



Young Epilepsy

Secondary school teachers' guide

Better futures for
young lives with epilepsy
youngepilepsy.org.uk

Secondary school teachers' guide for Young Epilepsy teaching resources

Young Epilepsy is the national charity working exclusively on behalf of children and young people with epilepsy. With over 100 years experience, we are a leading provider of specialist health and education services. The charity offers support, information, training for health, social care and education professionals and campaigns to improve access to, and quality of, health and education services.

Part of our work involves raising awareness of childhood epilepsy and associated issues to school staff and pupils. To help schools teach pupils about epilepsy, we have produced a range of assembly and lesson resources. There are also several additional worksheets and activities, which can be used as alternative options to those in the lesson plans.

The purpose of this guide is to:

- give you some background about epilepsy
- explain what teaching resources are available
- provide suggested answers for activities.

Background about epilepsy

- Epilepsy is the most common neurological disorder in childhood.
- 112,000 children and young people aged 25 and under have epilepsy in the UK. 63,400 of these are aged 18 and under.
- Epilepsy can be inherited, or it can have a structural or metabolic cause.
- People with epilepsy experience seizures, which are a random burst of electrical activity in the brain.
- Seizures disrupt the way the brain works and can alter a child's level of consciousness, behaviour and/or feelings for a short period of time.
- There are more than 40 different types of seizures, differing in their duration and the effect they have on the individual.
- Most seizures occur suddenly, often without warning.
- Although children may have more than one type of seizure, they usually look the same each time.
- Epilepsy is not always a lifelong condition, 75% of children either grow out of their epilepsy, or have their seizures well controlled by antiepileptic medication. However, for some, epilepsy is a condition which may bring with it complex learning, emotional and behavioural difficulties.
- Antiepileptic drugs can lead to side effects such as drowsiness and lethargy.
- Up to half the children with epilepsy in the UK may be under achieving at school.
- There is a stigma which leaves many young people battling low self esteem, bullying and a lack of understanding from both peers and adults.
- Epilepsy is considered a disability and is covered by the Equality Act 2010. This Act makes it unlawful to discriminate against disabled people.
- Epilepsy need not be a barrier to taking part in most school activities and trips if it is well managed.

For more information about epilepsy and what we do, please visit our website:

youngepilepsy.org.uk.

KS3 Lesson and assemblies

Activity	Learning outcomes	Young Epilepsy resources (on our website)*
Secondary Epilepsy awareness assembly	<ol style="list-style-type: none"> 1. To be able to describe epilepsy as a medical condition where there is a problem with the electrical messages in the brain. 2. To realise that there are many types of seizures that can look very different from one another. 3. To be able to recall how to keep someone safe during a tonic clonic seizure. 4. To appreciate that young people with epilepsy often get left out of activities due to fears about their safety and that this can affect them socially and emotionally. 5. To understand that young people with epilepsy can join in activities like everyone else so long as they take safety precautions. 	<p>Required:</p> <ul style="list-style-type: none"> • Secondary Epilepsy awareness assembly - plan • Secondary Epilepsy awareness assembly - presentation
KS3 Epilepsy awareness and first aid lesson	<p>All:</p> <ol style="list-style-type: none"> 1. To describe epilepsy as a medical condition where there is a problem with the electrical activity in the brain. 2. To appreciate that seizures can look very different from one another and that someone cannot stop what is happening to them during a seizure. 3. To recall at least one thing that they should DO and one thing they DON'T do to help keep someone safe during a tonic clonic seizure. <p>Most - in addition to the above:</p> <ol style="list-style-type: none"> 1. To recognise the symptoms of absence and tonic clonic seizures. 2. To suggest what could happen to someone during a focal seizure affecting a specific part of the brain. 3. To recall at least three things that they should DO and two they DON'T do to help keep someone safe during a tonic clonic seizure. 4. To understand that young people with epilepsy can join in activities like everyone else so long as they take safety precautions. 	<p>Required:</p> <ul style="list-style-type: none"> • KS3 Epilepsy awareness and first aid lesson - plan • KS3 Epilepsy awareness and first aid lesson- presentation • Epilepsy seizure first aid: DO or DON'T card sort <p>Optional:</p> <ul style="list-style-type: none"> • <i>Epilepsy seizure first aid: DO or DON'T?</i> • <i>Epilepsy seizure first aid: DO or DON'T and why?</i> • <i>KS3 Blank seizure first aid cartoon</i> • <i>KS3 Seizure first aid cartoon - How to help</i> • <i>KS3 Seizure first aid cartoon - Cut and stick</i> • <i>KS3 Staying safe</i> • <i>KS3 Epilepsy problem page</i>

Activity	Learning outcomes	Young Epilepsy resources (on our website)*
	<p>Some - in addition to the above:</p> <ol style="list-style-type: none"> 1. To understand the difference between generalised and focal seizures. 2. To be able to make a link between the functions of the brain and the symptoms of focal seizures. 3. To be able to explain why specific actions are taken during seizure first aid for a tonic clonic seizure. 4. To be able to appreciate that epilepsy can affect a young person both emotionally and socially. 	
KS3 Epilepsy awareness and psychosocial impact lesson	<p>All:</p> <ol style="list-style-type: none"> 1. To describe epilepsy as a medical condition where there is a problem with the electrical messages in the brain. 2. To appreciate that seizures can look very different from one another and that someone cannot stop what is happening to them during a seizure. 3. To recall at least one thing that they should DO and one thing they DON'T do to help keep someone safe during a tonic clonic seizure. 4. To understand that young people with epilepsy can do most activities just like everyone else. <p>Most - in addition to the above:</p> <ol style="list-style-type: none"> 1. To recognise the symptoms of absence and tonic clonic seizures. 2. To suggest what could happen to someone during a focal seizure affecting a specific part of the brain. 3. To recall at least three things that they should DO and two they DON'T do to help keep someone safe during a tonic clonic seizure. 4. To describe at least one problem a young person with epilepsy, or their friends and family, may have and be able to suggest at least one way to help. 	<p>Required:</p> <ul style="list-style-type: none"> • KS3 Epilepsy awareness and psychosocial impact lesson -plan • KS3 Epilepsy awareness and psychosocial impact lesson - presentation • Bean bags (approximately 10) • KS3 Epilepsy problem page • KS3 Epilepsy problem page answers <p>Optional:</p> <ul style="list-style-type: none"> • <i>KS3 Blank seizure first aid cartoon</i> • <i>KS3 Seizure first aid cartoon - How to help</i> • <i>KS3 Seizure first aid cartoon - Cut and stick</i>

Activity	Learning outcomes	Young Epilepsy resources (on our website)*
	<p><i>Some - in addition to the above:</i></p> <ol style="list-style-type: none"> 1. To understand the difference between generalised and focal seizures. 2. To be able to make a link between the functions of the brain and the symptoms of focal seizures. 3. To be able to explain why specific actions are taken during seizure first aid for a tonic clonic seizure. 4. To understand how epilepsy can impact a young person both emotionally and socially and suggest ways to help. 	

* Please check the individual lesson and assembly plans for the details of any resources you may need to provide.

KS3 Additional worksheets and activities

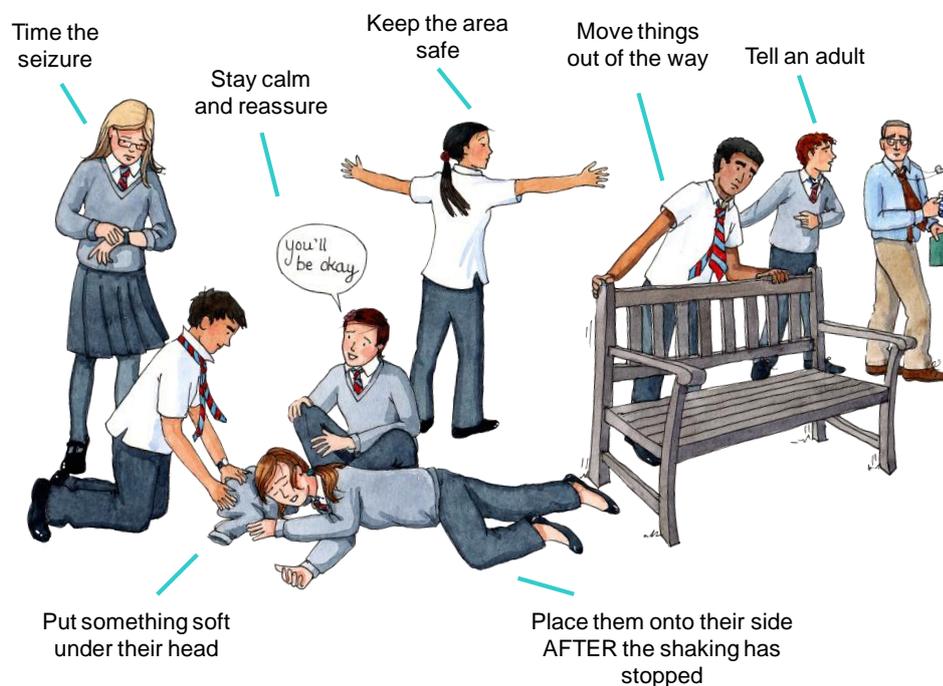
Activity	Focus	Brief description
KS3 Blank seizure first aid cartoon	<ul style="list-style-type: none"> First aid 	<p>This cartoon illustrates six pupils helping a friend who is having a seizure. This could be displayed on the IWB or distributed to pupils for discussion and/or labelling of what each pupil is doing to help and why.</p>
KS3 Seizure first aid cartoon - How to help	<ul style="list-style-type: none"> First aid 	<p>This worksheet illustrates a seizure first aid cartoon with six pupils helping a friend who is having a seizure. Pupils are required to describe what each of the numbered pupils is doing to help and, if they can, explain why.</p>
KS3 Seizure first aid cartoon - Cut and stick	<ul style="list-style-type: none"> First aid 	<p>This worksheet illustrates a seizure first aid cartoon with six pupils helping a friend who is having a seizure. Pupils are required to cut out the labels provided and match them to the correct number on the cartoon to describe what each pupil is doing to help.</p>
Epilepsy seizure first aid: DO or DON'T?	<ul style="list-style-type: none"> First aid 	<p>This worksheet asks pupils to look at ten pictures and decide if each one shows something people DO or DON'T do to help someone who is having a seizure. A table is provided for their answers. It can be useful to do this activity before they have learnt about seizure first aid (i.e. in pencil) and then make changes afterwards.</p>
Epilepsy seizure first aid: DO or DON'T and why?	<ul style="list-style-type: none"> First aid 	<p>This worksheet asks pupils to look at ten pictures and decide if each one shows something people DO or DON'T do to help someone who is having a seizure. A table is provided for their answers.</p>
Epilepsy seizure first aid: DO or DON'T card sort	<ul style="list-style-type: none"> First aid 	<p>This worksheet asks pupils to cut out ten pictures and sort them into two piles - one containing pictures that show things people DO to help someone who is having a seizure, and another for the pictures that show things they DON'T do. This could be done individually or in groups. It can be useful to do this activity before they have learnt about seizure first aid and then they could make changes afterwards.</p>
KS3 Keeping safe	<ul style="list-style-type: none"> Safety inclusion 	<p>The aim of this activity is to emphasise that young people with epilepsy can carry on doing most activities as long as they are sensible and take</p>

Activity	Focus	Brief description
		<p>safety precautions. The worksheet asks pupils to comment on safety issues associated with having a seizure whilst playing football, at a concert and driving. Pupils are also asked to comment on opinions from other children about whether or not it is safe for a child with epilepsy to play football.</p>
Epilepsy and sport – Concept cartoon	<ul style="list-style-type: none"> • Safety • Inclusion 	<p>This is a concept cartoon about whether it is safe for children with epilepsy to play sports or not. Four different points of view are provided for discussion in groups or as a whole class.</p>
Epilepsy research	<ul style="list-style-type: none"> • General awareness • IT skills 	<p>This sheet contains a table with questions about epilepsy that can be filled in electronically using information researched on the internet or from other sources of information. Pupils could then use this information to make a presentation or leaflet.</p>
KS3 Epilepsy problem page	<ul style="list-style-type: none"> • First aid • Psychosocial impact • Literacy 	<p>This sheet has four problem page entries about some of the issues young people with epilepsy, their friends and family may have. Pupils will need to use what they have learned about epilepsy to offer support and advice. The problems could be discussed in groups or it could be done as a longer written activity or homework.</p>
KS3 Epilepsy problem page answers	<ul style="list-style-type: none"> • First aid • Psychosocial impact 	<p>These sheets contain model answers for the problem page entries on the KS2 Epilepsy problem page worksheet. These answers are not exhaustive and pupils will more than likely come up with additional ideas.</p>
KS3 Matching pairs	<ul style="list-style-type: none"> • General awareness 	<p>This sheet has fourteen statements about epilepsy. Pupils are asked to cut out the numbered statements and match each one to the correct lettered answer from the ‘KS3 Matching pairs – answers’ worksheet.</p>
KS3 Matching pairs – answers	<ul style="list-style-type: none"> • General awareness 	<p>This sheet contains the answers that match the epilepsy statements on the ‘Matching pairs’ worksheet. Pupils are asked to cut out the answers and match them to the correct numbered epilepsy statement.</p>

Activity	Focus	Brief description
Epilepsy wordsearch	<ul style="list-style-type: none"> • General awareness • Literacy 	A word search containing fifteen key words associated with epilepsy.
Epilepsy crossword	<ul style="list-style-type: none"> • General awareness • Literacy 	A cross word with fourteen clues about key words and facts associated with epilepsy.
KS3 Epilepsy quiz	<ul style="list-style-type: none"> • General awareness 	This worksheet contains eighteen multiple choice questions about epilepsy. The quiz could be completed individually, or in groups and is best done after the Primary Epilepsy awareness lesson. Alternatively, pupils could use the internet or other resources to research the answers without having had prior teaching.

Answers for KS3 Additional worksheets and activities

KS3 Seizure first aid cartoon activities



Number	What is the person doing?	Why are they doing it?
1	Time the seizure	Waiting for something when you are worried or scared can seem to take ages. Knowing when the seizure started and how long it has lasted helps keep this in perspective and stops you panicking. Shaking for a long time can be dangerous and so emergency medication should be given to stop a tonic clonic seizure (or any convulsive seizure) if it goes on for too long. Ambulances have this medication and so should be called if the person is still shaking after five minutes. Ideally, a watch or clock should be used to time the seizure rather than guessing.
2	Put something soft under their head	The ground is hard so the head needs to be protected from injury. A cushion or pillow for the head is not always available so anything else soft will do e.g. jumper, coat. If there isn't anything, you can use your hands or lap but you must not hold the person.
3	Tell an adult	There are always lots of adults around at school. Don't leave the person having a seizure on their own because other people might not know what is going on. Send someone else to go and get an adult or shout/use your mobile phone if no one is around.

Number	What is the person doing?	Why are they doing it?
		<p>Even if the pupils are older, they should still get an adult because school staff may know something specific about what needs to be done to care for the person (e.g. emergency medication protocol, when to call an ambulance/parents and carers).</p>
4	Keep the area safe	<p>Schools in particular can be very busy places. If people do not know someone is having a seizure, they could accidentally tread on the person. Therefore, people may need to go about their business using a different route e.g. if the child has had the seizure in a corridor or is blocking doors or stairs.</p> <p>If it happens in the school playground, there is the added risk of things like footballs and people running around. Hence, it is useful if someone takes responsibility for keeping the area around the person safe.</p> <p>It is also likely that other pupils will want to know what is happening and may crowd around the person having a seizure. This can be very embarrassing for the person when they wake up, or if they find out afterwards, and so these people should be kept back and moved on.</p>
5	Moving things out of the way	<p>During a seizure, the person will not be in any pain because they are unconscious. However, their body could still be injured if they bang against something during the seizure and this will hurt afterwards once the brain is working properly again. If objects cannot be moved out of the way, put something soft between them and the object to cushion the impact.</p> <p>The person should only be moved as a last resort. Muscles are working hard during a seizure and moving the person may cause them injury. The helper themselves could also be injured whilst trying to move the person. In addition to this, if the person injured themselves at the start of the seizure (e.g. when they fell), moving them could make it worse.</p>
6	Stay calm and reassure	<p>As seizures happen suddenly, the person can be quite confused afterwards. Hearing is often the first sense to return to normal so it is reassuring if they hear a calm voice telling them what has happened.</p>
7	Place them onto their side AFTER their	<p>This is the same as moving the person and so the same applies here as above in number 5. In addition, someone having a tonic clonic seizure is unlikely to stay positioned on their side whilst</p>

Number	What is the person doing?	Why are they doing it?
	shaking has stopped	<p>still shaking.</p> <p>Once the person has stopped shaking, their muscles will be more relaxed and the person will be much easier to move onto their side and there is less risk of causing an injury.</p> <p>During the shaking/clonic phase of a tonic clonic seizure, the person will be breathing but this will be irregular and so putting them into the recovery position at this time will be of little benefit to their breathing. Once the seizure has passed, breathing will return to normal and putting them onto their side (ideally in the recovery position) will help with this.</p>

Epilepsy seizure first aid: DO or DON'T activities

Picture	DO or DON'T?	Explanation
Call an ambulance immediately	DO	Shaking for a long time is very exhausting (like running round the playground lots of times) and so emergency medication can be given to stop a tonic clonic seizure if it goes on too long. Ambulances have this medication and will be called if a tonic clonic seizure has not stopped after five minutes.
Panic	DON'T	When we panic, we do not think clearly and so are not in the best position to help somebody. Knowing what to expect and how to help will mean we feel more prepared if something happens and less likely to panic.
Put something soft under the person's head	DO	The ground is hard so the head needs to be protected from injury. A cushion or pillow for the head is not always available so anything else soft will do e.g. jumper, coat. If there isn't anything, you can use your hands or lap but you must not hold the person; just let their head bang onto you instead of the ground.
Try to bring the person around	DON'T	If someone is having a tonic clonic seizure they will be unconscious (in a very deep sleep) and you will not be able to bring them around. Only once the person's brain has sorted out the muddled messages, will the person come around by themselves. If somebody is beginning to

Picture	DO or DON'T?	Explanation
		come around and you are trying to frantically wake them up, they may feel panicked.
Send for help	DO	There are always lots of adults around at school. Don't leave the person having a seizure on their own because other people might not know what is going on. Send someone else to go and get an adult or shout/use your mobile phone if no one is around.
Hold the person down to stop them hurting themselves	DON'T	Holding the person down may cause an injury, especially if you hold their head or neck. Make the area around them safe, give them room to move and let the seizure run its course.
Put the person on their side immediately	DON'T	Only put the person on their side after they have stopped shaking. Moving them may cause an injury.
Move the person away from the chair to avoid harm	DON'T	<p>Unless the person is in immediate, unavoidable danger, you should not move them. Muscles are working hard during a seizure and moving the person may cause them injury. The helper themselves could also be injured whilst trying to move the person. In addition to this, if the person injured themselves at the start of the seizure (e.g. when they fell), moving them could make it worse.</p> <p>It is often easier to move hard and sharp objects away from the person (giving them room to move without banging against anything), rather than moving them. If this is not possible, you could use something soft to cushion the impact between the person and the object.</p>
Time how long the seizure lasts	DO	<p>Waiting for something can seem to take ages and five minutes is a long time. Knowing when the seizure started and how long it has lasted helps keep this in perspective and stops you panicking.</p> <p>Shaking for a long time is very exhausting (like running round the playground lots of times) so emergency medication can be given to stop the seizure if it goes on too long. Ambulances have this medication so will be called after five minutes. Some children have this medication at school already.</p>

Picture	DO or DON'T?	Explanation
Stay with the person until they are fully recovered and reassure them	DO	As seizures happen suddenly, the person can be quite confused afterwards. Hearing is often the first sense to return to normal so it is reassuring if they hear a calm voice telling them what has happened and that everything is okay.

KS3 Saying safe

1

These answers are obviously dependent on pupil's individual opinions, but ideally the majority of pupils will disagree with Lee and agree with Jamil that it is safe for children and young people with epilepsy to play football. Reasons given might include:

- The referee is supposed to keep an eye on all players and blow the whistle to stop the game if someone is injured/on the floor.
- Other players and spectators would notice and alert the referee.
- Even if one person decided to ignore the person having a seizure (because they didn't want to lose the game), there are lots of other people around who are likely to notice.
- If the referee is told about the person's epilepsy, they can make sure they keep an eye on them during the match.
- Lots of people get injured playing football regardless of having epilepsy or not, but they still continue to play it.
- The person with epilepsy could wear shin and elbow pads to protect themselves if they fall over (but this is something many children do anyway). If they have unpredictable seizures, they could wear a seizure helmet to protect their head.

However, some pupils may disagree with Jamil and agree with Lee that it is unsafe for children and young people with epilepsy to play football. Reasons given may include:

- A football pitch is a very busy place. If someone with epilepsy suddenly falls over, they might get trodden on and also accidentally cause injury to someone else by tripping them up.
- They could also be hit by the ball and not be able to stop it because they are having a seizure.
- Lots of people fall over all the time in football and everyone is focused on the game and so the referee, other players and spectators may not immediately notice that the person is having a seizure. This could be dangerous.
- The person's seizures may not cause them to fall down and so it might not be noticed straight away. This could be dangerous.

2a

- The person could be trodden on because there are lots of people around dancing and not a lot of room.
- People may not notice the person is having a seizure because it is crowded, noisy and usually dark. For the same reasons, it may be difficult for people who have noticed to raise the alarm and get medical assistance (if needed).
- If medical assistance is needed, it may be difficult for first aiders/paramedics to get to the person because it is crowded. This may cause a delay in the person getting the help they need.
- The person may be more likely to be injured because there is not a lot of room for them to move without banging against something.

2b

Idea	Good idea?	Bad idea?
Keep their epilepsy a secret from their friends so that they don't worry		
Forget to take their medication because they are so excited about the concert		
Choose seats that are near the aisle		
If they are sensitive to flashing lights, check what types of lights are going to be used at the concert so that they know if they are likely to be a problem*		

* Please note, only 5% of people with epilepsy are sensitive to flashing lights (photosensitive).

3a

- They could lose control of the car.
- They could have an accident and cause injury/death to themselves and others.

3b

Pupils will no doubt have their own opinion about this. Some may say they should never be allowed to drive, whilst others may say they should be allowed if they have not had a seizure for a set period of time. If they have read the fact at the bottom of the sheet, they may comment on whether they think needing to be seizure free for a year is too long or too short a period of time.

Epilepsy and sport – Concept cartoon

Responses to this activity are going to vary depending on the child. On the whole, pupils should recognise that anybody can have an accident whilst playing sport, regardless of having epilepsy or not. Whilst children and young people with epilepsy should be allowed to join in normal activities, they may have to take extra safety precautions compared to other

children and staff/adults may need to keep an extra special eye on them during certain activities. Therefore, the statement that children and young people should not be treated any differently at all is not completely true (the referee).

Epilepsy research

Each pupil will provide a unique answer, depending on the time they spend on the activity, their source(s) of information and their ability. Some guidance is provided below to help you assess their answers.

Question	Answer
1. What is the definition of epilepsy?	<ul style="list-style-type: none"> • Epilepsy is a medical condition/neurological disorder. • Epilepsy is the most common serious neurological condition worldwide. • Epilepsy is a problem in the brain. • Epilepsy means someone is having recurrent seizures where excess electrical activity in the brain sends confused messages to the rest of the body.
2. How many children aged 18 and under have epilepsy in the UK?	<ul style="list-style-type: none"> • 63,400 children aged 18 and under have epilepsy in the UK. • 112,000 children and young people aged 25 and under have epilepsy in the UK.
3. What is a seizure?	<ul style="list-style-type: none"> • A sudden and uncontrolled burst of electricity in the brain that muddles/disrupts/confuses the brain. • Seizures can result in a change to the person's behaviour and/or their feelings for a short time. • There are more than forty different types of seizures, differing in their duration and the effect they have on the individual. • Examples include strange sensations, twitching of the limbs, stiffness and a brief loss of consciousness.
4. Give two examples of what can happen to people during a focal seizure.	<ul style="list-style-type: none"> • What happens to someone during a focal seizure depends on what part of their brain has been disrupted by the electrical activity and what that part of the brain normally does. During these seizures the person can become confused and disorientated, but will not lose consciousness. • Examples of symptoms include confusion, wandering around, slurred speech, altered speech, strange sensations (e.g. a feeling of numbness or tingling), altered emotions (e.g. a feeling of fear), déjà vu, plucking at clothes, fiddling with objects, shaking, strange facial expressions, head turning and bizarre movements of the limbs. • Some children may mention what happens if specific lobes of the brain are disrupted. Here is some guidance on what can happen in these cases:

Question	Answer
	<ul style="list-style-type: none"> ○ Temporal lobe seizures: The temporal lobes are responsible for language, feelings, emotions and memory. So there may suddenly be a most strange mix of feelings, emotions, or thoughts. These might appear either very, very familiar, or perhaps very odd. Unusual speech can also occur. ○ Frontal lobe seizures: Seizures coming from the frontal lobe will vary depending on which part of it has been affected. They usually occur in clusters that start suddenly and end just as quickly. They may produce weakness in certain muscles, including those used to speak. Other symptoms may include fumbling or plucking at clothes, or wandering off in a confused state. Frontal lobe seizures usually happen during sleep and can look very strange with all sorts of head turning, thrashing around or cycling movements of the legs. ○ Occipital lobe seizures: Seizures occurring in the occipital lobe show up as odd things to do with sight. So symptoms might include things like rapid eye blinking, seeing patterns, flashing lights or colours. ○ Parietal lobe seizures: Seizures coming from the parietal area usually result in strange sensations and are also know as sensory (feelings) seizures. Symptoms may include a tingling sensation or a feeling of warmth, usually only down one side of their body. Some people say their arms and legs might feel bigger or smaller than usual and bits of the body might go numb.
<p>5. What will happen to someone when they have the following type of seizure:</p> <ul style="list-style-type: none"> • Absence seizure • Tonic clonic seizure 	<p>Absence seizures:</p> <ul style="list-style-type: none"> • The person will suddenly freeze and stop what they are doing but will remain standing or sitting as they were before. • It may look similar to daydreaming, but unlike daydreaming, absence seizures stop the person from what they are doing and the person is actually unconscious and unable to respond. • The seizures are very brief (usually five to ten seconds) but can happen many times in a day. • After an absence, the person will return to normal and may not even realise anything has happened. <p>Tonic clonic seizures:</p> <ul style="list-style-type: none"> • The person's body will suddenly stiffen. • They will become unconscious and if they are standing, they will fall over.

Question	Answer
	<ul style="list-style-type: none"> • Their body will then begin to shake or jerk all over. • After a short time the person should stop shaking and will come around. • They usually last two to four minutes.
<p>6. What should you do to help keep someone safe during a seizure?</p>	<p>What people should do is:</p> <ul style="list-style-type: none"> • send for help (an adult) • clear any hard or sharp objects out of the way so the person has room to move without banging against anything • put something soft under their head to protect it • time how long the seizure lasts • roll the person onto their side and let them rest when the jerking has stopped • speak calmly and reassure the person during and after the seizure. <p>What people should not do</p> <ul style="list-style-type: none"> • panic • try to stop the person's jerking movements • move the person unless they are in immediate danger • try to wake them up. <p>People should call an ambulance when someone has a tonic clonic seizure if:</p> <ul style="list-style-type: none"> • the seizure lasts for longer than five minutes • the person has lots of seizures, one after another, without coming round in between • it is the person's first seizure • the person injures themselves • the person has problems breathing after the seizure.
<p>7. What are antiepileptic drugs?</p>	<ul style="list-style-type: none"> • Antiepileptic drugs (AEDs) are a type of treatment for epilepsy. • Most young people who have epilepsy take antiepileptic drugs everyday to help control their seizures. • Although AEDs are not a cure for epilepsy, they are designed to prevent seizures from happening by calming the chemicals in the brain that cause seizures to happen. • Some medications work better for certain seizure types than for others and some young people may experience side effects. • Not everyone experiences side effects and some of these may subside after the person has been taking them for a while.
<p>8. How do antiepileptic drugs make some</p>	<ul style="list-style-type: none"> • Common side effects of antiepileptic drugs include tiredness, nausea and dizziness.

Question	Answer
<p>children feel (what are their side effects)?</p>	<ul style="list-style-type: none"> • Other side effects may include memory difficulties, coordination problems, mood and behavioural changes, double vision, changes to appetite and weight.
<p>9. What is a seizure trigger?</p>	<p>Sometimes people discover that there are certain things that make their seizures more likely to happen – these are called seizure ‘triggers’ and can include things such as:</p> <ul style="list-style-type: none"> • being ill • being overtired • being bored • being stressed • being excited • menstruation • taking alcohol or recreational drugs • changes in medication, or forgetting to take it • watching flickering lights (this is very rare). <p>Whilst some young people might have a particular seizure trigger, many will have no trigger at all.</p>
<p>10. Can you grow out of epilepsy and not have it as an adult?</p>	<p>This depends on what type of epilepsy the person has, but the statistics are positive. Three out of four young people will either outgrow it, or their seizures will be controlled with medication.</p>
<p>11. Name at least 3 famous people who have epilepsy or used to have it.</p>	<p>It is best to use the internet to verify any examples of famous people with epilepsy pupils give.</p>

Epilepsy research extension questions

Question	Answer
<p>12. What is the difference between a generalised and focal seizure?</p>	<p>All seizures are of two main sorts. We call one group generalised seizures and the other focal (or partial) seizures.</p> <p>Generalised seizures: In this type, the whole brain is affected by the abnormal electrical disturbance and the person becomes unconscious of their surroundings.</p> <p>Focal (partial) seizures: In this type of seizure, only one part of the brain is affected by the abnormal electrical disturbance. What the seizure looks like depends on where exactly in the brain it stems from and what that bit of the brain does. With these seizures, the person can become confused and disorientated but will not lose consciousness.</p>
<p>13. What happens to someone during the following generalised seizures:</p> <ul style="list-style-type: none"> • Atonic seizures • Tonic seizures 	<p>Atonic:</p> <ul style="list-style-type: none"> • The person's body will suddenly become floppy. • They will become unconscious and if they are standing, they will fall down. • After a short time, the person will come around. • Usually lasts less than twenty seconds. <p>Tonic seizures:</p> <ul style="list-style-type: none"> • The person's body will suddenly stiffen. • They will become unconscious and if they are standing, they will fall over. • After a short time the person will come around. • They usually last less than twenty seconds.
<p>14. What might happen to someone having a focal seizure in these areas of their brain:</p> <ul style="list-style-type: none"> • the occipital lobe • the parietal lobe 	<p>Occipital lobe seizures: Seizures occurring in the occipital lobe show up as odd things to do with sight. So symptoms might include things like rapid eye blinking, seeing patterns, flashing lights or colours.</p> <p>Parietal lobe seizures: Seizures coming from the parietal area usually result in strange sensations and are also known as sensory (feelings) seizures. This might be a tingling sensation or a feeling of warmth, usually only down one side of the body. Some people say their arms and legs might feel bigger or smaller than usual and bits of the body might go numb.</p>
<p>15. Besides antiepileptic drugs,</p>	<p>Brain surgery (Neurosurgery) Brain surgery is a possible treatment for children who have</p>

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<p>name at least one other treatment for epilepsy and describe how it works.</p>	<p>certain types of epilepsy. It should be considered if taking two different types of medication hasn't worked and if seizures start from a particular part of the brain where surgery will cause minimal problems. There are lots of possible types of surgery and this will depend of the type of epilepsy the person has.</p> <p>Vagus nerve stimulator (VNS) The VNS is a very small device (rather like a heart pace-maker) about the size of a £2 coin. Surgeons can place it into the chest under the collar bone where it has the job of stimulating the vagus nerve (which sends messages to the brain) in hopes of having a good effect on seizures.</p> <p>Dietary therapies The one you'll hear about is the 'ketogenic diet'. This involves following a strict high fat, low carbohydrate and protein controlled diet. It does not work well for everyone, but for some it may result in better seizure control with fewer side-effects than other treatments. It's a complicated diet that has to be worked out exactly for each individual person. For these reasons it should only be used under the supervision of both a neurologist and a specialist dietician.</p>
<p>16. What causes epilepsy?</p>	<ul style="list-style-type: none"> • The first thing to make clear is that you cannot catch epilepsy from anyone else! • In six out of ten cases doctors don't know for sure what has caused the epilepsy. • Certain illnesses or an injury that affects the brain can cause seizures to happen. Certain types of epilepsy can also run in families and are inherited.
<p>17. What is an electroencephalogram (EEG)?</p>	<ul style="list-style-type: none"> • An EEG is a painless test which records brainwaves. • It records the brain activity by picking up electrical signals given off by the nerves cells. • The EEG cannot prove whether someone has or does not have epilepsy, especially since it can only give information about the electrical activity of the brain during the periods of recording (and the person may not be having a seizure when they have the EEG test done). • The results of an EEG will be considered alongside any descriptions from witnesses about what happened to the person during the seizure as well as the results of other tests, such as brain scans.
<p>18. What are seizure alert dogs?</p>	<ul style="list-style-type: none"> • A seizure dog may be useful in assisting a person during or after a seizure.

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	<ul style="list-style-type: none"> • Every potential seizure dog receives specialised training, such as: <ul style="list-style-type: none"> ○ pulling potentially dangerous objects away from the person's body ○ "blocking" to keep individuals with absences and some types of focal seizures from walking into obstacles ○ attempting to rouse the unconscious handler during or after a seizure ○ carrying information regarding the dog, the handler's medical condition, instructions for first aiders and emergency medication. • Additionally, some dogs may develop the ability to sense an impending seizure and notify their owner by changes in behaviour, including circling, pawing, barking etc.

KS3 Epilepsy problem page

See the worksheet KS3 Epilepsy problem page answers.

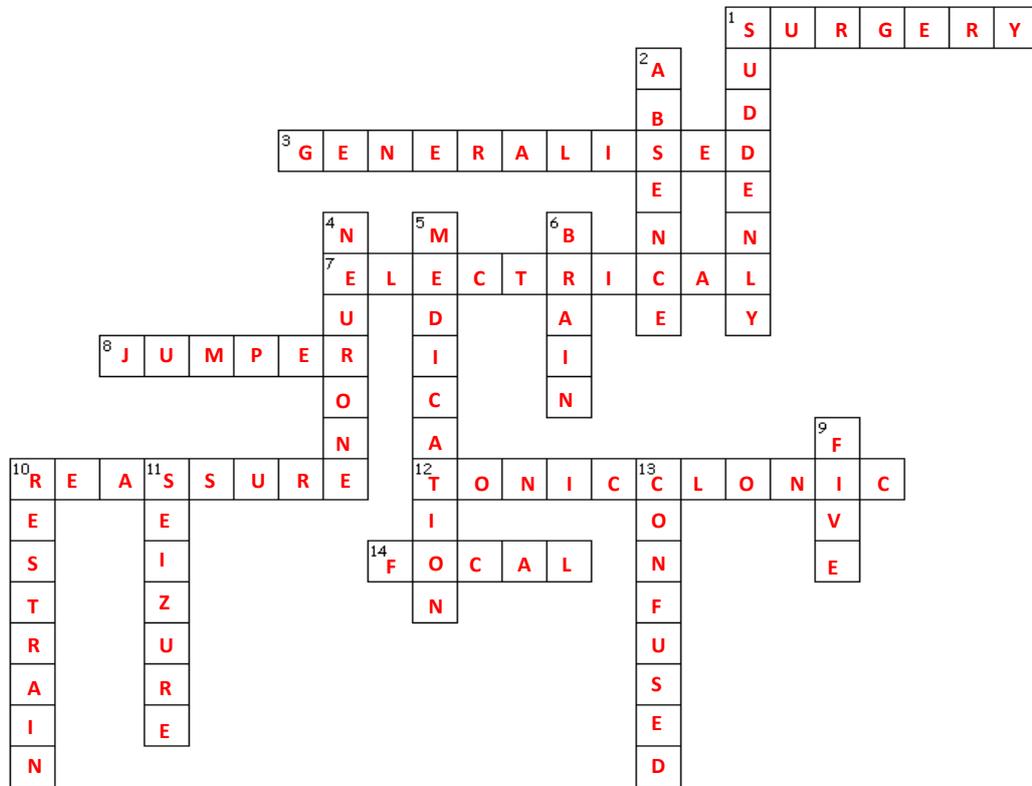
KS3 Matching pairs

1H, 2N, 3J, 4F, 5L, 6K, 7G, 8C, 9I, 10A, 11B, 12D, 13M, 14E.

Epilepsy wordsearch

e	f	f	e	e	n	m	i	t	d	f	o	e	h	a
e	t	r	z	l	o	l	u	s	f	n	e	s	h	s
c	p	s	e	e	m	t	e	i	i	e	e	c	p	d
s	r	u	n	c	m	s	t	e	m	t	i	d	a	e
e	a	d	d	t	o	s	s	e	i	z	u	r	e	l
h	a	d	d	r	c	a	d	e	c	n	e	s	b	a
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t	e	n	i	c	e	l	e	n	i	c	m	d	o	s
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g	t	y	t	l	n	r	o	o	s	s	s	e	a	n
t	n	i	y	j	e	d	p	c	u	i	s	t	g	i
h	o	n	k	g	e	y	l	f	s	i	a	h	h	e
n	h	r	r	r	a	e	n	h	c	e	g	w	s	h
f	e	u	n	h	s	o	y	p	a	t	e	e	o	c
j	s	o	t	i	c	b	r	a	i	n	s	n	i	s

Epilepsy crossword



KS3 Epilepsy quiz

1b, 2a, 3a, 4b, 5b, 6b, 7c, 8c, 9b, 10c, 11c, 12a, 13b, 14a, 15b, 16a, 17b, 18a.