

Barns Medical Practice Service

Specification Outline: Epilepsy

DEVELOPED March 2015

REVIEW DATE March 2017

Introduction

Epilepsy is a condition where there are episodes of abnormal electrical activity in the brain that results in seizures. Epilepsy can start at any age and often the cause is not known. It can be secondary to problems such as a severe head injury or stroke. There are many different types of seizures and there are many medicines used in the treatment of epilepsy.

Most seizures can be managed at home but patients with poorly controlled epilepsy can suffer from prolonged seizures known as status epilepticus which requires hospital admission. Managing epilepsy is important to prevent episodes of status epilepticus and sudden unexpected death in epilepsy (SUDEP). SUDEP is rare but is more likely to affect people with poorly controlled epilepsy.

Diagnosis

There are a number of different types of seizure. These can be focal seizures where only part of the brain is affected and the patient remains conscious but may or may not be aware of their surroundings. In generalised seizures both halves of the brain are affected and consciousness is often lost. In a tonic clonic seizure the limbs may jerk. With some types of seizure a person may be sleepy or confused for a period following the seizure.

When a first seizure is suspected the person should be referred to the first seizure clinic, run by the neurologists. They will consider taking blood tests, an EEG (a measurement of the electrical activity of the brain), a CT or MRI scan. The specialist will also make the decision whether to start anticonvulsant medication to try and prevent further seizures.

Regular Review

At annual review all patients with epilepsy should have seizure frequency recorded along with last seizure date and type of seizures. Medication should be discussed including any side effects and compliance. Patients should be educated on high risk activities, especially those with poor seizure control. Included in this should be a discussion about driving to determine whether they are unfit to drive and to ensure they have made the DVLA aware of their diagnosis.

The social and psychological aspects should be discussed with referral to GP if there are any concerns.

Contraception should be discussed as a number of anti-epileptic medications are unsafe in pregnancy. Pre-pregnancy counselling should be discussed where appropriate and the patient referred to the specialist nurse if this is required.

Height, weight and BMI should be recorded.

Resources for Staff and or Patients

www.epilepsy.org.uk

DVLA – www.gov.uk/health-condition-and-driving

SIGN guideline 70 Diagnosis and Management of Epilepsy in Adults

EPILEPSY CONNECTIONS

Whether you are newly diagnosed or have been living with epilepsy for some time, Epilepsy Connections may be able to help you. They will offer you information and advice about epilepsy to help you and your family live well and safely with the condition.

Epilepsy Connections is a registered charity formed in April 2000 and has given support to those diagnosed with epilepsy in the Glasgow and Forth Valley area. It is a company limited by guarantee and registered in Scotland.

Jim Thompson is employed by Epilepsy Connections and will be launching the new Epilepsy Fieldwork Service in Ayrshire and Arran.

How they can help you?

Information about epilepsy

Advice on housing, benefits, transport, travel and managing epilepsy at home, school, college, university or work

One to one, family and group support to allow you to deal with your feelings about epilepsy and its impact.

Guidance on safety issues

Volunteering opportunities, build skills and gain experience, have fun and make new friends

Befriending supports people isolated by epilepsy, aged over 18 years to get out and about, go for a meal, shopping or to the cinema etc.

If you would like to talk to Jim Thompson then please call **07585 570 466** or email him at

jthompson@epilepsyconnections.org.uk

www.epilepsyconnections.org.uk