

Epilessija

TISTA' TGHIX HAJJA NORMALI



Epilepsy

you can lead a normal life



Introduzzjoni

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

Illum nistgħu nharsu lejn l-epilessija bħala kundizzjoni u mhux marda. Għalkemm il-bniedem li jbatisi mill-aċċessjonijiet xi drabi jkollu jagħmel certi tibdil f'ħajtu, dan mhux l-ahħar tad-dinja. Jekk wieħed jieħu l-prekawzjonijiet neċċesarji, dan jista' jgħix ħajja normali. Xi drabi s-soċjetà thares lejn din il-marda b'mod negattiv. Din l-attitudni għandha tinbidel. Dan il-ktejjeb għandu jgħin lil persuna li tħażżej mill-aċċessjonijiet biex dawn l-attakki jonqsu. Għandu jgħin wkoll biex jgħalmuha tieħu xi prekawzjonijiet biex ma tkunx ta' periklu għaliha nnifisha u għall-oħrajn. Il-ktejjeb ma jinkludix dettalji ta' kura. Huwa dejjem għaqli li tieħu parir mit-tabib dwar doži u tipi ta' mediċini li għandek tieħu biex tikkontrolla l-aċċessjonijiet.

L-EPILESSIJA - TISTA' TGHIXX HAJJA NORMALI L-EPILESSIJA

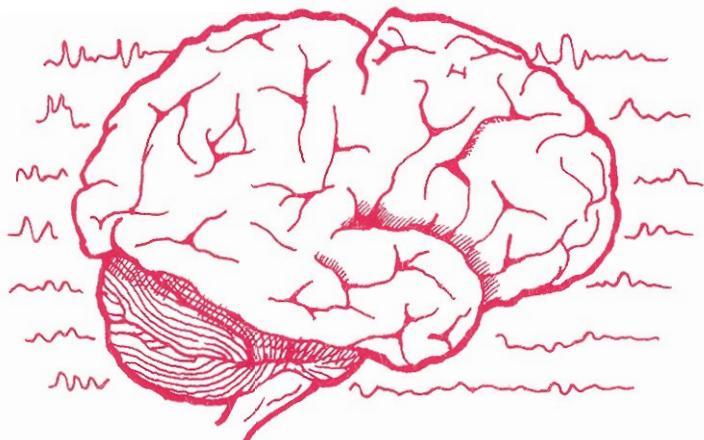


X in huma dawn t-Accessjonijiet?

Il-persuna għandha tendenza li jkollha dawn l-attakki minħabba tibdil ta' kimiċi u s-sistema elettrika tal-mohħ. Billi jkollok aċċessjoni darba biss ma jfissirx li sejjer tbat i mill-epilessija. Fil-fatt ħafna drabi l-kura tingħata biss wara t-tieni attakk.

Hemm żewġ tipi ta' aċċessjoni. Tip minnhom jaffettwa l-mohħ kollu u l-bniedem jintilef minn sensih. It-tip l-ieħor jaffetwa parti biss tal-mohħ u ħafna drabi l-epilettiku ma jintilifx minn sensih.

Xi drabi l-aċċessjoni ddum sekondi biss iżda ħafna drabi ddum xi ftit minuti. F'każijiet rari ('status epilepticus') l-attakk idu ħafna u l-pazjent irid jingħata kura urġenti.



Is-sistema elettrika fil-mohħ

L-EPILESSJA - TISTA' IGHIX HAWA NORMALI L-EPILESSJA



Dijanjosi

Hafna drabi t-tabib jinduna li l-persuna tqebha mill-epilessija mid-deskrizzjoni li jagħtieħ xi ħadd li kien ħdejn il-persuna li kellha l-attakk.

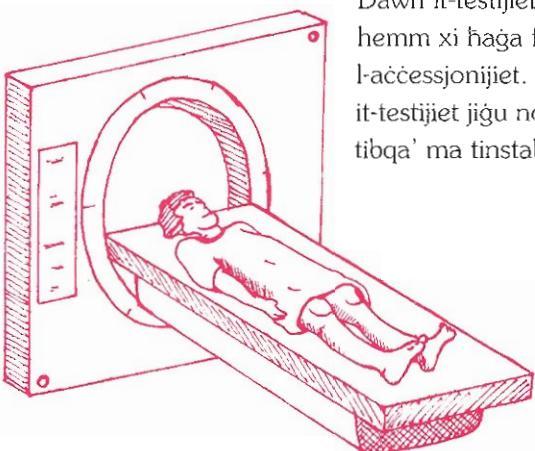
Xi drabi l-persuna tinduna meta jkun ġej attakk għaliex tħoħxa stramba u mħawda.

Waqt l-attakk il-persuna tiċċasssa fil-vojt u jista' jkollha xi movimenti żgħar. Izda fil-biċċa l-kbira l-persuna tintilef għal kollox minn sensiha, taqa' ma l-art, tibbies u tibda ċċaqlaq idejha u saqajha għal tul ta' xi ftit minuti; xi drabi l-persuna tigdem ilsienha u taħrabilha l-awrina.

Ħafna drabi t-tabib jiddeċiedi li jordna xi testijiet. Dawn huma :

- **Ritratt speċjali tal-moħħ li jghidulu CT Scan.**
- **EEG**
- **Xi testijiet tad-demm**

Dawn it-testijiet huma importanti biex jeskludu jekk hemm xi haġa fil-moħħ li qeqħdha tikkawża l-aċċessjonijiet. Fil-biċċa l-kbira tagħhom, dawn it-testijiet jiġu normali u l-kawża ta' l-aċċessjonijiet tibqa' ma tinstabx.



L-EPILESSJA - TIΣΤΑ'R IGHIX HAJWA NORMALI / L-EPILESSJA

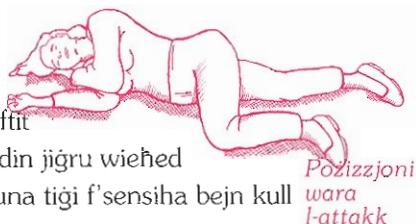


X'nista' nagħmel jekk persuna jkollha l-attakk?

Din hija domanda komuni li jsaqsu l-qraba tal-pazjent. Jinkwetaw hafna meta jaraw dik il-persuna ma l-art tiċċaqlaq, u ma jistgħu jagħmlu xejn biex jgħinuha. Wisq probabbli, l-aktar haġa mportanti hija li ma thallix il-persuna tweġġa billi tqiegħed imħadda taht rasha u tneħħi xi affarjiet fil-viċin li jistgħu ikunu ta' periklu. Tippruvax ittella' l-persuna mill-art jew iżżommilha idejha u saqajha bil-forza biex ma tiċċaqlaqx. Wara l-attakk ġalli l-persuna b'rasha mal-ġenb biex tkun tista' tieħu nifs ahjar. Hafna drabi. L-aċċessjoni tgħaddi waħidha mingħajr problemi.

Ukoll hafna drabi huwa għażi li l-persuna tfitteż parir mediku wara aċċessjoni, speċjalment jekk :

- Din kienet l-ewwel aċċessjoni li qatt qabditha, jew mhijiex fuq il-kura.
- L-aċċessjonijiet qegħdin jiġru aktar ta' spiss. L-attakk ma jmurx waħdu wara fit-tin minuti jew inkella l-aċċessjonijiet qegħdin jiġru wieħed wara l-ieħor mingħajr ma jħallu l-persuna tiġi f'sensiha bejn kull attakk.
- Il-pazjent iweġġa' waqt l-attakk.



Pozizzjoni
wara
l-attakk

Fatturi li jidu rriskju ta' ottakk

- Nuqqas ta' irraq : Dawk li jorqdu inqas mis-soltu għandhom aktar riskju li jaqbadhom attakki ta' spiss.
- Korb żejjed : Dawk li jiskru għandhom aktar riskju li jkollhom aċċessjoni speċjalment jekk iwaqqfu x-xorb f'daqqa.
- Nuqqas ta' zokkor fid-demm : Dan jigri b'mod partikulari lil dawk li huma dijabetiċi u jieħdu t-titqib ta' l-insulina. Dawn il-pazjenti għandhom joqogħdu attenti li jżommu l-hivell taz-zokkor fid-demm kif suppost.



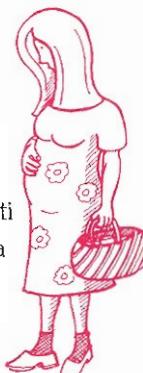


Xi prekawzjonijiet li persuna li tbat i milt aċċessjonijiet għandha tieħu

Jekk il-persuna jkollha attakk f'ċerti ċirkostanzi din tista' tkun ta' periklu serju ghaliha u għall-oħrajn.

- Issuqx u taħdimx fuq makkinarju goff. Inċidenti koroh tat-traffiku jistgħu jingalgħu jekk ikollok aċċessjoni waqt li tkun qiegħed issuq. M'għandekx issuq għal perjodu ta' sentejn wara l-aħħar aċċessjoni.
- Qatt m'għandek tgħum waħdek speċjalment fil-baħar fond. Tistħix tgħid lil shabek jew lil xi ħadd ieħor li jista' jkollok bżonn l-għajnejna. Tiddendilx mill-gholi. Toqgħodx f'xi xifer għax jekk jgħatik attakk tista' taqa' l-isfel.
- Jekk trid tinqabu tqila kellem lit-tabib tiegħek. Xi mediċini jistgħu jikkawżaw xi difetti fit-tarbija. Dan ir-riskju jonqos jekk tieħu 'vitamini' li jgħidulhom Folic Acid.
- Qis li tieħu l-mediċini kuljum kif qallek it-tabib.
- Żomm dokument fuqek li jgħid li inti tbat i-mill-aċċessjonijiet. Tista' żżomm djarju fejn tikteb il-ġurnata u tiddeskrivi x'għara waqt l-attakk.

Xi drabi l-epilettiku jkollu jaqta' xi tipi ta' sports u jevita ġerti xogħolijiet. Madankollu jekk il-persuna tagħraf tadatta ruħha għas-sitwazzjoni, din il-kundizzjoni m'għandhiex tbiddel il-ħajja ta' persuna ta' taħt fuq.



L-EPILEPSJA - M-ISTIWA KU INN-HEKKU L-EPILEPSJA



Kura

Jekk il-persuna ssib ruħha l-isptar waqt l-aċċessjoni, ġeneralment it-tabib jagħti kura dak il-ħin, fil-vina jew bħala suppożitorju. Fil-maġgoranza tad-drabi l-attakk jieqaf qabel tkun waslet l-ghajjnuna medika.

Biex jitnaqqsu n-numru ta' attakki il-pazjent jingħata kura forma ta' pilloli. Spiss il-pazjent ikollu jieħu dawn il-mediċini għal ħajtu. Minn ħin għall-ieħor id-demm għandha jiġi ttestjat biex it-tabib jiżgura ruħu li d-doża tal-mediċini hija biżżejjed.

Ħafna drabi il-pazjent ma jingħatax il-kura wara l-ewwel attakk biss, iżda jekk jerġa' jkollu ieħor, il-kura tingħata. F'Malta il-persuna li tbatil mill-epilessija għandha d-dritt li tapplika biex tingħata l-pilloli b'xejn (Il-kartuna s-safra). Din hi għajjnuna kbira għall-persuna.

Accessjonijiet li jidhru meta t-tfal ikollhom id-deni



Erbgħa fil-mija tat-tfal ta' taħbi is-sitt snin ibatu minn aċċessjoni waqt li jkollhom id-deni. Għandhom ukoll riskju għoli li jerġgħu ikollhom aċċessjoni waqt li jkollhom id-deni. Dawn it-tfal għandhom riskju ta' madwar tnejn fil-mija li jkollhom l-epilessija meta jikbru, jiġifieri r-riskju huwa d-doppju ta' dak tal-popolazzjoni in ġeneral.

Waqt l-attakk huwa importanti li t-tifel/tifla ma jweġġgax, u li xxarrablu ġisemu biex tonqos it-temperatura tal-ġisem. Irranġalu biex iddaħħlu l-isptar.

L-EPILESSJA - TISTA' TGHIX HA QWA NORMALI | L-EPILESSJA



CARITAS MALTA GRUPPA SUPPORT GHALL-EPILEPTICI MALTIN

Il-Caritas Malta qed toffri l-ghajnuna tagħha lill-epileptici
Maltin u l-familjari tagħhom, biex jifurmaw

Grupp Ta' Support Ghall-Epileptici Maltin.

Dan il-grupp, fost l-attivitajiet tiegħi, qed jagħmel
kampanja ta' edukazzjoni biex titkabbar il-kuxjenza dwar
din il-kundizzjoni, u dwar id-drittijiet u d-dmirijiet ta' l-
epileptici. Dan il-grupp qed jiľtaqa' kull xahar u jattendu
nies min kull livell u stadju ta' ħajja. Fil-laqqhat il-membri
jaqsmu l-esperjenzi tagħhom, b'mod konfidenzali, u
huma jingħataw informazzjoni mingħand kelliema

speċjalizzati f'aspett jew ieħor tal-epilepsija.

Il-grupp jiľtaqa' fl-Ufficċċju Ċentrali

tal-**Caritas**, 5, Trio l-Iljun, il-Furjana,

fit-tieni Erbgha ta' kull xahar fis-6.00pm.

Dawk kollha li jixtiequ iktar informazzjoni dwar dan
il-grupp huma mitluba jčemplu fuq in-numru **233933**

jew l-Università ta' Malta

fuq **32902845** u jistaqsu għall-persuna

responsabbli mill-Epilepsy Group.

Nassigħraw kom li l-Haqgħat huma kunkfidenzjali.

Fuq l-internet indirizz hu

<http://www.synapse.net.mt/welfare/epilepsy>.



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.

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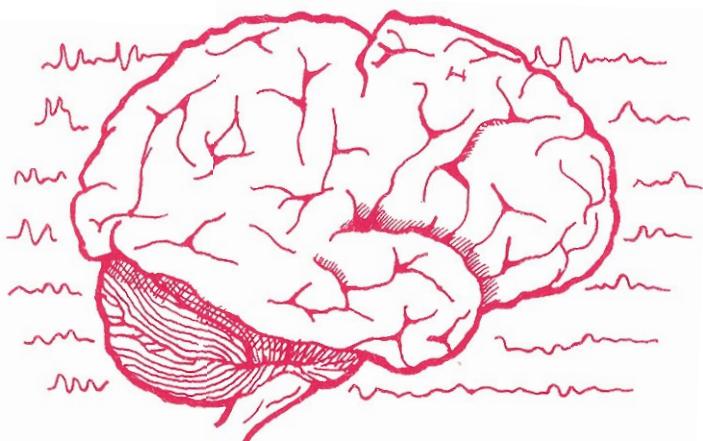


What is Epilepsy?

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

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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.

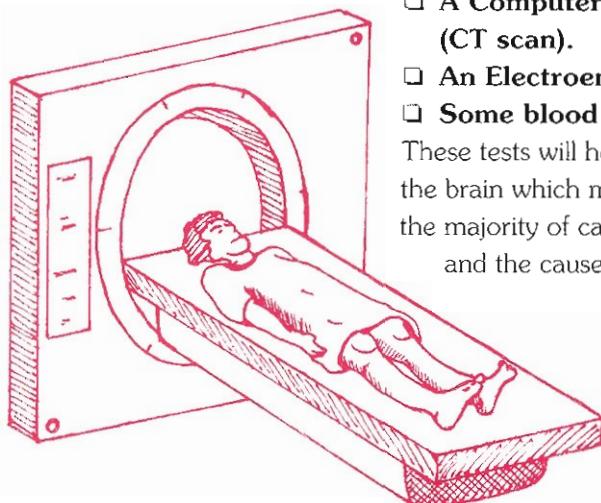
After the seizure the person often feels drowsy and sleepy, and may complain of headaches.

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.**

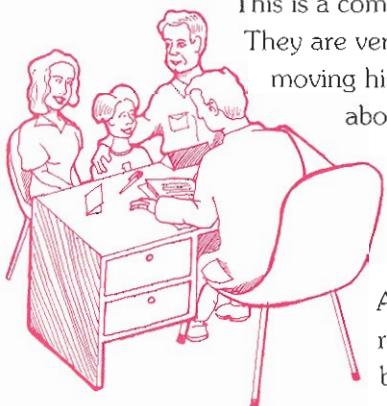
These tests will help to exclude some lesion in the brain which may be a cause of the fits. In the majority of cases these tests result normal and the cause is not known.



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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.



The recovery position

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.



EPILEPSY is not a condition that ... EPILIFY you can have a normal life



Precautions which epileptics must take

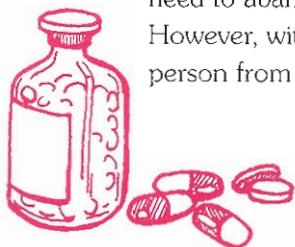
If a person happens to suffer a fit in certain circumstances, he can be of danger to himself and others.

- 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.



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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.

Life

EPILEPSY you can lead a no



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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Diviżjoni tas-Sahħha