Epilepsy

Managing Your Care

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

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For a digital copy of this book, please visit **go.osu.edu/pted4507**.

Talk to your doctor or health care team if you have any questions about your care.

For more health information, go to **wexnermedical.osu.edu/patiented** or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

Epilepsy

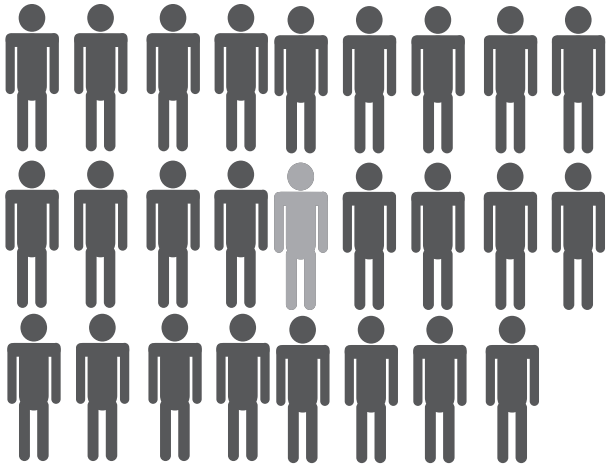
About epilepsy

Epilepsy is a brain disorder that causes people to have recurring seizures. Having 1 seizure does not mean you have this condition. At least 2 seizures over time are required for this diagnosis.

The seizures happen when clusters of nerve cells, called neurons, in the brain send out the wrong signals. People with epilepsy are more likely to have seizures than other people.

Anyone can develop epilepsy at any age, but it is more common in children and older adults. It is estimated that **1 in every 26** people will develop epilepsy in their lifetime, no matter their gender, age, or race.

Epilepsy is not a mental illness and most often does not affect your ability to learn and think. It is not spread to another person like germs that can cause a cold, and you cannot catch it by being around someone who has epilepsy.



Has or will develop epilepsy

Causes of epilepsy

For more than half the people, there is no known cause for epilepsy, and it is called **genetic or idiopathic epilepsy.**

Some causes are known and can include:

- Stroke, also called a cerebrovascular accident or CVA
- Brain tumor
- Brain infection such as meningitis
- Developmental disorders, such as autism
- Traumatic brain injury
- Certain genetic disorders

To learn more

Epilepsy Alliance Ohio

- www.epilepsy-ohio.org

Cincinnati Office:

- 895 Central Avenue, Suite 550 Cincinnati, OH 45202-5757
- 513- 721-2905 or 877- 804-2241

Columbus Office:

- 3857 N. High St., Suite 206 Columbus, Ohio 43214
- 614-725-1015

Epilepsy Foundation Ohio

- 937-233-2500 or 800-360-3296
- www.ohioepilepsy.org
- Ohio@EFA.org

Epilepsy Foundation

- www.epilepsy.com
- ContactUs@efa.org
- **24/7 Epilepsy Helpline** at 1-200-331-1000

National Institute of Neurological Disorders and Stroke

- www.ninds.nih.gov/Disorders/All-Disorders/Epilepsy-Information-Page

Centers for Disease Control and Prevention

- www.cdc.gov/epilepsy

History and testing

To determine if you have epilepsy, you will be asked about your health history and any seizures or other signs you have had. This helps your care team figure out if you have, or you are at risk for developing epilepsy.

Tests may be done, such as a blood test and an electroencephalogram (EEG) that records electrical activity in your brain, to help your doctor see patterns that may reveal epilepsy.

Brain MRIs and CT scans can also be used to check for physical changes in your brain that may cause a seizure.

Treatment

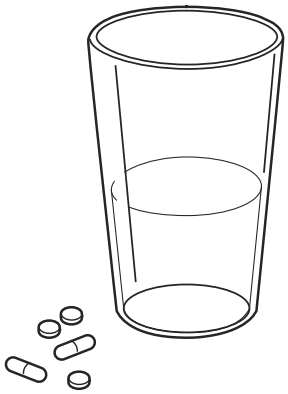
The goal of treatment is to reduce or prevent seizures. This can lower the risk of falls or other injury when you have seizures, but it also can improve your quality of life.

Based on the type of seizures you are having and what type of epilepsy you have, your age and other factors, your doctors and others on your care team will plan your treatment.

Treatment may include:

- Medicine
- Special diet restrictions
- Electrical stimulation devices
- Surgery
- Clinical trials

Medicine is often the first treatment. Anti-epileptic medicines do not cure epilepsy, but they help prevent seizures in most people who take them. It may take some time to find the right medicines.



A diet high in fat and low in carbohydrates, called a ketogenic diet, or variations of this diet may be part of your plan if you do not respond to medicines. It can be hard to follow long term because it limits food choices.

Electrical stimulation devices may be a treatment option for people whose seizures do not respond to medicine. They may also be used if surgery is not an option.

Surgery can reduce seizures that may be very severe, frequent and harmful. It may also be an option if the seizures do not respond to medicines.

Talk to your doctor and others on your care team about your treatment plan.

Your care at home

Take your medicines as they are ordered each day. **Not taking medicines is 1 of the main reasons** why medicines do not control seizures. You need to keep the right level of medicine in your body. **Use a pill box and an alarm** to help remind you to take your medicines every day.

Follow your treatment plan and try to identify things that may make you more likely to have seizures and try to avoid those things.

If you keep having seizures and you are following your treatment plan, keep a record of your seizures. Mark the date and time and any details you can remember, or anything others may know. This may be helpful to your doctor and others on your care team to adjust your treatment plan.

For your safety

- If you have epilepsy, you should wear a **medical identification bracelet or necklace.** This can help first responders know about your condition if you are not able to respond to them. You can order online or you may find them at the pharmacy.
- Make a seizure response plan with your family, friends, co-workers and teachers, so they know what activities may be dangerous for you and how to help you. See page 21 for more information.
- Be sure your family and friends know first aid for seizures and when to call 911. There is more information on page 18 of this book.
- Talk to your doctor about whether you may need to have “rescue medicine” to take as needed. Not everyone with epilepsy will have rescue medicine.

Preventing injuries

If your epilepsy is well controlled, accidental injuries may not be a big concern, but you may want to put some things in place to stay safe. Things that can be the most trouble are:

- Water
- Heat
- Electricity
- Heights

Think about some of these tips to keep you safe from injury.

Traveling

- Travel with someone who knows you have seizures and can help you if needed.
- Always pack your medicine in your carry on luggage and pack extra medicine in case you get delayed.
- Talk to your care team about how to adjust your medicines if you are in different time zones.
- Wear a medical identification bracelet or necklace.

Seizures

With Epilepsy

Seizures are sudden, uncontrollable, electrical changes in the brain that disrupt normal function. Most seizures cause a loss of awareness and uncontrolled body movement. There are many types of seizures, and signs may differ based on the part of the brain affected. Most seizures last from 30 seconds to 2 minutes.

Signs of a seizure

Some seizures have a warning sign called an **aura** which is a seizure without loss of consciousness. The aura may be a headache, changes in vision, hearing noises or smelling a scent, such as smoke.

During the seizure, these signs may occur:

- Staring spells
- Facial twitching
- Problems breathing
- Black outs, loss of memory or confusion
- Drooling
- Problems controlling the bowels or bladder
- Convulsions or uncontrollable body motions, such as chewing motions, body stiffening, jerking or lip smacking
- Changes in sensation or vision

After the seizure, the time before you or your loved one wakes up is called the **postictal state**. Most people are very tired and confused during this time.

Types of seizures

There are many different kinds of seizures. The most common types are:

- **Focal seizure with change of awareness**, also known as a **complex partial seizure.** This type begins in one place in the brain and can spread to others. Many different signs can occur with a focal seizure.
- **Generalized tonic-clonic seizure**, also known as a **grand mal seizure**. This type affects the entire brain causing convulsions or shaking.

Seizure triggers

For people with epilepsy, **missed medicine doses** are the most common cause of break through seizures.

Other triggers that may make a seizure more likely to occur include:

- Lack of sleep
- Stress
- Illicit drug use
- Smoking cigarettes
- Hormonal changes, such as with a menstrual cycle

Less common triggers or causes include:

- Fever
- Heat and humidity
- Flashing lights
- Caffeine
- Not eating
- Alcohol

EEG

Electroencephalogram

This test records electrical activity of the brain.

Preparing for the test

- Your hair needs to be clean and dry before having your EEG.
- Avoid use of oils, sprays or lotions on your clean hair.
- Long hair should not be braided, tied or pinned.
- Do not have any hairpieces or hair weaves in for this test.
- Do not nap before the test.
- Avoid caffeine drinks like coffee, tea and some soft drinks.
- You may eat your normal diet.
- Go to the bathroom and empty your bladder before you are taken to the EEG room.
- If you are to have a sleep deprived EEG, you are not to sleep the night before your test.
- If you are to have a sleep and wake EEG, sleep only half the amount you usually sleep the night before the test. For example, if you sleep 8 hours a night, only sleep 4 hours the night before your test.

How the test is done

You will be seated in a reclining chair. The test will last 30 to 60 minutes. There is no pain caused by an EEG. Stay quiet and relaxed and you may try to nap. Your head will be measured to find where to place the electrodes used for the test. About 25 electrodes will be pasted to your scalp. The technologist doing your test will ask you to deep breathe and flash a bright light in front of your eyes during a part of the test.

After the test

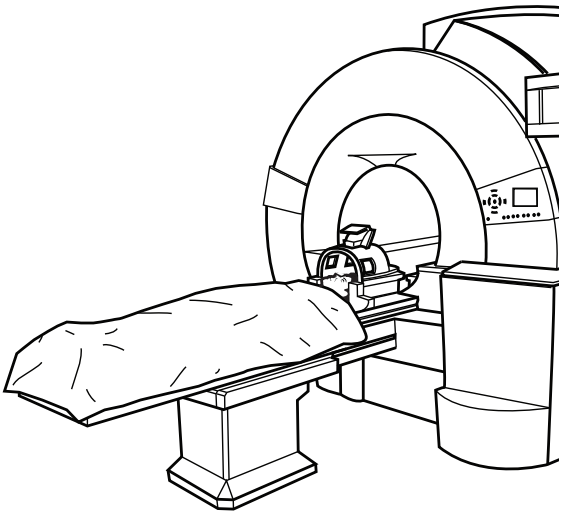
The pads and paste will be taken off of your scalp. You may want to wash your hair after the test to remove the paste that is left. Talk to your nurse or doctor if you have any questions or concerns about the EEG.

Brain MRI

Magnetic Resonance Imaging

This test is a safe, painless way for your doctor to look into your brain. The pictures taken during the test look at soft tissue and organs. They provide information that can help your doctor diagnose the problem that you are having. The test uses radio waves and a magnetic field. An MRI is a long tube-like machine that is open on both ends.

During the test, you lie on a padded table in the middle of this machine. We will try to make your position comfortable.



Preparing for the test

- If you take diabetes medicines, talk with your doctor about how to control your blood sugar before the test. If you have diabetes, tell the technologist all the medicines you take to manage your blood sugar and when you last took them.
- Bring a medicine list with you. Tell the doctor or technologist about the prescription medicines you take, including over the counter, herbals, vitamins or supplements, and if you have any medicine allergies.
- If you wear any kind of medicine patch, such as nicotine or nitroglycerin patch, they will need to be removed for this test. Bring a new patch that you can put on after your test.
- If being in a closed space frightens you, talk to your doctor. Your doctor may give you some medicine to bring with you to help you relax. If you do bring medicine to help relax, you need to have someone with you that can drive you home.
- You will need to remove all metal items, such as watch, hairpins, bra, jewelry, coins and piercings, from your body.
- An IV may be started in your arm for IV medicine called contrast. IV contrast is needed to give better images on certain studies only.

How the test is done

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- The MRI is a long tube-like machine that is open on both ends. You will lie on a padded table in the middle of this machine. A device called a head coil will be placed around your head. We will try to make you as comfortable as possible.
- The table will then move into the opening of the MRI machine. It will stop when that part of your body to be tested is in the center. Please stay as still as you can during the test.
- You will hear a sound like a drum beat as the images are taken. You will be given headphones or earplugs help quiet the noise of the machine.
- The technologist will not stay with you in the room. You will be able to hear and see the staff and they will check on you through an intercom and window. If you become uncomfortable at any time, tell the technologist. Staff will be right there to help you.
- You will be given a communication ball in your hand to squeeze if you need the technologist.
- You may be asked to hold your breath one or more times during the test for about 20 seconds at a time, and then you can breathe normally. This is only needed for certain kinds of tests.
- Do not move while the images are being taken and try to breathe normally.

After the test

- Drink plenty of clear liquids, such as water, apple juice and Sprite to help clear your system of the contrast medicine unless your doctor has you on a different diet. Drink 8, 8 ounce glasses of clear liquid after the test.
- Your MRI will be read by a radiologist, a doctor that specializes in radiology, and the result will be sent to the doctor who ordered the test. Your doctor will share your test results with you.
- If you were given sedative medicine to help your relax during the test, an adult must be with you to take you home. It is not safe for you to drive or leave alone. You may drive home after the test if you were not given medicine to help you relax.
- If you have any problems or feel something is not right after your test, call your doctor.

Living with Epilepsy

Tips to Help You Live Well

Seizures can affect daily living, self-esteem and freedom in daily activities. You may not, for example, be able to drive for months after a seizure. If you or your loved one has depression, trouble sleeping, trouble eating or functioning, talk to your doctor or any member of the healthcare team. Seek out support groups to share experiences, frustrations and tips on how to cope with seizures.

Follow these tips to help you live well with epilepsy.

Develop good sleep habits

Poor sleep can be a common problem in people with epilepsy and can increase risk of seizures.

To improve your sleep, try to improve your sleep habits.

- Avoid caffeine, alcohol and other stimulants late in the day.
- Limit stress before going to bed.
- Limit napping during the day to no more than 30 minutes.
- Limit heavy or rich foods, fried or fatty foods and other things that may cause indigestion that may interfere with your sleep.
- Have a relaxing bedtime routine to help your body know it is time for bed.
- Have the bedroom cool and dark. You may want to use an eye mask, ear plugs, or white noise machines or a fan to help you relax.
- Avoid bright lights and bright screens on devices close to bedtime.

Talk to your epilepsy provider about the timing of your medicines if needed. If you have other issues with sleep, you may need to be seen by a sleep specialist.

Manage stress and anxiety

Stress can be a trigger for seizures, so you need to learn healthy coping strategies.

- Create a daily routine that includes some exercise, if you are able to exercise safely. Talk to your provider before you start an exercise routine.
- Try some relaxation exercises that you can do anywhere and any time. These can include deep breathing, guided imagery, meditation, yoga and higher self awareness.
- Talk to your provider about other ways to help manage your stress and anxiety.

Dietary consult

Diet can be challenging because the epilepsy medicine side effects can affect your energy levels. Weight gain and other digestive side effects may be a problem.

- Talk with your epilepsy provider about meeting with a dietitian to talk through your diet and to get suggestions about what you may do to improve your health.

- Some people living with epilepsy have found the ketogenic diet or the modified Adkins diet to be helpful. More information about this diet is included on page 15 of this book. Close monitoring by your dietitian and provider and lab work is required while you are on this diet. Ask your epilepsy provider if you are interested in trying this diet.

Exercise

Being as physically active as you can be can improve your quality of life.

- Regular activity can help to reduce how severe and how often seizures occur.
- Seizures are rarely triggered by exercise. If you are a person who does have exercise as a trigger, talk to your care team about this.
- For your safety, be sure to keep hydrated and do not over exert yourself.

Sports and activities have different risks if you were to have seizures.

Low risk activities include:

- Baseball
- Bowling
- Cross-country skiing
- Golf
- Running
- Walking
- Weight training
- Yoga

Moderate risk activities include:

- Basketball
- Biking
- Boating or sailing
- Football
- Floor gymnastics
- Horseback riding
- Karate
- Skateboarding
- Soccer
- Swimming
- Waterskiing

High risk activities include:

- Boxing
- Downhill skiing
- Gymnastics on equipment with height
- Hang gliding
- Hockey
- Motor sports
- Rock climbing
- Scuba diving
- Swimming long distance

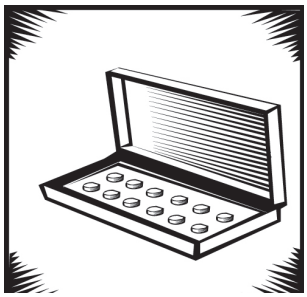
Women with Epilepsy

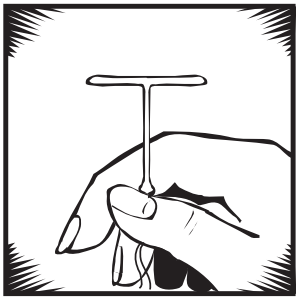
Epilepsy affects both men and women, but there are some special concerns for women.

Health and wellness

Seizures can affect daily living, self-esteem and freedom in daily activities. Talk to your doctor if you have depression, trouble sleeping, trouble eating or functioning. A referral for personal and/or family counseling may help to address quality of life issues. Seek out support groups to share experiences, frustrations and tips on how to cope with seizures.

Birth control





All methods of birth control can safely be used by women with epilepsy. These include:

- **Hormonal methods of birth control**, such as birth control pills, skin patch, injection, implant, vaginal ring and hormonal intrauterine device (IUD)
- **Nonhormonal methods of birth control**, such as copper intrauterine device (IUD) and barrier methods of birth control, like condoms, diaphragms and spermicides

Talk to your doctor about the seizure medicines you take and your choice for birth control. Some seizure medicines may make hormonal methods of birth control, like birth control pills, less effective, and some types of birth control may make your seizure medicines less effective. If you take any of the below medicines, talk to your epilepsy provider about the best method of birth control to use:

- Carbamazepine (Tegretol)
- Lamotrigine (Lamictal)
- Oxcarbazepine (Trileptal)
- Phenytoin (Dilantin)
- Topiramate (Qudexy XR, Topamax, Trokendi XR) (more than 200 mg)

Pregnancy

Talk to your doctors before you get pregnant to learn the health risks with your type of epilepsy and the medicines you are taking. You and your doctor can then create a plan to ensure a healthy pregnancy for you and your baby. About 90% of women who are seizure-free before pregnancy will remain seizure free during pregnancy.

To prepare for a healthy pregnancy:

- Your doctor will prescribe the safest seizure medicine and dose for you and your baby. **Take your seizure medicines as prescribed.** Do NOT stop taking your medicines. Uncontrolled seizures are dangerous for you and your baby because of the risk of falls and low oxygen. **If you have a seizure, tell your doctor as soon as possible.**
- **Take a prenatal vitamin with 400 micrograms (mcg) of folic acid at least 1 month before you get pregnant.** Folic acid reduces the risk of some birth defects.
- **Talk to your epilepsy provider.** He or she may order some baseline lab work.

During pregnancy:

- **Take a prenatal vitamin with folic acid.**
- Get plenty of sleep.
- **Go to all prenatal health visits.** These visits let your doctor find health problems early.
- Your doctor may check your blood levels of seizure medicines monthly and adjust your doses as needed.
- Follow-up with your epilepsy provider on a regular basis.
- Avoid tobacco, caffeine, alcohol and illegal drugs.
- Try to avoid stress.

After delivery (postpartum):

Talk to your doctor about a postpartum plan. It is common for seizure medicines to be adjusted again postpartum if your dose was altered during pregnancy.

Breastfeeding

Talk to your epilepsy provider about your medicines and breastfeeding. For most women with epilepsy, breastfeeding is a safe and beneficial choice.

Only small amounts of seizure medicines are secreted in breast milk, often much less than the baby was exposed to in the womb. Work with your baby's doctor and a lactation consultant to meet your baby's nutritional needs.

Continue to take a prenatal vitamin while breastfeeding.

Risk of seizures in the child

The risk that your child will develop epilepsy is only about 5 percent unless you have a clear hereditary form of epilepsy. If you are worried that your epilepsy is a hereditary form, ask to speak with a genetic counselor.

Menopause

Your seizure medicine and dose may need to change as you age.

Some seizure medicines can cause mineral loss from bone. This can result in bone loss called **osteoporosis** and bone fractures. These medicines include:

- Carbamazepine (Tegretol)
- Oxcarbazepine (Trileptal)
- Phenobarbital
- Phenytoin (Dilantin)
- Primidone (Mysoline)

To prevent bone loss:

- Eat a diet high in calcium and vitamin D and take a multivitamin.
- Do weight-bearing exercises, such as walking, dancing, tennis and weight training.
- Avoid alcohol and smoking.
- Discuss use of hormone replacement therapy with your epilepsy provider.

For more information, visit these websites

- Epilepsy Alliance of Ohio at www.epilepsy-ohio.org
- Epilepsy Foundation at www.epilepsy.com
- National Institute of Neurological Disorders and Stroke, Epilepsy Information Page at www.ninds.nih.gov/Disorders/All-Disorders/Epilepsy-Information-Page

Ketogenic Diet

The ketogenic diet, or keto diet, has been used for nearly 100 years to help people with epilepsy control their seizures. The diet has also helped with other diseases, such as some cancers and Alzheimer's disease, and with weight loss.

Because this diet is very low in carbohydrates or carbs, your body burns fat for energy. This is called ketosis. Ketosis also happens in your body when you haven't eaten for a long time. If you follow a keto diet, fat cells go to your liver where some are broken down and some are stored as ketones.

It can take time for your body to adjust to using ketones and fat for energy, instead of carbs. You may feel weak, tired and even like you have mild, flu-like symptoms. These signs often last a few days or until your body goes into ketosis and adjusts to using fat for energy.

Talk with your doctor or dietitian to see if you may benefit from following a keto diet or if you have other questions.

Types of keto diets

There are 5 different types of the keto diet. The 3 types most often used are:

- Classic Keto
- Modified Atkins
- Low Glycemic Index Treatment (LGIT)

More details and sample menus for each of these diets are included in this handout for your review.

The other types of keto diet are used less often and include:

- Modified Keto – This type is still very limited, but it allows slightly more protein and carbohydrates than Classic Keto.
- Medium Chain Triglyceride (MCT) – Half of the fat comes from a special fat, called MCT, that causes many stomach and intestinal side effects, so it is not very popular.

With all keto diets, drinks are limited to:

- Sugar-free beverages, such as water, sugar-free seltzer water, tea and coffee (with the option to add real cream).
- High salt beverages, such as beef, chicken or vegetable broth. These are also good to drink, so you get enough salt, called sodium, in your body.

Classic Keto

- This is the original keto diet used to treat epilepsy.
- Most limited type that requires food to be carefully measured on a gram scale. A scale can be purchased at many stores that carry cooking supplies.
- Most of the calories (90%) come from fats. There are lower proteins and very low carbohydrates in this type compared to the other types of keto diets.
- **Sample menu:**

Breakfast	71 g raw eggs, scrambled with 17 g heavy cream, 28 g butter, 21 g spinach, 10 g mushrooms and 10 g olive oil 1 tablespoon butter or coconut oil Coffee or tea with 1 tablespoon cream
Lunch	Cobb salad that includes 72 g mixed greens, 18 g avocado, 68 g hard-boiled egg (chopped), 14 g chopped bacon and 15 g shredded cheese Tossed in 31 g olive oil and 15 g red wine vinegar
Snack	10 g celery with 30 g full-fat cream cheese
Dinner	Chicken and zucchini noodles that includes 39 g baked chicken breast, 80 g sliced or spiraled zucchini, 28 g olive oil and 32 g basil pesto

Modified Atkins

- This diet has less calories from fat (60%). It is still low in carbohydrates, but does not limit protein as does the classic keto diet.
- This diet is often easier to follow since food does not have to be measured on a gram scale.
- Most people start off on this diet to get into ketosis.
- **Sample menu:**

Breakfast	2 eggs, scrambled 1 tablespoon butter Coffee or tea with 1 tablespoon cream
Lunch	8 oz tuna salad made with real mayonnaise 6 black olives
Snack	4-5 stalks of celery with 2 tablespoons blue cheese dressing
Dinner	6 oz roast pork ⅓ cup cooked spinach 2 tablespoons cream, for spinach ½ cup mixed salad greens ½ cup avocado slices 2 tablespoons vinaigrette salad dressing

Low Glycemic Index Treatment (LGIT)

- This diet has less restrictions than the other types.
- This diet is meant to mimic a state of ketosis, but does not actually put a person in ketosis. The LGIT diet can help with seizure control but less than the other types of keto diets.
- This diet only allows foods with a glycemic index (GI) of less than 50.
- **Sample menu:**

Breakfast	2 eggs, scambled 1 tablespoon butter Coffee or tea with 1 tablespoon cream
Lunch	1 medium tomato 8 oz tuna salad made with real mayonnaise
Afternoon Snack	4 ounces mixed nuts
Dinner	6 oz baked chicken ¼ cup brown rice 2 cups mixed greens ½ cup cucumber slices ½ cup avocado slices 2 tablespoons vinaigrette salad dressing
Evening Snack	¼ cup fresh raspberries

Grams of fat, carbohydrate and protein in each type of diet

Diet type	**Classic Keto**		**Modified Atkins**		**LGIT**		**Modified Keto**		**MCT**	
Calories per day	1,500	2,000	1,500	2,000	1,500	2,000	1,500	2,000	1,500	2,000
Fat grams	150	200	100-108	133-144	100-117	133-156	133-142	178-189	100-117	133-156
Carb grams	8-15	10-20	19-38	25-50	75-113	100-150	19-38	25-50	75-113	100-150
Protein grams	23-30	30-40	94-131	125-175	38-75	50-100	38-56	50-75	38	50

For more information and recipes

Visit these websites:

- www.epilepsy.com
- www.charliefoundation.org
- www.matthewsfriends.org

First Aid

For Seizures

During a seizure

- Keep calm and let your loved one know you are there to help.
- **Do NOT hold** him or her down or restrict movement unless he or she is in danger.
- Cushion the person's head.
- Time how long the seizure lasts if you are able. Seizures can last from seconds to several minutes.
- Protect the person from injury by moving nearby objects.
- Loosen tight clothing, especially around the neck.
- Turn the person on his or her side.
- **Do NOT** put anything into their mouth.
- **Do NOT** start CPR. If the person does not start breathing after the seizure has stopped, call 911 and then start CPR.
- Stay with the person until his or her breathing is normal, and he or she is fully awake.

After the seizure

Allow the person to lie quietly. It may take some time for him or her to be fully alert. When the person wakes up, call him or her by name. Speak calmly and tell them what happened and where they are.

If the person is injured, call their doctor's office, or take him or her to an urgent care or emergency department.

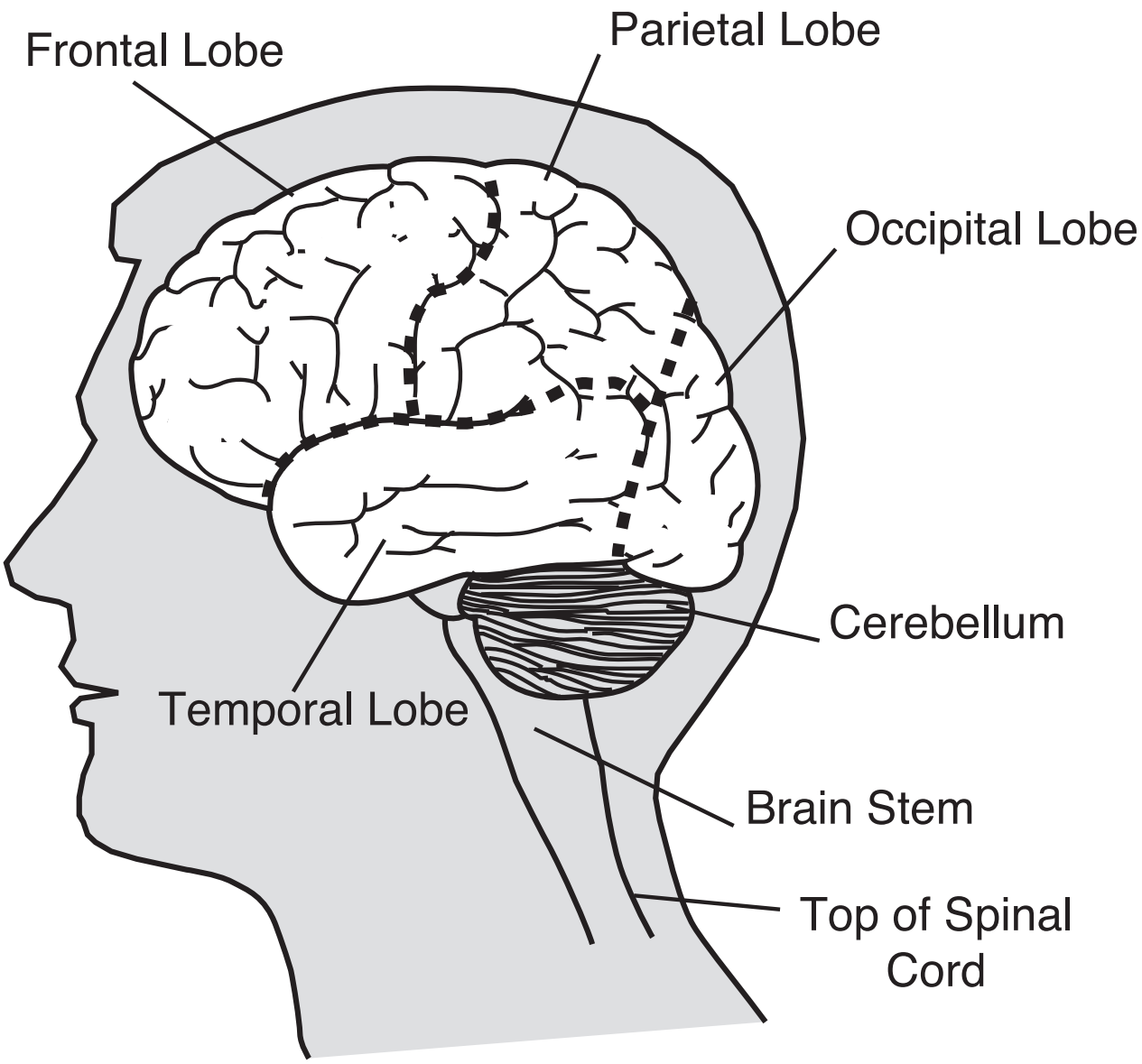
Take a video of the seizure or write down what happened during the seizure. Share this with the healthcare team along with:

- Any warning signs before the seizure started.
- The parts of the body the seizure affected or injured.
- How long the seizure lasted.
- What the person was doing before and after the seizure.

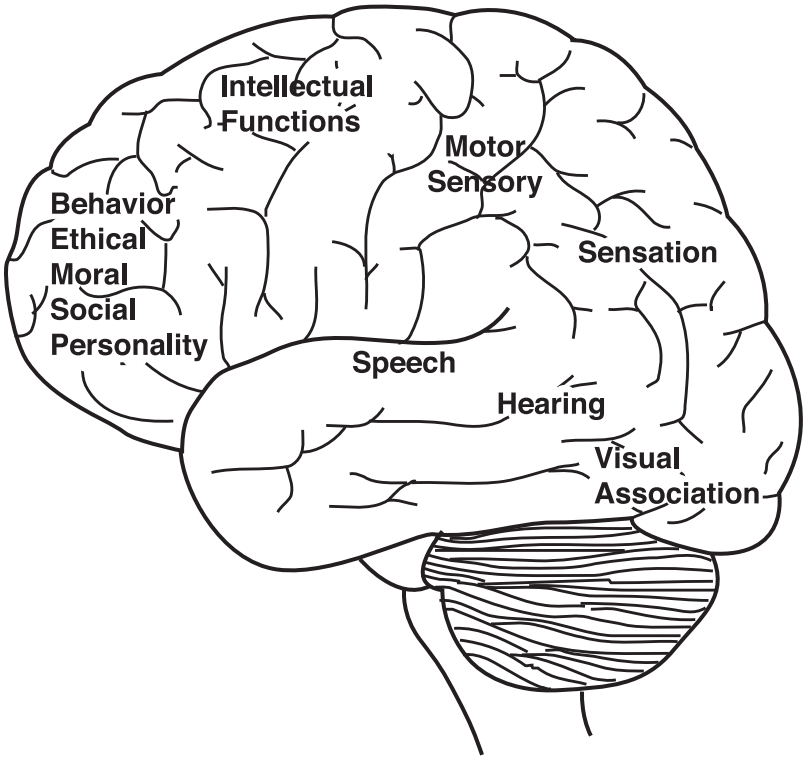
Call 911 if:

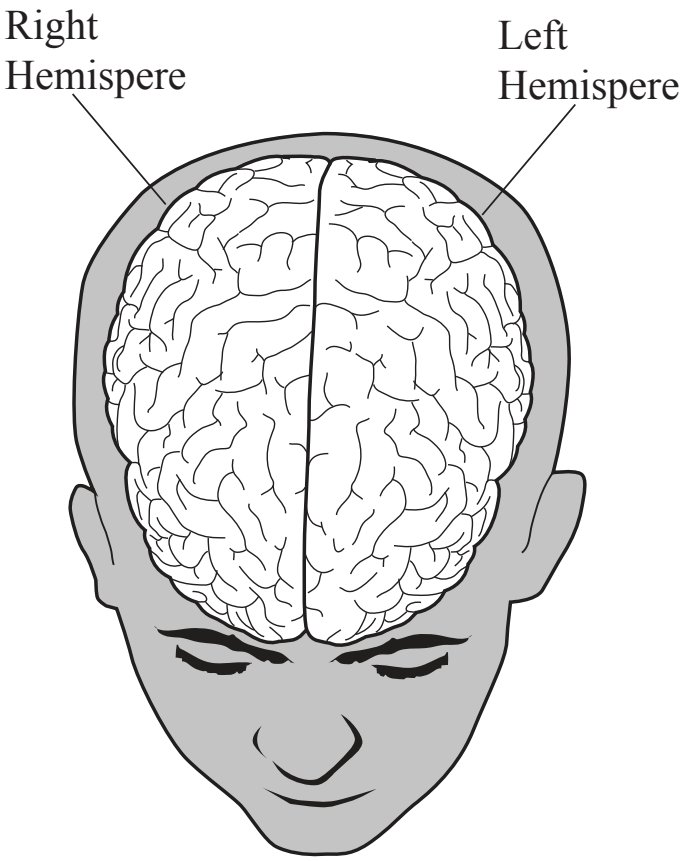
- The seizure lasts more than 5 minutes.
- The person is pregnant or has diabetes.
- The seizure happened in the water
- Another seizure starts shortly after the first one stopped.
- The person is not breathing or does not wake up after the seizure has stopped.
- The person injured himself or herself during the seizure.

The Brain


Frontal Lobe
Parietal Lobe
Occipital Lobe
Cerebellum
Temporal Lobe
Brain Stem
Top of Spinal Cord

Functional Areas Of The Cerebral Cortex





Seizure Response Plan

Work with your care team to get answers to these questions. Then talk with your family, friends, co-workers or teachers, so they know how to help you.

What type of epilepsy do I have? _____

What kind of seizures do I have? _____

What are my seizure triggers? _____

What medicine do I take for epilepsy? _____

What are the most common side effects of my medicine? _____

_____

_____

What should I do if I forget to take my medicine? _____

_____

_____

What can I do to prevent seizures? _____

_____

_____

What are my treatment options if the medicine does not stop my seizures? _____

_____

_____

How can I connect with others who live with epilepsy and seizures? _____

_____

_____

Who do I need to tell about my condition to help keep me safe? _____

_____

_____

My Notes and Questions

THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

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