Epilepsy
you can lead a normal life
Introduzzjoni

Bejn wiehed u ieħor daqs 0.5 sa 1 fil-mija tal-popolazzjoni ibati mill-aċċessjonijiet. Ghalkemm hija aktar komuni f'etar żghira, din il-kundizzjoni tista' tiġri f'kull età. 


Hemm żewġ tipi ta' aċċessjonijet. Tip minnhom jaffetwa l-mohh kollu u l-bniedem jintilef minn sensih. It-tip l-iehor jaffeta parti biss tal-mohh u hafna drabi l-epilettiku ma jintilifx minn sensih.

Xi drabi l-aċċessjoni ddum sektord biss izda hafna drabi ddum xi fit minuti. Fkażijiet rari ('status epilepticus') l-attakk idum hafna u l-pazjent irid jinghata kura urġenti.
Dijanjosi

Waqt lattaik il-persuna tiċċassa fil-vojx u jista' jkollha xi movimenti żgħar. l'da fil-biċċa l-kbira l-persuna tintilef ghal kollox minn sensiha, taqqa ma l-art, tubies u tubda ċċaqlaq idejha u saqajha ghal tul ta' xi ftit minuti; xi drabi l-persuna tigdem ilsienuha u taħrabilha l-awrina.
Hafna drabi i-tabib jiddeciedi li jordna xi testijiet. Dawn huma:

- Ritratt speċjali tal-mohħ li jghidulu CT Scan.
- EEG
- Xi testijiet tad-demm
  Dawn it-testijiet huma importanti biex jeskludu jekk hemm xi baqg fil-mohħ li qegħdha tikkawża l-accessjonijiet. Fil-biċċa l-kbira tagħhom, dawn it-testijiet jiġu normali u l-kawża ta' l-accessjonijiet tibqa' ma tinstabx.
X' nista' naghimel jekk persuna jkollha f'attakk?


- Din kienet l-euwel akċessjoni li qaqt qabadilha, jew mhiex fuq il-kura.
- L-akċessjonijiet qeghdin jigu aktar ta' spiss. L-attakk ma jmrux wahdu wara fil-minuti jew inkella l-akċessjonijiet qeghdin jigu wiehed wara l-khor minghejr ma jhallu l-persuna tiġi f'sensiha bejn kull attakk.
- Il-pazjent iwegga' waqt l-attakk.

Fatturi li jżidu r-riskju ta' attakk

- Nuqqa ta' irqad : Dawk li jorqelu inqas mis-soltu ghandhom aktar riskju li jaqbadhom attakk li ta' spiss.
- Xorb żejied : Dawk li jiskru ghandhom aktar riskju li jkollhom akċessjoni speċjalment jekk twaqqu x-xorb l'daquq.
Xi prekawzjonijiet li persuna li tbatì mill-accessjoni jiet ghandha tiehu

Jekk il-persuna jkollha attakk f'certi czirkostanzi din tista' tkun ta' periklu serju ghaliha u ghall-oħrajn.

- Qatt m'għandek tghum waħdek speċjalment fil-bahar fond. Tisthix tgeħid lil shabek jew lil xi haddel ieħor li jista' jkol lok bżonn l-ghajnuna.
- Tikkendix mill-gholi. Togħodx f'xi xifer għax jekk iġhabik attakk tista' taqa' l-isfel.
- Qis li tieħu l-medixi kuljum kif qallek it-ttabib.
- żomm dokument fuqek li jgħid li inti tbatì mill-accessjoni jiet. Tista' żomm dwarju fejn tiktieb il-żurnata u tikkdeskrivi x'gara waqt l-attakk.

Xi drabi l-epilettiku jkollu jaqta' xi tipi ta' sports u jevita čerti xogħolijiet. Madankollu jekk il-persuna tagħraf tadatta ruħha ghaż siwazzjoni, din il-kundizzjoni m'għandhiex tbiđel il-ħajja ta' persuna ta' taħt fuq.
Kura


Accessjoni jiet li jidhru meta t-tfal ikollhom id-deni

CARITAS MALTA
GRUPP TA' SUPPORT
GHALL-EPILEPTIĊI MALTIN

Il-Caritas Malta qed toffri l-ghajnuna taghha lill-epileptiċi Maltin u l-familjari taghhom, biex jifurmaw

Grupp Ta' Support Ghall-Epileptiċi Maltin.

Dan il-grupp, fost l-aktivitajiet tieghu, qed jaghmel kompanja ta' edukazzjoni biex titkabbir il-kwenzu dwar din il-kundizzjoni, u dwar id-drittijiet u d-dmrijiiet ta' l-
epileptiċi. Dan il-grupp qed jiltaqa' kull xahar u jattendu nies min kull livell u stajju ta' bajja. Fil-laqghat il-membri jaqsmu l-esperjenzi taghhom, b'mod konfidentzali, u huma jinghataw informazzjoni mingħand kelliena specjalizzati f'aspekk jew iehor tal-epilepsija.

Il-grupp jiltaqa' fl-Uffiċċju Ħentrali tal-Caritas, 5, Triq Il-Jjun, il-Furjana,
fit-tieni Ergbha ta' kull xahar fis-6.00pm.
Dawk kollha li jixtiequ iktar informazzjoni dwar dan il-grupp huma mitluba jcemplu fuq in-numru 233933 jew l-Università ta' Malta
fuq 32902845 u jistaggu ghall-persuna responsabbli mill-Epilepsy Group.
Nassiguratkom li Il-Laqghat huma konfidentzjali.
Fuq l-internet indirizz hu
Introduction

About 0.5 to 1 percent of the population suffers from epilepsy. It may occur at any age but most commonly develops in the younger age group.

Today, epilepsy may be looked upon as a condition and not as an illness. Certainly, it may demand certain changes in lifestyle and job opportunities, but living with epilepsy is not the end of the world. By accepting certain limitations imposed by this condition, and by taking certain precautions, you may live a normal life. Our society may sometimes impose an unjustified stigma on the person suffering from epilepsy. This attitude must change.

This booklet aims at helping the person with epilepsy decrease the frequency of attacks as well as to teach him/her how to prevent harmful consequences to himself and to others. It also answers important questions put forward by a worried patient, parent or teacher.

The booklet does not include details about medication as it is always recommended to ask your doctor about doses or types of medication to control the fits.
**What is Epilepsy?**

Epilepsy is a tendency to have recurrent fits, also called seizures. It is usually caused by an abnormal electrical and chemical activity in the brain. The occurrence of a single fit does not necessarily mean that the person is epileptic. Most often treatment is only given after the second fit.

There are different types of epilepsy. In the 'generalized' type the whole brain is affected and there is loss of consciousness. In the 'partial' type only part of the brain is effected. In this latter type, consciousness may not be lost. Most times we do not know what causes it.

The duration of a fit may vary, sometimes lasting only seconds and other times lasting minutes. A rare type of epilepsy, called 'status epilepticus', may last for a much longer time and is considered a medical emergency.

*The electrical activity in the brain*
Diagnosis

Many times the diagnosis of the condition is clear to the doctor if the patient or a witness to the attack can describe in detail what happened. Sometimes the person may notice when an attack is about to occur as he/she feels confused and distracted.

During the attack the person may look blank and unresponsive for a few seconds and may have some twitching (partial seizure). Most times fits cause the patient to lose consciousness, fall on the ground, become stiff and jerk his/her limbs for a few minutes (generalized seizure); the person may bite his/her tongue and be incontinent of urine.

After the seizure the person often feels drowsy and sleepy, and may complain of headaches.

Often the doctor decides to perform some tests on the patient. These include:

- A Computerized Tomography Scan (CT scan).
- An Electroencephalogram (EEG).
- Some blood tests.

These tests will help to exclude some lesion in the brain which may be a cause of the fits. In the majority of cases these tests result normal and the cause is not known.
What can I do when a person has a fit?

This is a common question which relatives often ask the doctor. They are very worried at seeing the person on the ground moving his/her limbs without being able to do something about it. Probably the most important thing is to protect the person from injury by trying to place a cushion under the head and to remove harmful objects nearby. Do not try to lift the person from the floor or use force to restrain any movements. After the attack has passed, place the person in the recovery position with his/her head sideways to aid breathing. Most often the attack passes without any problems.

It is often best to seek medical advice, especially if:

- The person has suffered the first seizure ever or is on no treatment for them.
- Seizures are becoming more frequent.
- The seizure shows no sign of stopping after a few minutes, or a series of seizures are occurring without giving time to the patient to regain consciousness between one fit and another.
- The patient hurts himself during the seizure.

Factors which increase the risk of attacks:

- Sleep deprivation: Epileptics who sleep less than usual are at an increased risk of suffering an attack.
- Alcohol withdrawal: Alcoholics are at an increased risk, especially if they stop suddenly.
- Hypoglycaemia: Diabetics on insulin injections are at an increased risk of lowering their level of glucose in the blood to levels which can cause a fit. Such patients must be careful to keep their level of glucose neither too high nor too low.
Precautions which epileptics must take

If a person happens to suffer a fit in certain circumstances, he can be of danger to himself and others.

- Do not drive or handle heavy machinery. Serious car accidents may occur if a seizure occurs while driving. Driving should be restricted for at least a period of two years after the last fit.
- Never swim alone especially in deep waters. Do not be shy to tell your friends or beach/pool attendant that you may require help.
- Use a shower to wash. If it is not available, keep the bath water shallow.
- Avoid heights.
  - If you are planning to become pregnant, consult your doctor. Medication increases the tendency of foetal abnormalities. This risk decreases if you take certain "vitamins" called Folic acid.
  - Take your medication regularly. If you are going abroad, take your medication with you.
  - Carry with you a card stating that you suffer from epilepsy. Keep a diary and record the date and description of the seizure.

From the above information it is clear that a person may need to abandon certain sports or reconsider certain jobs. However, with the right approach, epilepsy will not prevent the person from living a relatively full and normal life.
Treatment

If the patient is in hospital while the fit occurs, a doctor gives some medication directly in the vein or as a suppository. However in most cases the fit passes before medical help is available. In order to decrease the frequency of attacks, the patient is usually started on treatment in the form of oral medication. The patient may need to take this for life. Ever so often it is necessary to test the blood concentration of the medication in the blood to check whether the treatment is adequate. Often the patient is not given treatment after the first fit but if he/she has another one, then treatment is started. In Malta, epilepsy is included in Schedule V (yellow card), that is, the epileptics are entitled to free medication. This is obviously of great financial help to the epileptics.

Febrile Convulsions in Children

About four percent of children below 6 years of age suffer from a seizure while they are febrile. They have a high risk of recurrence if they are febrile again. These children have a 2 percent chance of having epilepsy when they grow up, that is they are at a double risk when compared to the general population. During the attack it is important to protect the child from injury, to cool the child, and to arrange for admission to hospital.
CARITAS MALTA
EPILEPSY SUPPORT GROUP

Caritas Malta has offered its support to Maltese Epileptics and their families who have decided to come together to form a self-help Epilepsy Support Group.

This group aims to mount a campaign in order to make Maltese society more aware of the true condition, signs and symptoms of epilepsy and of the rights and duties of epileptics. This support group also aims to address issues such as developmental, educational, employment questions as well as legal matters.

The group meets in the premises of Caritas Malta 5, Lion Street, Floriana on the second Wednesday of every month at 6.00 pm.

All those interested in obtaining more information about the group, or those wishing to attend, can contact Caritas on 233933 or University of Malta on 32902845 and ask for the Epilepsy Support Group contact person.

Full confidentiality is assured.

The internet address is http://www.synapse.net.mt/welfare/epilepsy
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Disinn ta'
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Ringrazzjamenti:
Dr A. Galea Debono, Konsulent fin-Neurologija;
Dr Janet Mifsud B.Pharm(Hons), Ph.D;
Mrs Sina Bugeja MSc (Wales).

Dipartiment għall-Promozzjoni tas-Saliba
Diktjoni tas-Saliba