

# Epilepsy



This fact sheet provides information on epilepsy. Our fact sheets are designed as general introductions to each subject and are intended to be concise. Sources of further support and more detailed information are listed in the Useful Contacts section.

Each person with epilepsy is affected differently and you should speak with your GP or specialist for individual advice.

## What is epilepsy?

People diagnosed with epilepsy have abnormal electrical activity in their brains which can cause seizures.

Seizures used to be called “fits” but this is now generally considered to be an inappropriate and outdated way to describe them.

## What causes epilepsy?

For some people, there is no obvious cause. Their epilepsy is not caused by a specific medical condition. It might be that there is a genetic factor. This type of epilepsy is known as primary, or idiopathic, epilepsy.

For others, epilepsy can be the symptom of a medical condition. Various conditions can cause epilepsy:

- head injuries
- infections like meningitis
- brain tumours
- subarachnoid haemorrhages
- strokes
- birth injuries,
- or
- problems with the brain developing during childhood.

This type of epilepsy is known as secondary, or symptomatic, epilepsy.

## Are there different types of seizure?

Yes. There are many different types of seizure and each person’s experience will differ. Seizures range from momentary absences to longer seizures during which people experience convulsions and lose consciousness. The type, length and severity of the seizure depend on the extent of the abnormal electrical activity and the particular part of the brain affected.

Some people might experience a warning sign, or aura, before a more serious seizure. This can be difficult to describe but often involves sensory changes like strange tastes or smells, déjà vu (a feeling of having already experienced the present situation), visual disturbances, or a tingling or numbness in an arm or leg.

People do not necessarily go on to have a more serious seizure involving the loss of consciousness. It might be that the extent of their experience is the unusual feeling of an aura.

It is also possible to have a seizure without having epilepsy. Febrile seizures, which tend to be experienced by young children and are caused by high temperatures, are an example of non-epileptic seizures.

### Can certain situations trigger seizures?

Yes. Each person is different but many people find that seizures are more likely when they are tired, under stress, dehydrated (have not drunk enough fluids), or have drunk alcohol. Strobe lighting (light that flashes or flickers) can trigger seizures in people who have photosensitive epilepsy.

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### What is the treatment for epilepsy?

The most common treatment for epilepsy is medication – anti-epilepsy drugs (AEDs). There are many different types of AEDs. The AED you are prescribed will depend on your individual situation: the likely cause of your epilepsy, the type of seizure you experience, or any other medical conditions you have.

The majority of people with epilepsy (around 70%) find that their seizures are successfully controlled by AEDs.

For some people, surgery might be helpful. However, this is only an option for a small number of people with epilepsy that cannot be controlled with AEDs. You can discuss with your neurologist your suitability for epilepsy surgery.

### First aid for tonic clonic seizures

A tonic clonic seizure typically involves a person collapsing with convulsions (shaking or jerking movements) and losing consciousness.

If you are with someone who has a tonic clonic seizure:

- Protect them from injury - remove any dangerous or potentially harmful objects, cushion their head (place something soft like a rolled-up jumper underneath, or cradle in your hands)
- DO NOT restrain them or attempt to move them (unless they are in immediate danger)
- DO NOT put anything in their mouth
- Reassure them - stay calm, and stay with them until they regain consciousness
- When the convulsions have stopped, put them into the recovery position (or, turn their head to one side) to clear and protect their airway

Usually, it will not be necessary to call for an ambulance. However, you should call 999 if:

- The seizure has not stopped after five minutes
- They have more than one seizure without recovering in between
- You know that it is their first seizure
- They are injured, have breathing problems, or need emergency medical attention for any other reason

## Useful contacts

### **Brain and Spine Helpline**

0808 808 1000

[www.brainandspine.org.uk](http://www.brainandspine.org.uk)

Run by neuroscience nurses, providing support and information on all aspects of neurological conditions for patients, their families and carers, and health professionals.

### **Epilepsy Action**

New Anstey House

Gate Way Drive

Yeadon

Leeds LS19 7XY

0808 800 5050

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

Support and information on epilepsy.

### **Epilepsy Society**

Chesham Lane

Chalfont St Peter

Buckinghamshire SL9 0RJ

01494 601400 (helpline)

[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

Support and information on epilepsy.

### **Epilepsy Scotland**

0808 800 2200

[www.epilepsyscotland.org.uk](http://www.epilepsyscotland.org.uk)

Support and information on epilepsy.

### **NHS Choices**

[www.nhs.uk](http://www.nhs.uk)

### **NHS Direct**

0845 46 47

Medical advice and information on health services.

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The Brain and Spine Foundation provides support and information on all aspects of neurological conditions. Our publications are designed as guides for people affected by brain and spine conditions - patients, their families and carers. We aim to reduce uncertainty and anxiety by providing clear, concise, accurate and helpful information, and by answering the common questions that people ask. Any medical information is evidence-based and accounts for current best practice guidelines and standards of care.

Brain and Spine Foundation  
LG01 Lincoln House, Kennington Park, 1-3 Brixton Road.  
London, SW9 6DE

Helpline: 0808 808 1000

[www.brainandspine.org.uk](http://www.brainandspine.org.uk)

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