

# Epilepsy in School Aged Children

## What is Epilepsy?

Epilepsy is a condition that affects the brain and causes repeated seizures. Epilepsy usually begins during childhood, although it can start at any age.

Epilepsy is considered a highly varied condition; there are many different types of epilepsy and epileptic seizures. The cells in the brain, known as neurons, communicate with each other using electrical impulses. During a seizure, the electrical impulses are disrupted, which can cause the brain and body to behave irregularly.

Some children and young people find that their epilepsy has little impact on their education and school life; while others are severely affected by the condition throughout their lives.

## Diagnosing Epilepsy

The most important information needed by a GP or neurologist in diagnosing epilepsy is a description of the seizure(s); this is how most cases of epilepsy are diagnosed.

In the school setting, it is vital that you find out as much as you can about each pupil's seizures and what happens to the child immediately before, during and after the seizure. This will help in providing the child with the help and support he/she needs.

Clinicians may use other forms of investigation to diagnose and help control a child's epilepsy, including EEG and neuroimaging (CT scan and MRI brain); some blood tests may also be required.

## How is Epilepsy Treated?

While medication cannot cure epilepsy, it is often used to control seizures. These medicines are known as anti-epileptic drugs (AEDs). In around 70% of cases, seizures are successfully controlled by AEDs.

## How do we act during the attack?



It can take some time to find the right type and correct dose of AED before seizures can be controlled. In some cases, surgery may be used to remove the area of the brain affected or to install an electrical device that can help control seizures.

Other options for controlling epilepsy include vagal nerve stimulation and a special diet known as a ketogenic diet; this high-fat, low-carbohydrate diet has been shown to help control seizures in some individuals with epilepsy.

## What to do During a Seizure?

You don't need to be scared; you just need to remain calm and focused.

### DO

- Remain calm.
- Stay with him/her.
- Time the seizure.

- Protect him/her from injury, especially their head.
- Roll him/her into the recovery position after the jerking stops OR immediately if there is food/fluid/vomit in their mouth.
- Maintain privacy and dignity.
- Observe and monitor breathing.
- Gently reassure him/her until they have recovered.

### DO NOT

- Put anything in their mouth.
- Restrain him/her.
- Move him/her, unless they are in danger.
- Apply CPR.
- Seizure Triggers
- Missing AED doses
- Missing meals
- Inadequate sleep
- Feeling tired
- Menstruation
- Stress
- 3% of people with epilepsy have photosensitivity

### Factors affecting Pupils with Epilepsy

There are many factors that can determine how epilepsy will impact on a child or young person's education and school life. These include the effects of seizure and also psychological and social aspects of the condition. Specific factors affecting a pupil with epilepsy can include:

- Type of epileptic seizure/the effects of seizures
- What happens after a seizure(s)
- What triggers a seizure(s)
- Seizure frequency
- Age of onset
- Related condition(s)
- Treatment
- Cognitive and behavioral difficulties
- Attitude of others
- Psychosocial impact
- Absences from school

### Pupils with Epilepsy Should:

- Feel safe at school.
- Receive ongoing support and care to manage both their physical and mental health.
- Be given the appropriate first aid or emergency medicine, should they have a seizure at school.
- Have the support they need to do as well as they possibly can with their studies.
- Enjoy the same opportunities at school as any other pupil, including PE and school trips.

### Schools should Never:

- Assume that every pupil with epilepsy requires the same care and treatment.
- Ignore the views of the pupil, their parents/caregivers, or healthcare professionals.
- Send pupils with epilepsy home frequently; pupils may not need to go home after a seizure.
- Send pupils to recover from a seizure without supervision.

- Penalize children with epilepsy for their attendance records if their absences are related to seizures or medical appointments.
- Require parents to attend school to administer medication or provide medical support.
- Prevent pupils with epilepsy participating in any aspect of school life.

### General Principles

Schools must look at the individual needs of each pupil with a medical condition. This is particularly important for epilepsy, as it is a highly varied condition. Two pupils with epilepsy may have completely different needs.

In addition, schools should recognize that there are social and emotional aspects of living with a long-term medical condition. For example, pupils may be at risk of bullying, may have a high level of absence from school, or feel self-conscious about their condition.

### Special Educational Needs

- Special education support should include:
- Assessment of the pupil and identification of their needs.
- Planning the support and intervention, in consultation with parents/caregivers.
- Putting into place the planned support and intervention.
- Review of the effectiveness of the support and interventions.

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**Patient and Family Education**

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