

## What are seizures?

Seizures are changes in behavior caused by an abnormal discharge of electrical energy in the brain. A seizure may last a few seconds or a few minutes. It might be a convulsion (grand mal or clonic-tonic), a brief stare (absence or petit mal), an unusual movement of the body (drop, myoclonic or focal motor), or a change in awareness (focal sensory or psychomotor). When the seizure is over the brain goes back to working properly again. Seizures are a common disorder of childhood and adolescence.

Some non-epileptic seizures happen because of a high fever or an illness. Usually these seizures go away when the fever drops or the illness is over.

Epilepsy is the name given to seizures that happen more than once in an otherwise healthy youngster, or when the child has a physical condition which causes seizures from time to time.

## Characteristics

Some of the symptoms which may indicate seizures in a young child are:

- ✓ Short attention blackouts that look like day dreaming;
- ✓ Sudden falls for no reason;
- ✓ Lack of response for brief periods;
- ✓ Unusual sleepiness and irritability when wakened from sleep;
- ✓ Head nodding;
- ✓ Rapid blinking;
- ✓ Frequent complaints from the child that things look, sound, taste, smell or feel "funny;"
- ✓ Sudden "jackknife" movements by babies who are sitting down;
- ✓ Quick grabbing movements with both arms in babies lying on their backs;
- ✓ Sudden stomach pain followed by confusion and sleepiness;
- ✓ Repeated movements that look out of place.

Seizures can begin in the teen years. These seizures, too, may be difficult to recognize, as the behaviors might be mistaken for signs of substance

abuse. Behaviors or feelings that may be signs of seizures in teenager are:

- ✓ A blank stare, followed by chewing, picking at clothes, mumbling, random movements;
- ✓ Sudden fear, anger, or panic for no reason;
- ✓ Muscle jerks of arms, legs, or body, especially in the early morning;
- ✓ Odd changes in the way things look, sound, smell, or feel;
- ✓ Memory gaps;
- ✓ Dazed behavior, being unable to talk or communicate for a short time.

## Handling seizures

A generalized (grand mal, clonic-tonic) seizure is something few people can ever really get used to, no matter how many times they have seen it. There is no way to shorten the typical seizure, but there are several things that can be done to reduce its impact. Some ways to help a person who is having a grand mal seizure are:

- ◆ Note the time when the seizure begins.
- ◆ Don't try to move the person who is having a seizure, unless there is danger of falling down stairs or against something that could cause injury (i.e. window or table edge).
- ◆ Move sharp objects out of the way.
- ◆ Turn the person on his side and loosen clothing around the neck.
- ◆ Don't put anything in the mouth and don't try to restrain or hold down.
- ◆ Note time when seizure ends and offer help.

Most seizures are not medical emergencies. They end after a minute or two without harm and usually do not require emergency treatment.

Sometimes there are good reasons to call for help. A seizure in a person who has no history of seizures could be a sign of serious illness. Reasons to call an ambulance include:

- A seizure that lasts more than five minutes
- No history or identification of seizures
- Slow recovery, a second seizure, or difficulty breathing afterwards
- Pregnancy or other medical I.D.
- Any signs of injury or sickness

## What about learning?

Children who have seizures are more like their typical peers than different. The majority of children with epilepsy will meet developmental milestones within established timelines. Statistics show that people with epilepsy have about the same range of mental ability as the general population. In some cases, seizures may accompany other conditions such as cerebral palsy or mental retardation.

The most important factor regarding development in children with epilepsy is early diagnosis and effective treatment of the seizure disorder. Potential learning difficulties may be avoided if control of seizure activity is partially or fully obtained.

Seizures may interfere with a child's ability to learn. If the student has the type of seizure characterized by brief periods of fixed staring, he or she may be missing parts of what the teacher is saying. It is important that teachers and school staff be informed about the child's condition, possible side effects of medication and what to do in case a seizure occurs at school.

Students with epilepsy or seizure disorders are eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA). Epilepsy is classified as "other health impaired" and an Individualized Education Program (IEP) will be developed to specify appropriate services. Infants and toddlers with delayed development can receive early intervention services from the Regional Developmental Preschools.

## Treatment options

Epilepsy can, in most cases, be partly or completely controlled with medication. There are many types of anti-epileptic drugs available. Regular monitoring of medication levels is essential to determine proper dosage. In some cases a special diet may be helpful. In others, surgery may be an option. Good communication between home and doctor will guarantee the best results.

## Other considerations

Children and youth who have seizures must also deal with the psychological and social aspects of the condition. These include public misperceptions and fear of seizures, the child's fear that a seizure will occur during school or a social event, their embarrassment about loss of self control during the seizure episode and compliance with medications.

Parents should explain to a child with epilepsy or seizure disorder that he or she has a condition that causes seizures sometimes, and that the doctor has prescribed medicine that will help prevent the seizures. The child knows that something happened recently that upset his family, he knows he's been to the doctor more than usual, and he knows he has to take medication.

If parents don't explain what is wrong, the child may think that he's dying or going crazy. In other words, a child can create a far more damaging explanation of his condition out of anxiety and confusion than if the parents give a simple, matter-of-fact explanation. Parents who are straightforward about epilepsy and seizures teach their youngsters that there is no reason to feel shame or fear about having seizures.

To help children feel more confident about themselves and accept their condition, the school can assist by providing epilepsy/seizure education programs for staff and students, including information on seizure recognition and first aid.

Students can benefit the most when the family and school work together. To promote personal growth and independence in children with epilepsy, parents should avoid overprotection and encourage the child to take risks within the limits of safety and health. Children with epilepsy are capable of participating in most activities as long as precautions are taken. The benefits of participation will, many times, outweigh the potential risks. Many persons with epilepsy drive cars, get married and have a family. In other words -- they experience life.

## For more information about SEIZURE DISORDERS

### CONTACT:

Epilepsy Foundation of America  
4351 Garden City Drive  
Washington, DC 20785  
1-800-EFA-1000  
(301)459-3700



Information & Referral for Parents  
of Children with Disabilities

## Parent Information Center

500 W. Lott St, Suite A  
Buffalo, WY 82834  
1-800-660-9742 (WY only)  
(307) 684-2277 (v/tdd)  
(307) 684-5314 (fax)  
E-mail: [tdawson@wpic.org](mailto:tdawson@wpic.org)  
Website: [www.wpic.org](http://www.wpic.org)

To talk with the  
**PIC Outreach Parent Liaison**  
in your area, contact:

PHP of WY is a non-profit, 501(c) 3 organization; therefore, your donation is tax deductible. We welcome all donations. Every donation helps us strengthen our network of support for families.

The contents of this brochure were developed under a grant from the U.S. Department of Education. However, the contents do not necessarily represent the policy of the Department of Education, and endorsement by the Federal Government should not be assumed.

# SEIZURE DISORDERS

*Disability Brochure #16*



## Characteristics and Coping Strategies

## Parent Information Center

1-307-684-2277

A project of  
Parents Helping Parents  
of Wyoming, Inc.