About Epilepsy

Epilepsy is a chronic neurological disorder affecting approximately three million people in the U.S.—making it as common as breast cancer. More than one million people continue to experience seizures or side effects despite trying two or more antiepileptic drugs (AEDs). New medications and treatments give hope to those living with uncontrolled seizures.

Epilepsy is…

- Caused by abnormal electrical activity in the brain
- Characterized by two or more unprovoked seizures
- Not always evident—seizures range from small hand twitches or staring spells to full-body movements, or a combination of these
- Most often managed with antiepileptic drugs (AEDs)
  - Less than half (47 percent) of people diagnosed with epilepsy become seizure-free with the first AED they try
  - One-third will continue to experience seizures or side effects despite trying two or more AEDs

The Goal of Treatment

- The goal of epilepsy treatment is seizure freedom with minimal side effects
- Uncontrolled seizures and medication side effects pose challenges to independent living, learning and employment

At-risk Population

- Anyone can develop epilepsy; it occurs across all ages, races and genders
- Children under two years and adults over 65 are at greater risk
- Each year, 200,000 people are diagnosed, but this number is expected to rise as the population ages

Seizure Types

- There are over 40 different epilepsy syndromes and nine types of seizures
- Seizures are generally classified as either *partial* or *generalized*
- *Partial seizures* affect one side of the brain—more than 50 percent of all new cases of epilepsy involve partial-onset seizures. Partial seizures can be further classified:
  - A complex partial seizure occurs when a person loses consciousness
  - A simple partial seizure occurs when someone does *not* lose consciousness
    - An example of a simple partial seizure is when a person experiences rhythmic movements of one part of the body
- *Generalized seizures* affect both sides of the brain
  - An example is the stereotypical convulsive seizure frequently depicted on television and in movies—this is called a tonic-clonic seizure
  - Another example is an absence seizure, when a person stares off into space for a few moments

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Shortening the Journey to Epilepsy Independence

- Each individual must have an individually tailored medical diagnosis and treatment plan
  - Someone experiencing seizures should see a doctor familiar with epilepsy, such as a neurologist or an epileptologist—a neurologist who specializes in epilepsy—to ensure proper diagnosis and access to the most up-to-date treatment options
  - Doctors need to know what happens before, during and after a seizure, so it is recommended that a caregiver, family member or friend participate in medical appointments
  - If a single AED does not control seizures, doctors may add an additional AED; this is called combination therapy and may help some people attain treatment success sooner compared to trying one AED at a time
- Some people, whose seizures cannot be controlled with medication alone, may consider other therapies such as brain surgery, vagal nerve stimulator (VNS) or the ketogenic diet
- People living with epilepsy should seek support from their families and friends
- Additional support can be found through Epilepsy Advocate—a community of people who share their epilepsy challenges and successes so that more people are empowered to seek medical care with a goal of achieving seizure freedom with minimal side effects.

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