

Epilepsy Awareness

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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



important

Epilepsy Awareness

Learning outcomes.

- Recognise the characteristics of epilepsy.
- Recognise the types of seizure.
- Identify the triggers of seizure.
- Identify strategies for managing epilepsy.

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

- | | |
|--------------------|---|
| Safe. | People are protected from abuse and avoidable harm. |
| Effective. | People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it. |
| Caring. | Care should be person centred involving dignity and respect, and compassion. |
| Responsive. | Following correct working procedures as agreed by your workplace and as set out in the client's care plan. |
| Well led. | Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent. |

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.

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The fundamental standards are as follows:

Person centred care. Ensuring that those receiving the care are at the centre of all decisions.

Dignity and respect. Providing the client with dignity and respect in all aspects of their care.

Need for consent. Asking the client's permission before carrying out tasks that affect them.

Safe care and treatment. Following correct working procedures as agreed by your workplace and the client's care plan.

Safeguarding service users from abuse. Following agreed working and safeguarding procedures and being aware of signs and symptoms.

Meeting nutritional needs. Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.

Cleanliness, safety and suitability of premises and equipment. Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.

Receiving and acting on complaints. Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.

Good governance. Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.

Staffing. Fit and proper persons employed.
Fit and proper person requirement for Directors is followed.

Duty of candour. Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.

An introduction to epilepsy.

Epilepsy is a condition characterised by recurrent seizures. It is most common in children and the elderly, so, as with many other health problems, our ageing population means that the number of sufferers is rising.

This manual aims to help you understand what epilepsy is, to recognise different types of seizure, their symptoms and effects, and to help you to support clients who suffer from epilepsy in a way that is appropriate for them.

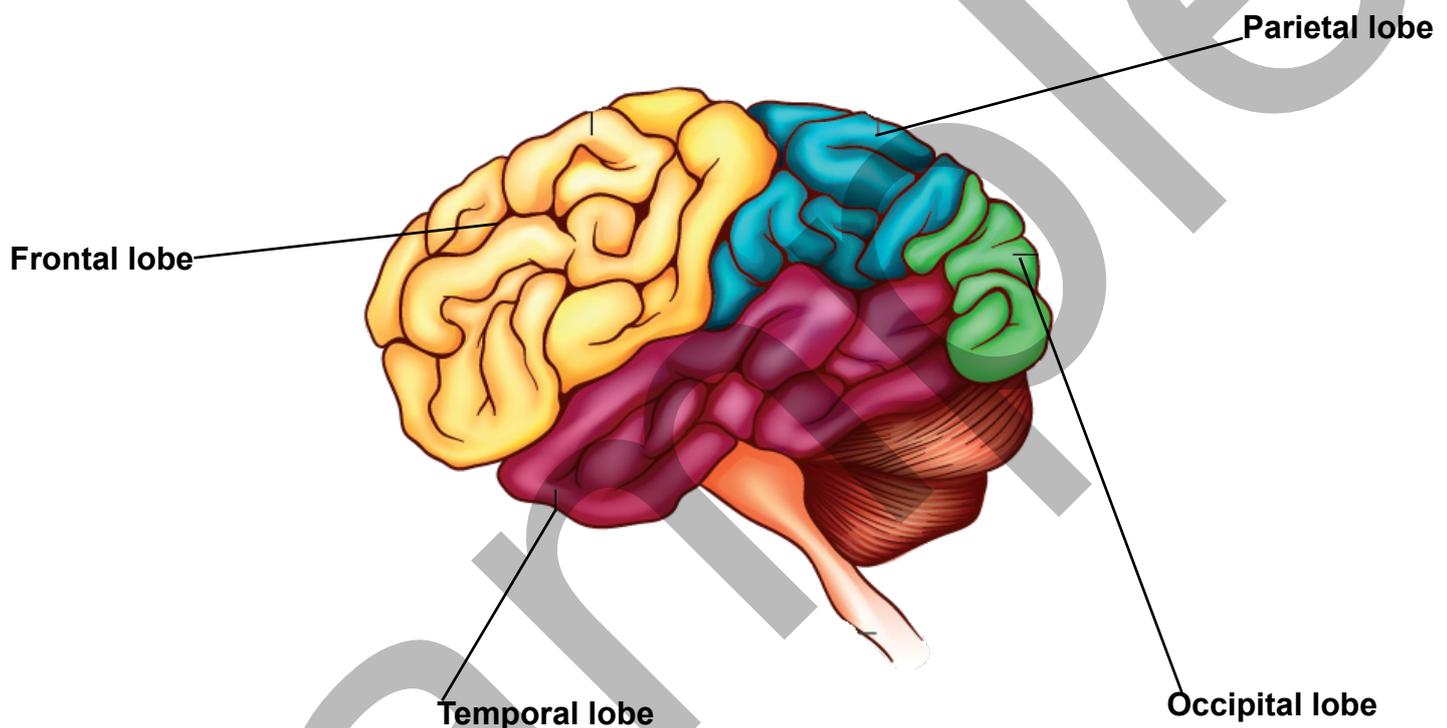
There are numerous types of epilepsy and different forms of seizure. It is important that you have an understanding of the way in which individual clients are affected because, of course, no two people are the same and the type of care and support provided must be right for the client.

For 60-70% of epilepsy sufferers the condition is mild and well controlled, it will have little impact on their day to day lives. A minority of sufferers may have a severe form causing several seizures a day and this will have a major effect on their ability to be independent and live a 'normal' life. If the condition is accompanied by a brain injury or learning disability the sufferer may well be reliant on carers to protect their safety and ensure that they take their medication appropriately.

Unit One

Causes and triggers of epilepsy.

The four main areas of the brain are Frontal lobe, Parietal lobe, Occipital lobe and Temporal lobe. What happens to someone during a seizure will depend on where in their brain the seizure is happening.



Frontal lobe.

This area is involved in the movements we decide to make such as walking upstairs and our conscious thought such as deciding what to wear today. Frontal lobe epilepsy is the second most common and generally features partial seizures. Vegas nerve stimulation may work in these cases.

Temporal lobe.

This area helps us in remembering and feelings and emotions. It is also involved in speech hearing and perception. Generally seizures beginning in this area are often mild and only last seconds with an aura. Temporal lobe epilepsy is the most common form of epilepsy.

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Parietal lobe.

This area controls spatial awareness, co-ordination, sensations and involuntary movements. Parietal lobe seizures last between a few seconds and a few minutes. They affect about one in 20 people with epilepsy.

Occipital lobe.

This area controls our sense of sight. The occipital lobes process information related to vision. They affect between one in five and one in 10 people with epilepsy. They last for seconds.

The only true way to determine which area the epilepsy is attributed to is by carrying out a brain scan. Sometimes the epilepsy can spread from one area of the brain to another and this may change the symptoms of the epilepsy. This means that each person with epilepsy may react differently and this is why it is important to look at the individual when preparing a care and treatment plan.

There are various reasons why an individual may develop epilepsy and it may not always be possible to say why a client has it. The causes of epilepsy fall into three main groups as follows:

- Symptomatic.
- Idiopathic.
- Cryptogenic.

Symptomatic.

This is where there is a known cause for the epilepsy such as abnormalities in the cells caused by scars from head injuries or illnesses such as meningitis, tuberculosis or even stroke.

Scar tissue causes the cells surrounding it to distort; this distortion leads to the cell functioning abnormally and may cause seizures. Seizures may not start until years after the injury occurs.

Idiopathic.

Where there is a known genetic link from one or both parents, your risk of developing epilepsy increases. The risks do not include a family member developing the condition as a result of an accident or illness. When looking at genetic links it is also important to look at our seizure threshold.

Cryptogenic.

This is where despite investigations, no known cause can be found for the epilepsy.



Epilepsy is characterised as a condition of recurrent seizures.

A seizure occurs when the electrical activity in the brain is disturbed. The type of seizure will depend on how much of the brain is affected. A single seizure is unlikely to lead to a diagnosis as the person may never have another. It's also possible that the 'seizure' may in fact have been something else e.g. a TIA (transient ischaemic attack or mini stroke with temporary effects) or a faint.

In general doctors will not prescribe anti epilepsy medication to someone who has experienced a single seizure otherwise around 40 – 50% of people would be taking the medication unnecessarily. The figures are very different for individuals with an underlying brain injury where there is a 90% chance that they will go on to have further seizures.

Epilepsy triggers.

There are some things which may trigger or provoke seizures. They are not causes of epilepsy but they make it more likely that a sufferer will have a seizure. Factors include:

- Photosensitivity – some people are sensitive to flickering light, they should avoid exposure if possible but wearing sunglasses and taking appropriate medication will also help.

Many people are aware that strobe lighting can trigger photosensitive epilepsy; but did you know that sunlight on water, or the alternation between light and dark that occurs when you drive down a tree lined road, can have the same effect.

- Lack of sleep – it's important to encourage clients with epilepsy to get plenty of sleep. Sleep deprivation alters the electrical activity of the brain.
- Menstruation – although the reasons are unclear many women report a link between the frequency of seizures and their menstrual cycle.
- Stress – this is a very personal thing as one person's stress is another's motivation. The source of stress must be dealt with as increasing medication will not improve the situation.
- Alcohol – people whose epilepsy is controlled should be able to drink alcohol in moderation without ill effect, however, even small amounts may trigger seizures in someone whose condition is uncontrolled. Alcohol also causes problems in other ways, it doesn't mix well with anti epilepsy medication and may prevent it from working properly or cause the individual to become drunk more quickly. Binge drinking may increase the risk of seizures, particularly in the hangover period. In addition, the use of alcohol is often associated with staying up late and it disturbs sleep.
- Infections – sufferers of epilepsy may have more seizures when they have illnesses such as tonsillitis. This is particularly true of children and people with physical disabilities. As medication will not help the best thing you can do is help them overcome the infection.
- Drugs – certain medications (including antibiotics, antidepressants and antihistamines) may increase the likelihood of seizures by lowering the individual's 'seizure threshold'.

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Consider some clients with epilepsy you have cared for. Look at the above list of triggers, do you have any experience of client's seizures being brought on by something they did or were exposed to? Use the space below to record circumstances you feel may have contributed to a client having a seizure. Do not use names.

e.g. Client A used to get worked up about family coming to see her, she often had seizures around the time of their visits.

Sample

Epilepsy Awareness

Knowing what triggers seizures for an individual client helps you to develop ways of reducing their likelihood in the future. In the example given client A finds family visits stressful, we would need to discuss the situation with her and her family to identify what it is that causes the stress. If several people come at once and she finds it hard to deal with the noise and 'fuss' then maybe the family could be encouraged to visit in ones and twos to sit and have a conversation with her. If it's the anticipation of the visit that gets client A agitated perhaps in future family and friends could just turn up at a time that she is likely to be in the mood for company.

Look at what you have written in the box above, how could you help the clients to avoid situations that trigger seizures? Remember that each client has the right to make decisions and take actions for themselves, even if those actions may carry a risk. You can't force people to do what is best, you can only educate and encourage. A client, for example, chooses to drink alcohol to excess you can make them aware of the possible dangers and encourage them to drink less but you cannot use this reason alone to stop them drinking at all.

If you believe that a client lacks capacity to make decisions or take actions for themselves you must assess them under the terms of the Mental Capacity Act. For further information on this you can refer to the Redcrier's manual: Mental Capacity Act 2005 - DoLS Awareness

Epilepsy Awareness

Unit One Questions

1. What is epilepsy?
2. Give two possible causes of epilepsy.
 - 1.
 - 2.
3. Why is it important to be aware of potential triggers for epilepsy?
4. What is a seizure?
5. Why do doctors generally not prescribe medication after a first seizure?