SEIZURE FIRST AID

HOW TO HELP SOMEONE EXPERIENCING A SEIZURE

• Note the time that the seizure begins.
• Roll the person on their side to keep their airway clear and to prevent choking. Cough the person’s head.
• Loosen any tight neckwear, such as a tie or scarf.
• Protect the person by clearing the space around them, to prevent a swing coming into contact with objects.
• If the person is a relative or close friend and you feel they are protected, consider capturing a video of the seizure to share with their neurologist, maintaining utmost privacy.
• Always the response plan for family and friends. This may include rescue medications for seizures that last longer than a specified duration.
• Stay calm and do not panic.
• Stay with the person until they are fully awake and reoriented.
• Do NOT restrain the person or attempt to rouse the person by shouting or shaking them.
• Do NOT administer food or drink until the person is completely conscious.

CALL FOR MEDICAL HELP IF:
• A seizure lasts for more than five minutes.
• The person does not resume breathing after the seizure (regardless of how long the seizure lasted).
• The person has the same seizure after another.
• The person is injured, pregnant or diabetic.

STEPS TO AVOID:
• DO NOT attempt to force open the mouth of the person seizing, or try to put anything into the mouth.
• DO NOT give oral medications during the seizure, unless instructed by a doctor.

QUESTIONS TO ASK AT A DOCTOR’S VISIT
• What is the exact diagnosis?
• What is the treatment options and what are some alternative approaches?
• What side effects can be expected with treatment, and how can they be managed?
• What kinds of tests do we need and would more frequent testing help?
• Should we see an epileptologist?
• Ask about seizures that occur during sleep.
• What is the exact diagnosis?
• Should we see an epileptologist?
• Ask the provider to discuss the risks presented by epilepsy, including SUDEP.
• Seek another provider referral if you want a second opinion.

WHICH HEALTHCARE PROFESSIONALS TREAT EPILEPSY?
General practitioners, pediatricians, pediatric neurologists and adult neurologists are among the medical professionals that treat epilepsy. An epileptologist is a neurologist who specializes in the treatment of epilepsy. Whether you’re going in for your first appointment or you have already been to several, it is beneficial to prepare in advance to help make the best use of the visit.

EPILEPSY: KNOWING YOUR RISKS

Epilepsy is a complicated neurological disease that encompasses a range of disorders that vary in type and severity, sometimes referred to as “the epilepsies.” Almost every situation is unique, and you will likely have more questions beyond the scope of this brochure. For that reason, we encourage you to communicate openly and regularly with your healthcare provider. It is easy to feel overwhelmed and underprepared while navigating your epilepsy journey, but you are not alone. Every year, 200,000 new people in the United States are diagnosed with epilepsy. The Danny Did Foundation provides this informational piece as a head start toward empowering yourself and maximizing your family’s safety. We are committed to raising awareness and preventing injuries and deaths caused by epilepsy, and we welcome you to join our effort. The most important thing is not to give up.

A DIAGNOSIS OF EPILEPSY - A Basic Overview

You may have heard epilepsy called different things. Because the word “epilepsy” can be a scary thing to hear, doctors may refer to it as a “seizure disorder” or—quite often—just “seizures”.

If a person has two or more unprovoked seizures, they are typically diagnosed with epilepsy. And yes, it can be overwhelming. But armed with the right information and support, you can make choices that maximize your safety and quality of life, and leave you feeling educated and empowered.

A diagnosis of epilepsy is a life-changing experience, both for the person receiving the diagnosis and for their loved ones. It is normal to wonder, what does this mean, and how will our lives be impacted?

The reality is that most people living with epilepsy do go about their daily routines just like those who are not affected by epilepsy. They are able to go to school, play sports, work, and participate in activities that make life enjoyable. However, they also live with uncertainty, knowing that at any moment, they could have a seizure. The quality of life for some living with epilepsy may be affected by the frequency and severity of their seizures, and potentially by the side affects of their medications.

WHAT IS EPILEPSY?
Epilepsy is a neurological disorder characterized by recurring seizures that result in sudden, brief changes in the way the brain works. Seizures are a symptom of epilepsy and not a medical illness, and it is not contagious. But it is far more common than you might think.

Nearly 3.5 million people in the United States have epilepsy, an equal amount to the number of people with cerebral palsy, multiple sclerosis, and Parkinson’s disease combined. According to the American Academy of Neurology, 1 in 26 people will develop epilepsy during their lives. Chances are, we all know someone with epilepsy.

MAXIMIZING SAFETY
Within epilepsy, there is a wide range of syndromes and disorders that affect people in a variety of ways. For about one-third of people with epilepsy, their seizures are not eliminated by standard treatment with medication. Epilepsy is characterized by seizures that can differ in type, cause, frequency and severity. In most cases seizures are unpredictable, but for some, they occur in regular patterns or certain settings. Taking safety precautions is important for all people with epilepsy. Whether around the house, at school, at work, out with friends, or especially while sleeping, planning ahead can make a difference.

In this publication, we offer information that can help to keep you or your loved one as safe as possible while coping with seizures.
LEARN ABOUT SUDEP: SUDDEN UNEXPECTED DEATH IN EPILEPSY

An important component of safety in epilepsy is the knowledge that seizures can sometimes be fatal. More people die as a result of seizures than from sudden infant death syndrome (SIDS) and house fires combined. One mortality risk for people with epilepsy is called Sudden Unexpected Death in Epilepsy, or SUDEP. It is one of the least talked about risks, but because of its tragic consequences, it is an aspect of epilepsy that people have many questions about. This next section represents some of the most common asked questions when it comes to SUDEP.

Q: Is there a heightened risk of mortality for people with epilepsy? A: Most people with epilepsy live a full life span. However, there are potential factors associated with living with epilepsy and seizures that may increase the risk of early death:
- Accidents such as drowning, burning, choking, or falling can occur during a seizure, and may result in injuries that are serious or life-threatening.
- Very long seizures, or seizures that happen quickly and one after another (called status epilepticus), can be life-threatening. Ask your doctor about the scenario under which status epilepticus could occur.
- People with epilepsy are more prone to experience depression and anxiety. In extreme cases, this can increase the risk for suicide.
- Some people with epilepsy may die suddenly and without explanation. This is SUDEP.

Q: What is SUDEP? A: A death is referred to as SUDEP when a previously healthy person with epilepsy dies unexpectedly and no clear reason for the death can be determined. In order to be certain, an autopsy is required to rule out other causes of death. The most common criteria used to determine whether a death is due to SUDEP are:
- The person has epilepsy, which is defined as recurring unprovoked seizures.
- A person with epilepsy died unexpectedly, who was otherwise healthy.
- The death occurred suddenly and during normal activity (often during sleep).
- No obvious medical cause of death could be determined at autopsy.
- The death was not the direct result of status epilepticus (or prolonged seizures).

Q: How often does SUDEP occur? A: The incidence of SUDEP offers depending upon the population studied. One challenge in pinpointing the numbers behind SUDEP is that information from county and state mortality registries is sometimes incomplete. Some physicians and death investigators are unfamiliar with SUDEP, and do not list SUDEP on a death certificate. To become educated on the risk level for yourself or your loved one, speak with your provider.

Q: What causes SUDEP? A: At this time, the precise cause or causes of SUDEP are not known, but are the focus of much research. According to the Centers for Disease Control and Prevention (CDC), research into the cause of SUDEP focuses on breathing changes, heart rhythms, brain function, as well as the possibility of mixed causes. It is believed that most SUDEP happen during or right after a seizure, but exactly how SUDEP causes death is still being studied.

Q: What are the risk factors for SUDEP? A: While SUDEP is a rare event, anyone with epilepsy, some people are at higher risk than others. It is important to discuss your individual risk level with your provider. Risk factors that are most consistently associated with SUDEP are:
- Convulsive seizures (generalized tonic-clonic – or GTCS seizures) that are not controlled by treatment.
- GTCS that happen during sleep.
- Not taking anticonvulsant medicine as prescribed.
- Stopping the use of anticonvulsant medications.
- Onset of epilepsy at a young age.

Q: How can I do to reduce the risk of SUDEP? A: According to the CDC, these are measures that people with epilepsy and their families can take to minimize their risk:
- Seek maximum seizure control via strict treatment adherence, and avoid seizure triggers.
- Lead a healthy lifestyle, with regular physical activity and modifications that reduce stress and seizure activity.
- Visit with your doctor regularly, especially if convulsive seizures are not completely controlled.
- Ensure that family members and caregivers have knowledge of seizure first aid and of emergency resuscitation measures, including CPR and defibrillator use.

Q: How do I talk with my healthcare provider about SUDEP? A: If your provider has not spoken with you about the health risks associated with epilepsy, including SUDEP, schedule an appointment to meet with them. We suggest some questions to ask on the back page, designed with the purpose to enhance communication and to minimize the epilepsy-related risks for your loved one. Mortality in epilepsy is a difficult topic, but no one can or will advocate for your loved one better than you.

Q: What should I know about seizure detection devices and seizure-safety devices? A: A variety of options exist, from implanted technologies to worn devices and systems, that can be helpful in alerting your loved ones to certain types of seizures and enabling early intervention. Some are listed at our website: Dannynoed.org, along with factors to consider when selecting a device. Danny Did does not endorse any one device over others. We simply encourage you to investigate which option could be the fit for you and your loved one. To date, no seizure detection/monitoring devices have been proven to predict or prevent SUDEP. If you find a system that seems like a fit for you, but financial constraints are a barrier to access, you can visit Dannynoid.org to find our grant funding application.

More research is needed to answer the questions that remain about SUDEP. The topics listed above address some of the basic and frequently asked questions. For information related to your individual situation, consult with your healthcare team and talk about the topics that should be re-visited and discussed with your healthcare team on an ongoing basis. Information from a medical professional that knows your specific case background is the best source.

References: