



H.O.P.E.

MENTORING PROGRAM™

Helping Other People with Epilepsy



Seizures in Later Life



EPILEPSY
FOUNDATION®

Not another moment lost to seizures™

About the Epilepsy Foundation

The Foundation's mission is to ensure that people with epilepsy have access to all life experiences and to prevent, control and cure epilepsy through research, education, advocacy and services.

The Foundation offers information and assistance to people of all ages who are living with epilepsy, and their families, through its Epilepsy Resource Center.

The Epilepsy Foundation's H.O.P.E. (Helping Other People with Epilepsy) Mentoring Program offers mentoring and presentations on epilepsy to individuals, families and in community living settings.

To find out more about the H.O.P.E. Mentoring Program or the name of a participating Epilepsy Foundation near you, call 877-467-3496, or visit www.epilepsyfoundation.org

© 2003,2009 Epilepsy Foundation of America, Inc.

This pamphlet provides general information about epilepsy to the public. It is not medical advice. People with epilepsy should not make changes in treatment or activities based on this information without first consulting a physician.



Mrs. Smith had just celebrated her 65th birthday when her son noticed something was not right. She would stop her crochet work for a few seconds and stare blankly ahead. Mrs. Smith did not respond when he called her. Then, suddenly, she was aware of her surroundings again. Mrs. Smith said, "I don't know what happened just now. What was I doing?"

Seizures in Later Life

When people in their sixties, seventies or eighties experience unusual feelings—lost time, suspended awareness, confusion—it's easy to assume that it's just part of getting older.

But there may be another explanation.

Those unusual feelings may be caused by brief seizures, and the people experiencing them may have joined over 500,000 American seniors with epilepsy.

People tend to think of epilepsy (also called a seizure disorder) as a condition that happens most often in childhood. But studies show that risks of developing epilepsy increase after the age of 60.

Older people face special challenges in living with and adjusting to epilepsy and seizures. This pamphlet will explore some of those issues and, we hope, offer information that will be helpful to seniors living with seizures and those who care about them.

About Epilepsy

Epilepsy is a disorder of the brain, a kind of occasional glitch in the amazing electrical system which controls everything we feel and do.

Epilepsy is the name given to seizures that occur more than once because of an underlying condition in the brain.

These brief malfunctions (called seizures) may for a short time block a person's awareness of time and place. Or they may cause uncontrollable shaking, convulsions, confusion, odd sensations or sudden changes of mood.

Anyone at any age can have a seizure if the brain is stressed sufficiently by injury or disease. A single seizure isn't epilepsy, although the symptoms are the same.

Common Symptoms

SIMPLE PARTIAL SEIZURES

- *Changes in vision and hearing*
- *Odd feelings*
- *Staring*
- *Déjà vu (sense of things having happened before)*
- *Jamais vu (familiar things suddenly seem unfamiliar)*
- *Trembling that moves up one side of the body*

COMPLEX PARTIAL

- *Lip smacking*
- *Swallowing*
- *Picking at clothes*
- *Disrobing*
- *Wandering*
- *Lost time*
- *Lack of response to others*

Types of Seizures

The kind of seizure a person has depends on where the electrical disturbance takes place and how much of the brain is affected. It is possible to have just one type of seizure, or more than one type.

PARTIAL SEIZURES

In partial seizures, the electrical disturbance is limited to a specific area of one side of the brain.

Partial seizures are the most common type of seizure experienced by people with epilepsy. Almost any movement, sensation, or emotion can happen as part of a partial seizure. Partial seizures can be simple (during which a person remains awake and aware) or complex (during which awareness is clouded).

Simple partial seizures may affect speech, movement, and sensations. People may see, hear, feel things that are not really there, or experience shaking or sudden anger or fear.

Sometimes a first seizure is a symptom of an unrelated health problem that may need immediate attention. A senior or his family member should let the doctor know about a first seizure to rule out other conditions as a possible cause.

SEIZURES

- *Senseless, clumsy movements*
- *Repeated phrases*
- *Unaware of danger or pain*
- *Loss of awareness*

GENERALIZED SEIZURES

- *Convulsions*
- *Sudden falls*
- *Brief blackouts, staring*
- *Sudden muscle jerks*

Complex partial seizures often occur in areas of the brain involving consciousness or memory. People having this kind of seizure can't interact normally with things or other people around them during the seizure.

They appear unaware of their surroundings and may injure themselves as a result. They usually will not remember what happened during the episode.

GENERALIZED SEIZURES

Generalized seizures happen when waves of electrical activity swamp the whole brain at once.

Generalized tonic-clonic (grand mal) seizures

Often start with a cry, caused by air being forced out of the lungs. The person slumps in place or falls to the ground, unconscious. The body stiffens briefly and then begins to jerk.

The tongue may be bitten. A frothy saliva may appear around the mouth. Breathing may be very shallow and even stop for a few moments.

Sometimes the skin turns a bluish color because breathing may be briefly interrupted and the blood doesn't get as much oxygen as usual.

After a minute or two, the jerking movements slow down and the seizure ends naturally. Bladder or bowel control may be lost as the body relaxes after the seizure. Consciousness will then slowly return.

Sometimes people have a warning before a seizure, or a special feeling that tells them a seizure is going to happen. Sometimes the warning gives people enough time to get to a safe place before they lose consciousness. The warning feeling is called an aura.



"The first time I saw my grandfather have a convulsion I was at the senior center. When he fell to the floor, I was scared. Luckily an aide from the center knew what to do to help him. Everything was over in a matter of minutes, but my grandfather needed a long rest period afterward."

Seizure First Aid

Seeing a seizure for the first time can be frightening. People wonder what to do and how to help.

FIRST AID FOR CONVULSIONS (GRAND MAL, GENERALIZED TONIC-CLONIC SEIZURES)

- Ease the person having the seizure down to the floor or onto a flat surface.
- Put something soft and flat under the head.
- Turn him gently onto one side to prevent choking and keep the airway clear.
- If the person having the seizure is seated, turn his head gently to one side so any fluids can drain away from the mouth.

Seizure first aid involves a few common-sense steps to protect an older person from harm.

What you should not do is just as important as what you should do.

- **Don't** try to force anything into the mouth. Seizures do not cause people to swallow their tongue.
- **Don't** try to give fluids until the seizure is completely over and the person is fully alert again.

- **Don't** try to restrain the jerking movements. Muscles contract with force during seizures. Holding someone down during a seizure could cause tears in the muscle or even break a bone, especially in elderly people whose bones may be fragile.

FIRST AID FOR CONFUSION DURING OR AFTER OTHER TYPES OF SEIZURES

- Remove anything from the area that might cause injury to someone who is temporarily unaware of where she is or what she is doing.
- **Don't** try to restrain someone who is wandering and confused during a complex partial seizure. If danger threatens, block the person's access to it or gently guide her away.
- Be reassuring, comforting and calm as awareness returns.
- Most seizures last only a couple of minutes and end safely without medical attention.



Harry Spargo was 70 years old. His arteries had become narrowed, depriving parts of his brain of blood and oxygen. The resulting damage produced seizures. He found it hard to believe he would develop epilepsy at this time of his life.

Signs to Watch For

Sometimes, more serious problems develop. Here are a few ways to spot them:

- ***Time the Seizure.*** If a convulsion lasts longer than five minutes, or one seizure follows right after another, call an ambulance. Non-stop seizures, called status epilepticus, are dangerous for elderly people and prompt medical care is needed.
- ***Check for Injuries.*** Seniors who have seizures may break bones, so special care should be taken to find out if there is any unusual pain after a seizure. Headaches are quite common, but a severe headache after a seizure in someone who doesn't usually have them should be checked out.
- ***Track Awareness.*** If the person doesn't wake up after the seizure ends, call for help. While people are often confused following a seizure, confusion lasting more than one hour after a seizure may signal that the seizure is not over.

STATUS EPILEPTICUS

Status epilepticus means a state of non-stop seizure or a series of seizures. Elderly people are more susceptible than younger people to having seizures that are hard to stop.

The episodes may be part of an existing seizure disorder or be caused by some other serious illness that affects the brain. Elderly people also experience the highest rate of deaths due to status episodes.

Most seizures, even in seniors with other health problems, end naturally without any special treatment.

If you are caring for an elderly person with epilepsy who has prolonged seizures or clusters of seizures, ask her to check with the doctor about how these might

be treated and stopped at home, or ask the doctor yourself.

New ways of giving medicine during a seizure may bring the seizures to an end and prevent episodes of non-stop seizures.

CAUSES OF EPILEPSY

When an elderly person has lived a long life without a diagnosis of epilepsy and then develops the disorder, the first question is often, “Why did this happen to me?”

Although in many cases, the answer is, “We don’t know,” seizures in older people may be caused by:

- Stroke
- Heart attack
- Circulatory problems
- Diseases affecting the brain
- Brain tumor
- Scarring from brain surgery

Treating Epilepsy

Epilepsy is usually treated with medication to prevent seizures.

The medicine, in the form of one or more anti-epileptic drugs, has to be taken every day, on time. Missing doses will make it more likely that seizures will occur. People should be especially careful not to stop the medication suddenly. Stopping medication can cause rebound seizures that could be life threatening.

Several drugs are used to treat epilepsy. Not all people respond to them in the same way. Some are more sensitive to side effects than others. Sometimes seizures continue even though the medication is being taken regularly.

In many ways, treatment of elderly people with epilepsy is similar to the way it is treated in younger people.

However, there are some special issues when an older person has a seizure disorder.

Medication, whether taken alone or in combination with other drugs, is usually processed in the body more slowly by the elderly than by younger people.

A dose that a younger person can take without problems may produce toxic effects in an older person. Levels of the drug in an older person's blood may build up over time.

As a result, the elderly person may become confused, irritable, and continually drowsy, all

of which are conditions that can be easily mistaken for age-related problems.

When doctors are choosing a medicine for an older person, they look at its effectiveness and safety, which is particularly important in the elderly. If a person does not walk well, for example, the doctor may not want to choose a medicine that makes him unsteady.

Seniors may be taking many medications for other health problems besides epilepsy, and these may affect how well the epilepsy meds control their seizures.

On the other hand, the epilepsy meds may affect the other medications that an older person is taking.

It's helpful if seniors tell their health care team, including their pharmacist, about all the medicines they are taking, including herbal products, nutritional supplements and vitamins.

Memory in elderly people may be impaired. Remembering when and how much medication to take, especially when other medicines are being taken for other health conditions, can be a difficult task for an older person.

Taking too much or too little of an anti-epileptic medicine can increase the risk of side effects or seizures.

Keeping a medication calendar, or using segmented pill boxes marked by the day of the week, or using a device that will alert people when it's time to take medicine can help seniors avoid missing doses or taking them twice.

Living with Epilepsy

Although there are always exceptions, senior citizens with epilepsy who are otherwise in good health and whose mental abilities are unaffected can usually continue to live independently.

Making certain changes in the home can reduce the risks associated with living alone.

- Living in a house or apartment that does not have stairs reduces the risk of injury from falls.
- Carpeted floors provide a softer surface if falls should occur.
- Padded furniture and protective padding around the corners of tables help prevent injury.
- Using a microwave for cooking reduces the risk of burns and scalds during a seizure.

Bone health is important in seniors. Older people on certain anti-epileptic medicines are at a greater risk of osteoporosis and fractures.

Technology is available to help older people keep in touch with family members.

If seizures are fairly frequent, cell phones, beepers or wearable alarm devices give seniors a way to call for help from any part of the house.

Some seniors living alone prefer to work out a simple code, like a flower pot in the window, or a shade that is lowered and raised according to a

schedule, to reassure friends and neighbors that all is well or to alert them if there are problems.

DRIVING

People who are having active seizures with loss of consciousness should not drive, no matter what their age.

However, seniors with epilepsy whose seizures are fully controlled with medication (and who meet other licensing requirements) can qualify to drive in all parts of the United States.

In most states, they will have to show that they have met their state's seizure-free requirements (usually between three months and one year, depending on the state). They will also have to provide whatever statements from their doctors the Department of Motor Vehicles requires.

If driving is not an option, then using public transportation, signing up with local services for the elderly or disabled, or even moving to an apartment complex or community that has its own transportation may be among the alternatives.

In about 50 percent of cases of epilepsy in seniors the cause is not known.

As society becomes more understanding about epilepsy, seniors are finding that the condition is no longer a reason for shame or family embarrassment.



Sixty-year-old Martha Laney grew to accept the fact that she had epilepsy. She only wished her children and grandchildren were not so protective. They discouraged her from leaving her house and found excuses to check on her all the time. She just wanted everyone to take a deep breath and relax about it.

Epilepsy Today

There was a time when people with epilepsy were shunned by society. In contrast, epilepsy is now a well-understood neurological disorder, no more mysterious than other physical illnesses.

Today, we know that epilepsy is not contagious, not a mental illness, not a symptom of intellectual decline, and certainly not a reason for shame or family embarrassment.

Today, we know epilepsy can in many cases be treated successfully, enabling senior citizens to continue to live independently. Others may prefer an assisted living or similar environment where there are ready sources of help if seizures occur.

The H.O.P.E. Mentoring Program is supported
by an educational grant from



800-332-1000
www.epilepsyfoundation.org



451SLL
Rev. 3/09