

## HOW TO HELP WHEN SOMEONE HAS A SEIZURE

Other Syndromes that are often associated with both ID and seizure disorders include the following:

| Syndrome          | Types of Seizures   |
|-------------------|---|
| Rett's Syndrome   | Generalized tonic-clonic and complex partial.   |
| Fragile X         | Partial seizures during early childhood; not generally seen in adults.  |
| Down Syndrome     | Infantile spasms in early childhood; most don't show signs of seizure disorder in adulthood, but may present in the early course of dementia. |
| Angelman Syndrome | Generalized tonic and tonic-clonic seizures are common  |

About 55-65% of people are aware of the onset of a seizure due to odd sensations such as blurred or distorted vision or peculiar smells. They can take steps to make themselves safe. The other 35 – 45% of people are caught unaware and may be injured due to falls.

Seeing someone who is in the grip of a seizure can be frightening but knowing a few basic principles will help you be helpful.

---

### STAY CALM REASSURE PROTECT

---

**Stay calm:** Your calm will help the person calm down.

**Reassure:** Remind the person that the seizures do end. Let the person know you are there for them.

**Protect:** Clear the area and steer the person away from danger.

### When to call 911

*If you know the person:* Follow his or her doctor's advice about when to call for emergency assistance.

*If you don't know the person,* call 911

- ✓ If the seizure lasts more than 5 min.
- ✓ If another seizure starts before the person is recovered from the first one.

Hill Country IDD Transition Support Team

1251 Sadler Drive, Suite 1100  
San Marcos, TX 78666

Phone: 512-558-2004

E-mail: [hub@hillcountry.org](mailto:hub@hillcountry.org)

<http://www.hillcountry.org/services/IDD/>



## Seizure Disorders

Seizure disorders occur in roughly 1.5% of the general population. However, 21% of people with moderate to severe intellectual disability (without cerebral palsy) have seizures, and the rate rises to nearly 50% of those who have both IDD and CP (Lannon & Vaughn, 2000).

The frequency and the severity of the seizures vary with the level of intellectual disability with the most occurring in people with severe and profound ID (Ring, 2003).

Since severe seizures can be present with a number of psychiatric disorders, it's important to get a psychiatric assessment. Seizures can co-occur with anxiety, depression, schizophreniform disorders, dementia, and personality disorders.

As with other medical conditions, it's crucial to make sure that the individual has the correct diagnosis before deciding on a treatment.

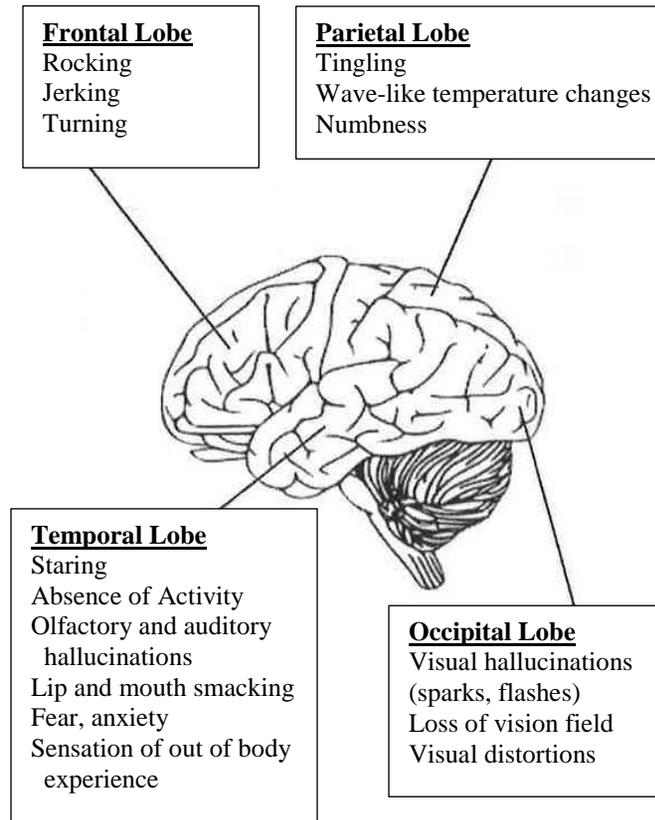
## What Looks Like a Seizure Isn't Always a Seizure

Sometimes what looks like a seizure isn't a seizure. If someone's seizures aren't well controlled by the prescribed treatment, it's reasonable to revisit whether the diagnosis was correct in the first place. Instead their seizure like behavior can be caused by another medical or psychiatric problem. Other conditions that can look like seizures (Refractory Epilepsy, 2014):

- ❖ Syncope (a temporary loss of consciousness, often described as "fainting" or passing out").
- ❖ Mini-strokes (transient ischemic attacks or TIAs).
- ❖ Migraine with confusion.
- ❖ Sleep disorders, such as narcolepsy and others.
- ❖ Movement disorders: tics, tremors, dystonia (a neurological movement disorder that causes involuntary muscle contractions).
- ❖ Fluctuating body metabolism
- ❖ Panic attacks.
- ❖ Non epileptic (psychogenic seizures).

One group of researchers found that 13% of people who were being treated for uncontrolled seizures did not have epilepsy after all (Smith, Defalla, & Chadwick, 1999).

## Where Location of Seizure Activity Affects Behavior



If we observe any of these behaviors or reports of these sensations in a person who does not have a diagnosis of a seizure disorder, it's extremely important to consult with a neurologist.

**Epilepsy** is a condition characterized by recurrent seizures that may include repetitive muscle jerking called convulsions. Non-convulsive epilepsy can impair physical coordination, vision, and other senses.

## Types of Seizures

|   |   |
|---|---|
| Tonic-Clonic Seizures (Grand-Mal)                     | The whole body stiffens, then starts jerking.   |
| Tonic and Clonic                                      | Sometimes called "drop seizures". The body stiffens or the person drops to the floor. <i>The person usually has no warning.</i>   |
| Myoclonic   | Brief, shock-like jerks of a muscle or group of muscles. They usually involve the neck, shoulders, upper arms, and often the face.  |
| Absence Seizures (Petit mal)                          | There are brief episodes of unconsciousness. Sometimes the only way an observer knows they are happening is an eye flutter. Sometimes the person seems far away. Sometimes the person will emerge from it a little confused or tired. |
| Simple Partial  | Jeking but the person is aware.   |
| Complex Partial (sometimes called "walking seizures") | Blank stare, lip-smacking, random activity, disrobing; sometimes will walk or seemingly carry on activity and random conversation while unaware.  |
|   |   |

