



epilepsy

SOUTH AFRICA

FACTS ABOUT EPILEPSY

Epilepsy statistics

Epilepsy affects 1 in every 100 people in South Africa, i.e. approximately half a million South Africans based on a total estimated population of 52 million. If every person with epilepsy has 4 immediate family members, at least another 2 million South Africans are affected by the condition.

There are approximately 50 million people with epilepsy worldwide.

Since 2004 SUDEP (Sudden Unexpected Death in Epilepsy) has increased by more than 100% in South Africa.

The overall risk of a child having unprovoked seizures is between 1 and 2% of the general population. However, this increases to approximately 6% if a parent has epilepsy.

75% of people with epilepsy will experience their first seizure before the age of 20.

Up to 80% of people with epilepsy will be able to control their seizures with medication.

1 in 20 people will have a seizure at some time in their lives. However, this does not mean that they have epilepsy (which requires a specific diagnosis). Slightly more men than women have epilepsy.

Causes of epilepsy

In approximately 66% of cases the underlying cause of epilepsy is unknown. This is called idiopathic epilepsy.

In the remaining cases the underlying cause(s) can be identified. This is called symptomatic epilepsy.

The cause of symptomatic epilepsy can differ and include:

- Head injury which may occur at any age;
- Birth injury such as the lack of oxygen during the birth process;
- Alcohol and drug abuse;
- Degeneration (aging);
- Metabolic or biochemical disturbances or imbalance.

Epilepsy and seizures

Most seizures last from a few seconds to a few minutes. Most seizures are over quickly and are easily dealt with.

While seizures can happen at any time, some people only have seizures while asleep (nocturnal epilepsy). Some people's seizures follow a definite pattern; others have unpredictable seizures. Some people get a warning before a seizure (known as an aura). People with epilepsy do not always have

convulsions. There are different forms of epilepsy and different types of seizures.

Living with epilepsy

There are several misconceptions about epilepsy that inhibit the quality of life of a person with epilepsy:

- People with epilepsy cannot excel at things that require physical or intellectual work such as sport.
- People with epilepsy should be treated differently simply because of their condition.
- People have epilepsy because someone did something wrong (it is a punishment).
- People have epilepsy because they are bewitched.

Recreational activities are very important for socialising and happiness. With some adjustments people with epilepsy can enjoy activities that may be considered dangerous by many people. The truth is that the risks are often no greater for people with epilepsy than for others.

Living a healthier and happier life

Epilepsy has not stood in the way of achievement for people like Jonty Rhodes, Vusi Mahlasela, Agatha Christie or Prince.

For most people with epilepsy the biggest problem they have to face is the attitude of other people. What people with epilepsy need most is understanding and acceptance from the public.

Generalised absence seizures

(previously known as petit mal)

What it looks like?

The person looks blank and stares. There may be blinking or slight twitching. It lasts a few seconds before normal activity continues.

How you can help?

Reassure the person who may be unaware of the seizure. Note that a seizure occurred and what happened, including the duration.

Generalised tonic clonic

(previously known as grand mal)

What it looks like?

The seizure commonly starts with staring followed by a stiffening of the body and the person falling down with jerking movements. There may be a blue colour around the mouth, but as normal breathing resumes colour returns.

There may be blood-flecked saliva and incontinence. The seizure usually lasts a few minutes.

How you can help?

Protect the person from injury by moving objects away and cushioning his/her head (if possible). Do not restrict movement or put anything in the mouth. Help breathing by laying the person on their side once the seizure ends. Stay with the person until he/she has fully recovered.

Complex partial

(affecting a specific area of the brain)

What it looks like?

The seizure may start with a warning (aura). The person may appear confused, distracted or drunk.

There may be repetitive movements such as plucking at clothes.

How you can help?

Remove harmful objects and guide the person away from danger. Talk quietly to reassure him/her.

What is epilepsy?

Epilepsy is a neurological condition characterised by unusual electrical

activity in the brain causing unprovoked seizures.

A single seizure does not mean that you have epilepsy.

A diagnosis by a neurologist needs to confirm this.

It is not a psychological disorder, disease or illness and it is not contagious.

The brain comprises billions of nerve cells (neurons) communicating through electrical and chemical signals.

When there is a sudden excessive electrical discharge that disrupts the normal activity of the nerve cells, a seizure may result.

There are several types of epilepsy generally divided into two groups:

- Generalised seizures occur when the excessive electrical activity encompasses the entire brain during which the person may lose consciousness.
- Partial seizures occur when the excessive electrical activity is limited to one area in the brain causing either simple partial seizures or complex partial seizures.



First aid for seizures

Medical help is usually not necessary, but should be sought if:

Repetitive seizures occur without the person regaining consciousness in between.

The seizure shows no sign of stopping after a few minutes.

There is a physical injury during the seizure.

Stay with him/her until fully recovered.

How can you help?

Protect the person from injury.

Cushion the head.

Do not restrict movement or put anything in the mouth.

Help breathing by laying the person on his/her side.

Stay with him/her until fully recovered.



TOTAL

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