

## **MALTA, L-EPILESSIJA U T-TFAL. CONFERENCE 22.2.03.**

### **WORKSHOP B. DR. DORIETTE SOLER.**

#### **Report by Godwin Cachia.**

#### **Medical Considerations of children with epilepsy.**

The group was a mixture of parents, patients, doctors, nurses, EEG technicians, dental surgeons, teachers and careworkers each with their particular interest in the Conference and Workshops.

#### **Issues discussed :**

- 1. PARENTS' CONCERN ON MEDICATION.** Side effects – choice of medication – Social aspects vs. best medication for case. Neurologist's dilemma to choose the right medicine and the right dose.

**Problems with other disabilities such as Learning disability.**

**Problems with other medications.**

**Effects on Foetus.** Surveys show that some medication like Sodium Valproate may have negative effects on the foetus resulting in slow learning and/or spina bifida. Such surveys show 7% chance but with the addition of Folic acid to the medication, this percentage is greatly reduced.

**The design of drugs** are targeted to particular fits. E.g. Sodium Valproate is particularly effective with Absence seizures which effect mostly young people.

- 2. PARENTS' CONCERN ON LACK OF COMMUNICATION.** Very poor communications between doctors and patients / parents. Resulting anxiety and uncertainty because of lack of explanation and abrupt treatment by doctors. This was corroborated by the EEG technicians who said that parents are not informed on what is going on and have no idea what it involves. Doctors do not explain.

- 3. PARENTS' WISH FOR INTERDISCIPLINARY ACTION** between psychologists, neurologists and social workers to get together, discuss the case and then approach the patient / parent. This would alleviate most of their anxiety due to being sent from one to the other.

- 4. OVERPROTECTION OF CHILDREN WITH EPILEPSY.** The negative effects on the personality of the child and in later life, of overprotection. The child needs to live a normal life, play, meet friends, be accepted.

- 5. PARENT WITH EPILEPSY – EFFECT ON CHILD.** Children over 6 tend to view the parent having a fit as being punished for misdeeds. In order to avoid the shock of viewing a fit, epilepsy needs to be explained to the child who sees the person having a fit as being out of control. In order for the child to feel secure, the approach by others to a person having a fit must be calm and matter of fact.
- 6. CARE WORKERS'/TEACHERS' NEED TO BE MORE INFORMED** on epilepsy. First aid tuition and preparation short courses at University or at work were recommended. Care workers suggested that parents should be called together for an Emergency Policy – get their written permission for care worker / teacher intervention. Make an action plan. Medical reports should be obtained and they should be informed whom to contact and what to do.
- 7. E.E.G. TECHNICIANS. THEIR NEEDS.** The modern digital equipment and the 3 technicians working at the EEG dept. was highlighted as being the fruit of the Epilepsy Association's intervention together with the help of Dr. Galea Debono and Dr. Soler. However the EEG technicians stressed the need for the presence of a doctor or a Houseman during EEG tests in case of fits caused by the EEG. They also stressed the need for portable EEG machines costing Lm100,000 and the need of 2 special couches costing Lm 500.00 each.
- 8. INTERVENTION BY THE PERSON WITH EPILEPSY.** Methods are being studied on how the patient him/herself can control his/her seizures. One method was the Biofeedback, in which the person has mental control on his/her seizures. Studies show that concentration blocks epileptic seizures. Stress should be controlled as it may cause fits.
- 9. INTERVENTION BY OTHERS.** Methods mentioned were : CPR breathing and circulation, turning the patient on his/her side with a pillow under the head and nothing should be stuck in the mouth.
- 10. TEMPORAL LOBE EPILEPSY** cause problems with memory. The effect is permanent.
- 11. SURGERY MAY BE RECOMMENDED** in difficult to control cases where the epilepsy is focused in one particular area of the brain. This is very skilled work as the slightest hitch will cause other disabilities particularly language. An assessment is carried out before surgery ie, language, retardation, and ascertaining which part of the brain exactly by MRI.

Language testing by a neuropsychologist is continuously undertaken during the operation in order to stop if damage is being done.

**Vagus Nerve Stimulation** – having a pacemaker in your upper left hand chest stimulating the left side vagus nerve is another method by which epileptic fits may be controlled. Results vary from person to person with some having total control and others having different percentages of control.

**12. DENTAL EFFECTS.** Medication makes the child more susceptible to gum disease. Gengival hypertrophy. In order to avoid such problems, the child needs more care in keeping his/her teeth and gums clean. Regular visits to a dental clinic are recommended