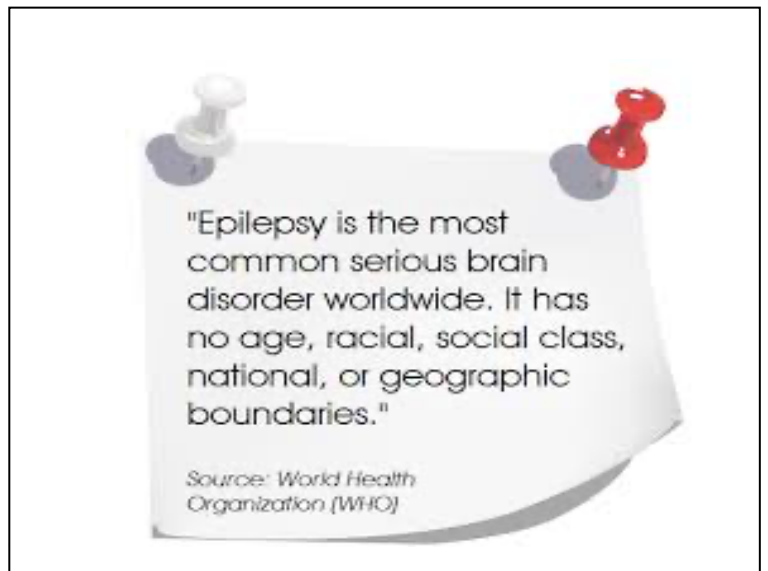


# SEND Bulletin NO. 11



## Epilepsy

Epilepsy is neither an illness nor a disease, but rather a tendency of the brain to be triggered to cause a spasm, a seizure or a fit, when neurones temporarily malfunction. People with epilepsy have recurrent seizures or fits, the great majority of which can be controlled by medication. Seizures may be partial (where the sufferer doesn't lose consciousness) or generalised (where they do lose consciousness). The seizures can vary from major attacks which involve the whole brain to very minor, momentary 'absences'.

Generalised seizures may take the form of major convulsions (grand mal), with jerking of the limbs, either stiffness or floppiness and unconsciousness. Breathing will probably be noisy and irregular and there may be involuntary incontinence.

Partial seizures are caused by a local disturbance in the brain. The type of seizure experienced will depend on which area of the brain is involved. The seizures can vary from very mild and momentary absences (petit mal) which give the impression of daydreaming, with perhaps a slight twitching of an arm or leg and odd sensations or tastes, to general confusion in which the subject appears dazed and detached from his surroundings. Those suffering partial epileptic seizures rarely lose consciousness, but will probably not be aware of the moments when the seizure was happening.

Photosensitive epilepsy is quite rare and usually occurs as a result of being in a room where there is strobe lighting, which can trigger a seizure in this type of epilepsy.

Epilepsy usually starts in infancy or in adolescence. If it starts at another time, it may be as a result of a head injury, infection, stroke or tumour. It can be lifelong or experienced over a relatively short period of time (anything from two or three years upwards).

## Key characteristics

Children with epilepsy may:

- be more inclined to have a seizure through illness, lack of sleep, flickering lights, stress, certain food allergies
- suffer from lapsed concentration and attention
- have problems if the frequency of fits and recovery time causes breaks from learning
- demonstrate anxiety if an attack feels imminent
- feel embarrassed and self-conscious
- need emotional support to deal with the condition and any teasing
- be nervous about swimming lessons

- be lethargic or aggressive or suffer mood changes, any of which may be a clue that medication needs adjusting.

## Support strategies

You may need to:

- ensure close supervision when children are climbing, swimming or undertaking any other potentially hazardous activity
- check with parents about factors that are known to trigger seizures
- alert staff to any child who may have absences (petit mal)
- ensure that all staff know what to do if a seizure takes place.

During a seizure, you should not:

- move a child, unless they are in a dangerous place
- restrain them or put anything in their mouth
- give them anything to drink.

During a seizure, you should:

- respond calmly
- calm other pupils and adults and ensure they don't crowd around
- put something soft under the child's head and maintain their airway
- call an ambulance if the seizure lasts longer than usual, or if you are in any doubt
- when the convulsion has stopped, put the pupil on one side in the recovery position.

## Support agencies

- Epilepsy Action: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)
- Epilepsy Scotland: [www.epilepsyscotland.org.uk](http://www.epilepsyscotland.org.uk)
- NHS: [www.nhs.uk/conditions/epilepsy](http://www.nhs.uk/conditions/epilepsy)
- World Health Organisation: [www.who.int/news-room/fact-sheets/detail/epilepsy](http://www.who.int/news-room/fact-sheets/detail/epilepsy)

If you have any interesting information or resources which you would like to share with your colleagues via this fortnightly bulletin, please e-mail them to me:

[ari@st-peters.bournemouth.sch.uk](mailto:ari@st-peters.bournemouth.sch.uk)

Many thanks

Anne