



DOCTOR DISCUSSION GUIDE

Managing Epilepsy

If you or your child has epilepsy, it's important to understand the condition so you can take control of managing seizures. Asking the right questions during your conversation will help you know what to expect and how to better navigate the condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

Vocabulary to Know

Your doctor might mention these common terms. Here's what they mean.

Electroencephalogram (EEG)	A non-invasive test that produces a series of tracings (they appear as squiggly lines) representing brain waves. Your EEG should last between 10 minutes to an hour. A technician places small metal plates (shaped like a coin) on your scalp right before the EEG and removes them when the test is complete. The results can show which part or parts of your brain are involved in your seizures.
Sleep-Deprived EEG	An EEG that requires you to abstain from sleep beforehand, which makes detection of seizures more sensitive.
Anticonvulsant/Anti-Epilepsy Drug (AED)	Medications that help prevent seizures. There are over 20 AEDs approved, and each seizure type is treated with different medications.
Absence Seizure	A brief seizure (usually less than a minute in duration) characterized by lack of awareness and staring spells without accompanying shaking or jerking of the body.
Tonic-Clonic Seizure	A seizure characterized by rapid, rhythmic jerking of the body, usually lasting for less than a minute.
Aura	An unusual sensation or feeling before a seizure. It can occur a few seconds before a seizure or up to an hour before a seizure.
Postictal State	A time of confusion, weakness or sleepiness right after a seizure. It can last for a few minutes, and up to 24 hours.
Triggers	Situations that make a seizure more likely to occur. Typical triggers include sleep deprivation, rapidly flashing lights, high or low blood sugar levels, alcohol consumption, fevers, and infections.
Status Epilepticus, or "Status"	A prolonged seizure that doesn't stop on its own. This is a dangerous condition requiring intravenous (IV) or intramuscular (IM) treatment with AEDs.
Epilepsy Surgery	A variety of surgical procedures used when AEDs are not effective, or when the side effects are intolerable.



Questions to Ask

These questions will help you start a conversation with your doctor about how to best manage your epilepsy.

About Symptoms

- Should I take extra medication if I feel a seizure or an aura coming on?
- How will I know if I have an absence seizure?

About Causes & Risk Factors

- Can TV or other electronics cause my seizures?
- Is it OK if I want to become pregnant? How should I plan for this ahead of time?

About Diagnosis

- What caused me to have epilepsy?
- Will my kids/siblings develop epilepsy too? Is there a way for them to be tested?

About Treatment

- What should I do if I miss my medication dose?
- Should I try any dietary modifications or the ketogenic diet?
- How long do I need to be seizure-free before I can stop my medication?

About Coping

- Do you recommend that I get a seizure dog?
- Can stress cause my seizures?

About Living With Epilepsy

- Do I need work or school limitations?
- Can I drive? Ride a bike?
