures themselves. People with learning disabilities may feel that their epilepsy restricts their quality of life far more than does their learning disability. Epilepsy care for people with learning disabilities should achieve a standard that allows these patients to live to their full potential.

## Treating epilepsy

- *Ensure safety and make the person comfortable:* loosen clothing, remove spectacles, support and protect the head. Move objects that could be harmful. *Do not* put anything in the mouth; do not attempt to restrain convulsive movements; do not give anything to drink until the patient is fully awake and do not move the person unless they are in danger
- *In a partial seizure:* gently protect the person from danger, speak gently and calmly to aid reorientation to the surroundings. Stay with the person until they can resume normal activities. Seizure patients are individual and recovery patterns will differ from person to person.
- *If the seizure is persisting:* most seizures are self-limiting, but if a seizure is prolonged or a person experiences status epilepticus, emergency treatment is necessary. Diazepam may be administered rectally or midazolam can be administered either nasally or buccally (between the cheek and teeth).
- *Ensure recovery is safe:* once movements have stopped put the person into the recovery position and check the airway is clear. Allow recovery in his/her own time, talk quietly and offer reassurance.
- *Start or adjust anticonvulsant medication* this is highly effective for some types of seizures eg sodium valproate. Individual titration is the key to successful treatment. The most common problem is not taking the medication correctly. It is important for patients and their carers to co-operate in the treatment regime to control seizures; this is more likely to be successful if they understand the condition and the reasons for the prescribed treatment

**Choose**

How common do you think epilepsy is?

**Ring** the figures you think are correct.

In the general population:	1 in 5	1 in 50	1 in 200	1 in 2000
In learning disabilities:	1 in 5	1 in 50	1 in 200	1 in 2000

**Choose**

**Ring** the conditions you think cause epilepsy and those you think might trigger a seizure

Possible causes of epilepsy		Possible triggers of a seizure	
Head injury	Infection	Pyrexia	Fear
Inherited disorders	Learning disability	Flashing lights	Antidepressants
Alzheimer's dementia	Tumour	Tiredness	Anger
Stroke	Alcohol	Stress	Diazepam withdrawal

**Write**

What should you do if a patient has a major (tonic-clonic) seizure?

- Immediately:
  
- To ensure safety:
  
- If the seizure is persisting:

## FURTHER ACTIVITY: Epilepsy

- For a client with epilepsy:
  - find out what warning signs or behaviour the client shows before a seizure (observe, ask a colleague or check through clinical records).
  - note any medication they are taking to prevent seizures and check the adverse effects in the current *British National Formulary*

## FURTHER READING: Epilepsy

### Journal articles

- Berg AT. Epilepsy, cognition, and behavior: The clinical picture. *Epilepsia*. 2011; Suppl 1:7-12.
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- Cunninham O. Zaagman P. Modern management of epilepsy (keeping the person in focus) *Learning Disability Practice*. 2000; **3**: 16-19.
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- Droney J. Hall E. Status epilepticus in a hospice inpatient setting. *Journal of Pain & Symptom Management*. 2008; **36**(1): 97-105.
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- Jefferys JG. Advances in understanding basic mechanisms of epilepsy and seizures. *Seizure*. 2010; **19**(10): 638-46.
- Lee P. Has disability discrimination legislation changed the legal framework for epilepsy in the United Kingdom?. *Seizure*. 2010; **19**(10): 619-22.
- Loughran S. O'Brien D. Epilepsy liaison nursing. *Nursing Times*, 2002; **98**(10): 32-4.
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