

Epilepsy

Types of seizures

- a. Myoclonic jerks: Brief twitching or jerky movements of a muscle or group of muscles
- b. Absence seizures: Also called petit mal. Patients blank out/stare and may blink repeatedly. At times eyes also roll up. These seizures last for seconds and are not preceded by any warning signs. Patients are alert immediately after the attack. Common between the age group of 4 and 14 years. 70% resolve by the age of 18 years
- c. Atonic seizures: Also known as drop attacks. During the attack there is loss of muscle tone resulting in fall to the ground or dropping things. Last for seconds.
- d. Tonic: Muscle tone is increased which manifests as stiffening of the muscles. Consciousness is generally preserved. Commonly occur during sleep.
- e. Clonic: Alternate contraction and relaxation of muscles resulting in rhythmic jerking movements. Clonic seizures are rare and usually occur with tonic seizures as tonic clonic.
- f. Tonic clonic: Also known as grand mal seizures. Usually last between 1-3 minutes. Muscle groups first stiffen. This may be associated with a cry or a shrieking sound. There is loss of consciousness and patient falls to the ground. Tongue biting, cyanosis and jerking movements are commonly witnessed. As the body relaxes urinary incontinence may occur. Patient is drowsy/confused after the attack.
- g. Simple partial: Can be motor or sensory. In motor seizures, jerking of a muscle group may manifest as jerking of a part of the body. In sensory seizures, patient may be able to smell or taste things. Numbness and pins and needles are common.
- h. Complex partial: Associated with aura, automatism (purposeless movements-patients pick at the air or their clothes), loss of consciousness, déjà vu, patients repeat phrases, stare blankly or behave oddly. Complex partial may become secondary generalized.
- i. Secondary generalized: Start as partial and then becomes generalized. Associated with loss of consciousness.

Epilepsy history

Preictal stage is associated with mood changes, restlessness, confusion, irritability and myoclonic jerks. Precipitating factors include watching TV (flickering screen), loud noises, lack of sleep, stress and non-compliance with medication.

Aura occurs in 80% of cases. Rarely exceeds one minute in duration. Olfactory or gustatory illusions (strange taste or smells like onions burning) are common.

Seizure

How often do the seizures occur?

Does the fit start in one part of the body and then spreads to the rest of the body?

Are they associated with loss of consciousness/fall to the ground?

Is there any limb jerking or tongue biting?

Do you lose control over body functions/Do you wet your self?
How long does an attack last?
Are you able to recall what happens during the seizure?

Post ictal state

Enquire about confusion.

Do you experience distortion in shape and distance of objects?

Do things appear shrunken or larger than normal (micropsia/macropsia)?

Déjà vu (feelings of familiarity) or jamais vu (feelings of unfamiliarity)?

Ask about depersonalisation or derealization.

History of febrile seizures as a child

Association exists between febrile seizures and TLE. Take history of childhood fits.

History of absence seizures

Ask about brief staring spells and automatism

Substance history

Do you drink? How much?

Any increase in consumption recently?

Illicit drugs use?

Other important questions

Enquire about head injury, current medication and driving

Ask about family history of seizures and psychiatric illness?

Do a quick mental state examination