Epilepsy Basics
AND
Working Effectively with Your Doctor
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Outline

Epilepsy Basics
  Definition
  Epilepsy vs. Seizures
  Statistics
  Causes
Seizure Classification
  Treatments
Medications
  Surgical Interventions
  Dietary
Non-Epileptic Events
Emergencies
  Status Epilepticus
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Seizure First Aid
Personal Care and Safety
Mobility
Outline

- **Getting the Most out of Your Doctors Visit**
  - Types of Office Visits
  - What is an emergency
  - Routine Care
  - Health Maintenance
- **Communication**
  - Talking to the Doctors
  - Forms
  - Getting Your Questions Answered
- **Follow Up Care**
  - Who is responsible to make sure recommendations are done?
  - Scheduling Appointment for Follow ups
  - Specialists/Referrals
  - Tests/Results
Definitions:

• Seizure: An episode of pathological, hyperactive, hypersynchronous brain activity, expressed as abnormal motor, sensory, or psychologic behavior.

• Seizure Disorder: A chronic brain disorder characterized by recurrent unprovoked seizures.
What is the difference between epilepsy and a Seizure disorder?

• Nothing, they are the same thing.
Prevalence

• Single Seizure: 9%
• Recurrent Seizures: 0.5%
Age of onset
What are some of the known causes of epilepsy?
Cerebrovascular Disease
Bacterial infections
encephalitis
Brain tumors
Trauma
Severe anoxic injury
Degenerative diseases
Congenital malformations
Unknown - 50%
Etiology and age
Seizure Classification

Clinical observation + EEG findings

- Partial seizure
- Generalized seizure
Partial Seizures

- More common in adults than children
- Involves a focal area of the brain at onset
- A warning (aura) often precedes the seizure
- May or may not be associated with an alteration of consciousness
- Usually symptomatic
Auras - patient's perspective

- Visual hallucination
- Auditory hallucination
- Tactile sensation
- Motor sensation
- Autonomic sensation
Auras - a bystanders perspective

• Pause in activity with a blank stare
• May have an inability to talk
• May have hand or arm posturing
• Eye deviation
• May appear apprehensive
• May turn in a circle
• May run away - random
Partial Seizures
Partial seizure
Partial seizure types

Partial seizures

Simple partial
Consciousness preserved

Complex partial
Impaired consciousness
Simple Partial Seizures

- Patient may pause, or slow down.
- Aware of seizure
- Able to comprehend and speak
- Duration: variable
- Post ictal phase: may feel tired
**Complex Partial Seizures**

- Usually begin with an aura.
- Alteration of consciousness.
- May exhibit automatisms:
  - Lip smacking
  - Hand posturing
  - Pick at clothing or reach out without purpose
  - Move about in a purposeless manner
Complex partial seizures

- Duration: usually 2 - 3 minutes
- Post ictal phase is variable in length.
  - Confused
  - Frightened
  - Combative or angry
  - Sleepy or may become hyperactive
  - Amnestic for the event
Partial Seizure

- Simple partial seizure
- Complex partial seizures
  - Secondary Generalization
Generalized Seizures

- Occur in 20 - 40%
- More common in children
- Genetic cause suspected with most
- They begin without warning
- Always associated with an alteration of consciousness
Generalized Seizures
Generalized Epilepsy
Generalized seizure types

- Generalized tonic clonic or clonic
- Absence or Atypical Absence
- Myoclonic
- Tonic
- Atonic
Tonic Clonic seizures: aka Grand mal Seizures

- Abrupt onset
- Loss of consciousness
- Stiffening of the extremities
- Decreased ability to breathe
- Rhythmic jerking
- Duration: 1 – 3 minutes (usually)
Tonic Clonic seizures

- Often associated with tongue biting, and loss of bowel or bladder control
- Post ictal phase
  - Confusion
  - Sleepy may sleep 30 minutes to 4 hours
Absence seizures

- Brief loss of consciousness (10 – 20 seconds)
- Blank stare
- No post ictal period associated
- May have subtle twitching (myoclonic movements)
- May have simple automatisms
Absence seizure
Atypical Absence
Myoclonic seizures

- Generally look like a fast tonic seizure or startle
- Patient will often fall to the ground
- Brief – lasting only a few seconds
- Usually occur in clusters
- No post ictal phase
Tonic seizures

- Patient often yell at the onset
- Arms are up, and extended to the front or side.
- Head drops, and legs may become stiff
- Patient may drop abruptly.
- Duration usually 1 minute or less
- Often poor respiratory effort
- Post ictal phase is variable
Atonic Seizures

• Sudden loss of muscle tone
• Fall to the ground
• No warning
• Duration: a few seconds
Seizure provoking factors

- Insomnia
- Constipation
- Febrile illnesses
- Excessive Excitement
- Excessive Stress
- Medication changes
Treatments

- Medications
- Surgery
- Dietary
Medications for Generalized seizures

- Depakote
- Lamictal
- Klonopin
- Felbatol
- Zonegran
Medications for Partial seizures

- Tegretol
- Neurontin
- Gabatril
- Trileptal
Medications for either type

- Phenobarbital
- Dilantin
- Topamax
- Keppra
Surgical intervention

- Vagal Nerve Stimulator
- Temporal lobectomy
- Corpus Callosotomy
- Subpial transection
Dietary intervention

• Ketogenic Diet
• Atkins Diet?
Non epileptic events

- Syncope
- Cardiac arrhythmia
- Breath holding spell
- Panic attacks
- Movement disorder
- Hypoglycemic episodes
- Esophageal reflux
- Sleep disorder
- Benign nocturnal jerks
- Psychogenic episodes
- Menses
- Trauma
Seizures First-Aid and Safety Issues

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Continuum of Care Project, UNM
The Do's

**DO**

- Stay Calm
- Protect from injury
- Move surrounding objects away
- Position on floor or soft surface
The Do's

**DO**

- Protect airway
- Place head on pillow
- Loosen clothing
- Place on left side
The Don’ts

- Do not panic!
- Do not try to stop the seizure
- Do not place objects in mouth
- Do not try to restrain them
A Seizure Becomes an Emergency

- Any first time seizure
- When it compromises respiration
- When it has lasted >5 minutes
- >2 seizures in 10 minutes
- Unusual event for the client
- As defined in the Client’s ISP or Crisis Intervention Plan
- Associated with trauma
Special Considerations

In a Wheelchair, Stroller or Bus

• Do not try to remove them from this Position
  - The seat provides support.
  - Moving the person puts you and the client at risk of injury.
  - You may provide extra padding, move footrests or take steps to protect limbs from injury.
  - Always continue to monitor airway
Special Considerations

- Loosen but do not unfasten seat belts
- They may need to be taken out of the chair after the seizure
- Always follow the protocols in the clients ISP or Crisis Prevention Plan
- Follow Agency Protocol for follow up care
Safety Issues

- At home
- At work
Safety Issues: HOME

• Around the House
  - Pad corners, rounded corners
  - Carpet with extra padding underneath
  - No top bunks
  - Low bed or mattress on the floor
  - Place guards around fireplace or wood stoves
  - Monitor in the bedroom
Safety Issues: HOME

- **Bathroom:**
  - Supervise shower
  - Do not lock doors
  - Keep water levels low in tub
  - Set lower temperature on water heater
  - Doors opening outwards instead of inwards
Safety Issues: HOME

• **Kitchen**
  - Use Plastic containers/dishes
  - Use microwave instead of stove as much as possible
  - Supervision with knives or sharp objects
Safety Issues: WORK

- **In the workplace:**
  - have a place to rest
  - keep extra set of clothes
  - take regular breaks to avoid fatigue
  - avoid flashing lights
  - special safety around machinery
Getting the Most out of Your Doctors Visit

Working Effectively with Physicians
“Play some Frisbee, chew on an old sock, bark at a squirrel. If that doesn’t make you feel better, eat some cheese with a pill in it.”
Working Effectively with Your Doctor

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Follow Up Care
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3 Types of Doctor Visits

• **Emergency room**
  - The client requires immediate attention

• **Acute care visit**
  - Will not improve until treated, but can wait a short time until the office opens or the doctor is available.

• **Health Maintenance**
  - Can be arranged several weeks in advance
Appropriate ER Visits

- Difficulty breathing
- Severe chest pain or heart attack
- Severe Bleeding/wound requiring stitches
- Severe Burn
- Persistent fever of 103 degrees or over
- Known or suspected poisoning
- Status Epilepticus or prolonged seizure
- Broken Bone (after hours)
- Broken Bone with open wound
Appropriate ER Visits

- Severe allergic Reaction
- Unconsciousness
- Severe Pain
- Vomiting Blood or “coffee grounds”
- Suicide Attempt
- Eye Trauma
- Possible Sexual Abuse within the past 72 hours
- Open Human Bite wound
- Sudden/Acute Mental status changes
Acute Care

- Same Day or next day Appointments in the PCP’s office
  - Usually a 15 minute appointment
  - The physician will focus on only the urgent problem

Not appropriate for...

- Thorough work-up of chronic problems
- Prescription refills
- Annual Physical
- Having the Level of Care and Outlier Paperwork signed for Tomorrow’s IDT meeting
Appropriate Urgent Care Visits

- Broken Bone (during office hours)
- Persistent dizziness
- Eye or Ear pain or drainage
- Fever 101 degrees or higher during office hours
- Flu Symptoms beyond the third day
- Persistent cough
- Nausea and Vomiting (inability to keep down fluids or meds)
- Pain not improved by over the counter pain relievers
- Lethargy or irritability during office hours
- Severe Rash
“You probably came in contact with someone who has an infectious smile.”
Appropriate Urgent Care Visits

- Change in type or frequency of seizures
- Persistent change in skin color
- Skin breakdown or pressure sores
- Severe Sore throat
- Sunburn with blisters
- Painful urination/possible urinary tract infection
- Persistent constipation
- Small wound requiring stitches during office hours (within 12 hours)
Health Care Maintenance

Annual Physical appointments are longer so the PCP has enough time to:

- Spend time to listen to questions or concerns
- Do a thorough physical exam
- Order labs
- Immunizations
- Write prescription refills
- Complete paperwork
Health Care Maintenance

• These appointments must be made weeks or even months in advance.

• Notify the appointment scheduler if this appointment needs to be longer (annual physical).

• Notify the scheduler of any special needs.

• Anticipate and prepare so the appointment will be more productive.
Health Maintenance/Routine Office Visits

- Annual physical
- Referrals to specialists
- Routine follow-up of chronic conditions
- Follow-up of ongoing acute or sub acute conditions
- Follow-up of test results or labs
- Preventative health (immunizations, cholesterol, diet/exercise counseling)
Health Maintenance/Routine Office Visits

- Unexplained weight loss or gain
- Desire to lose weight, begin exercise program
- Birth control
- Changes in:
  - Appetite
  - Mood
  - Behavior
  - Sleep
Health Maintenance/Routine Office Visit

- Chronic Minor complaints
  - Headaches
  - Nervous stomach
  - Allergies
  - Itching
  - Menstrual changes
  - Arthritis
  - Dermatitis
When you call to make appointment:

Tell them:

• Why you need to see the doctor.
• How soon you need to be seen.
• Any accommodations you need.

Ask them:

• What to bring?
• Any special instructions?
Getting Ready

Make a list of things to tell the doctor:

• Concerns about Behavior, Pain,
• Has this happened before?
• Changes in mood, amount of energy, sleep, eating, bathroom habits, other changes.
• List of Medications
Medical Information To Bring

- List of medications
- Allergies
- Medical History
- Surgeries or serious illness in the past
- Immunizations
- Family History
- Accommodations you need
- Insurance or Medicaid card
"I have a family history of mental illness. My sister had a case of Beatlemania and my brother was cuckoo for Cocoa Puffs."
Communication

• Communication with the Physician
  - Know the reason for the doctor’s visit
  - Write Down Questions from Guardian, Team or Agency Nurse prior to Visit
  - Fax forms ahead of time so the Physician has more time with the Patient

• Communication with the Team
  - Take good notes
  - Get the answers to your questions in writing
  - Take home written Instructions
Follow Up Care

• Who is responsible?

• How will the Appropriate People Get the Information?