

## Article

### Epilepsy on the rise in older people

Many people believe that epilepsy is a condition that mainly affects children and that it's something you are born with. While it is true that babies and children up to the age of five have a high incidence of epilepsy, it is becoming more and more evident as our population ages that people over the age of 65 years are, in fact, in the highest risk group to experience first-time seizures.

It is estimated that up to 4 percent of Australians will have epilepsy during their lifetime, which is approximately 892,000 people. However, recent US studies estimate as many as 7 percent of people over the age of 65 will develop epilepsy. In Australia in 2007, there were 2.8 million people aged 65 and over. Within this age group it is therefore estimated that approximately 196,000 Australians will develop epilepsy in later life.

And the risk increases as we age. The incidence of a first seizure is 52 to 59 per 100,000 in persons 40 to 59 years of age, but more than doubles to 127 per 100,000 in those aged 60 and over.

Epilepsy is a significant community health issue, affecting not only those with the condition but also impacting up to four times this number, when taking into account family members, carers, friends, work colleagues and school communities.

A diagnosis of epilepsy creates challenges for a person of any age, but can cause additional difficulties for older people, particularly around the desire to live independently for as long as possible, as well as issues relating to living alone, isolation and the impact of epilepsy in tandem with other health conditions. However, epilepsy can be managed and it is possible to live well with the condition.

#### What is epilepsy?

The brain controls the body's actions, sensations and emotions through nerve cells that carry messages between the brain and the body. These messages are transmitted through regular electrical impulses. A seizure occurs when sudden bursts of electrical activity in the brain disrupt this pattern. The kind of seizure, and the parts of the body affected by it, relates to the part of the brain in which the irregular electrical activity occurred. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings and sensations or changed behaviour.

While seizures can be frightening, in most instances they stop without intervention. Once the seizure is over the person gradually regains control and re-orientates themselves to their surroundings generally without any ill-effects.

There are many different types of seizures, depending on which part of the brain the seizures occur and how much of the brain is affected, making epilepsy an extremely difficult condition to diagnose accurately and treat.

Generally, seizures fall into two categories: focal or partial seizures, which start in one part of the brain (ie. at a focal point in the brain) and affect the part of the body controlled by that part of the brain, and primary generalised seizures, which involve the whole brain and, therefore,

involve the whole body. There are many types of generalised seizures – some convulsive, others non-convulsive.

Sometimes a person with epilepsy will experience only one type of seizure throughout their life, while others may experience different types of seizures at different times. It is also sometimes difficult to tell if a person is actually having a seizure – they may simply look like they are daydreaming or lose concentration for a moment.

### **What causes epilepsy in older people?**

The causes of seizures in older people are likely to be related to physical changes associated with ageing. The underlying factors can be identified in a greater proportion of older patients than younger ones and can include cerebrovascular disease, dementia and tumours.

Stroke is one of the most frequent causes of seizures that begin in later life. As people age, arteries may become narrowed or clogged, depriving parts of the brain of blood and oxygen. The resulting damage may produce seizures. Bleeding in the brain, which is another form of stroke, may also leave a person with seizures afterwards.

For approximately half of people who are diagnosed with epilepsy there will be no known or identifiable cause.

### **Diagnosis and treatment**

The doctor will begin by taking a thorough medical history and examining the patient. Eyewitness accounts can assist greatly with the diagnosis, so it is useful for a friend or family member who saw the event to accompany the patient to the first appointment.

Tests may be arranged, and these will vary depending on the doctor's initial assessment. They may include blood tests, an electroencephalogram (EEG), a computerised tomography (CT) scan or a Magnet Resonance Imaging (MRI) scan.

The EEG test records the electrical activity of the brain. However, electrical changes can often be seen only during a seizure, so a normal EEG, taken when a seizure is not occurring, doesn't mean that a seizure has not occurred at some other time.

Approximately 70 percent of people diagnosed with epilepsy will have their seizures controlled with anti-epileptic medication. While the aim of treatment is to control seizures with minimum adverse side-effects, current research and clinical experience indicate that some older people may experience more undesirable side-effects such as unsteadiness when walking or fatigue. Older people often need lower doses of epilepsy medication to achieve seizure control.

### **Living well with epilepsy**

A diagnosis of epilepsy can impact on a person's life in many ways. Coming to terms with epilepsy, accepting seizures and having to take regular medication to control them can at first seem overwhelming.

If the person with epilepsy is the driver in the household, not being allowed to drive until the seizures are under control may mean that for a short time two people become housebound. This is the time that family and friends can help, or seek out local community support services.

A loss of confidence can also be experienced after a fall and the fear of further falls may stop the person from enjoying life as they should.

A few simple tips can help you to live as well as possible with epilepsy:

**Lifestyle** – a healthy lifestyle can help. Getting adequate sleep, having a good diet, controlling stress, limiting alcohol intake and getting plenty of exercise, can improve seizure control and general wellbeing.

**Safety in the home** – the doctor may refer the person to an occupational therapist who can assess their home environment and advise on home modifications and other safety precautions relevant to the seizure type and frequency. Funding may be available to assist with some modifications.

**Personal alarms** – if the person lives alone they may wish to consider wearing a personal alarm that is connected via telephone to a monitoring centre.

**Use a Dosette box or Webster pack** – at times the person with epilepsy may have difficulty remembering if they have taken their medication as prescribed. Dosette boxes have separate compartments to place all the tablets required for a week or a day. People who are unable to manage their own medication may find it helpful to have their pharmacist dispense their medication in a Webster pack, which provides one full week of medication.

See the Epilepsy Foundation's Top 10 Tips for more information on living well with epilepsy.

For information on epilepsy or to access an epilepsy counsellor, contact the Epilepsy Foundation of Victoria on the Epilepsy Help Line 1300 852 853 or visit [www.epinet.org.au](http://www.epinet.org.au)

*Epilepsy Foundation of Victoria provides support for people living with epilepsy and their families to help them achieve their goals. Our services include information, advice and support, epilepsy counselling and practical assistance, as well as education and training, research and advocacy on behalf of people with epilepsy. We work to raise awareness of epilepsy in the community to reduce the stigma and create a more welcoming and inclusive society.*

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