

Eng 121 Student - Epilepsy

Formal Sentence Outline:

Thesis: Living with epilepsy as an adult after being diagnosed as a child can be trying, but the outlook is good for most people.

- I. Adults with epilepsy cannot have certain careers.
 - A. Most children are told they can be whatever they want to be when they grow up.
 - B. The careers that prohibit epileptics are for the public's safety
 - C. These restricted careers are also for the person with epilepsy safety.
- II. Women with epilepsy can face problems with pregnancy and starting a family.
 - A. Some women may have to decide whether to stop medication or risk their unborn baby's health.
 - B. These risks can cause problems and need to be discussed with their spouse
 - C. Some couples may decide to adopt.
- III. Anti-seizure medications can pose health risks, but have to be taken daily.
 - A. Some of these are mild side effects and cause no real problems.
 - B. Some of these side effects are more serious and can become depilating.
 - C. An adult life can become hectic and forgetting to take more than one dose of medication can result in a seizure.
- IV. An adult epileptic may have socializing issues.
 - A. Alcohol consumption can affect anti-seizure medication it can be awkward to explain this to others at a party.
 - B. Bright flashing lights can cause seizures and some places are not recommended for people with epilepsy.
 - C. Discussing epilepsy with a love interest can be difficult.

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There is no known cure, and most of the time there is no known cause, but epilepsy is a condition that affects millions of Americans of all ages, sexes and races. Whether it's the rapid blinking and staring into space without being aware of a petit mal seizure, the uncontrollable twitching of a simple focal seizure, or the most depilating, the convulsing and blacking out of a grand mal seizure, living with epilepsy as an adult after being diagnosed since a childhood can be trying, but the obstacles an epileptic face can be overcome.

Most children are told that they can become whatever they want to be when they grow up. Unfortunately this isn't always true for a child growing up with epilepsy. Epilepsy is a condition

that is treated, in most cases, with anti-seizure medications. There are over twenty different types of medications and even though they are generally effective, many times epilepsy is a chronic condition, and if the medication is stopped, even briefly, a seizure may occur. For the safety of the public and the safety of the epileptic, the dream of being an airline pilot, or serving our country in the military, is not possible.

According to the US Army's regulations Standards of Medical Fitness, "Epilepsy occurring beyond the 6th birthday, unless the applicant has been free of seizures for a period of 5 years while taking no medication for seizure control, and has a normal electroencephalogram (EEG) are denied." Many children grow out of their seizures and are slowly taken off their medication, but not all children do, and they have to take medication for their entire life. The US military, as stated above, will accept a recruit if they no longer need their medication for at least five years. If seizures need to be controlled with medication, and the soldier is sent overseas, the military cannot promise accessibility to seizure medications.

The Federal Aviation Association, which is an organization set up by the US government to oversee all American civil aviation, also has a rule stated on their website, that "an applicant who has a history of epilepsy must be denied." They do not include a stipulation regarding number of years seizure free or if they are medically controlled. Therefore anyone with a history of epilepsy will not be granted licenses to fly for commercial airlines.

The rules imposed by the US military and the Federal Aviation Association are reasonable and are only enforced to protect the American people. Otherwise, the world is wide open to an epileptic whose seizures are controlled. Thanks to laws against discrimination imposed by the Equal Employment Opportunity Commission a person cannot be refused a job, or even be asked about their history of seizures.

There are some exceptions to The EEOC laws, for example, "An employer only may exclude an individual with epilepsy from a job for safety reasons when the individual poses a direct threat. A "direct threat" is a significant risk of substantial harm to the individual or others that cannot be eliminated." Therefore, the Federal Motor Carrier Safety Commission and any job requiring the employee to drive frequently must be made aware of recent seizure activities. The Department of Motor Vehicles has restrictions on driver licenses when driving any motor vehicle. The restrictions vary from three months seizure free to a year depending on the laws of the state. Some companies like Fedex, Amtrak, and UPS, may have even longer restriction on how long the employee has been seizure free before they can work. Again, this restriction is put in for the safety of the public and the driver. Otherwise, an epileptic can obtain any job and they can even have successful careers that are considered dangerous such as fire fighters, police officers, and can serve in the FBI.

There are other issues that affect adults living with epilepsy and many are personal. For example the continuing fear of never knowing when a seizure will strike can be difficult. Some epileptics feel an aura, which can be in the form of a strange sensation, odor, sound or taste, which warns them of an oncoming seizure. Unfortunately in most cases it is only moments before a seizure and there is nothing that can be done to prevent it from happening.

Seizures can look frightening to people who've never witness the uncontrollable convulsing, eye rolling, drooling and strange gagging sounds of a grand mal seizure, and therefore it can be embarrassing for the epileptic. Many people don't know what to do when they see someone having a seizure. The truth is there isn't much that can be done. A seizure certainly cannot be stopped by restraint or force. A person cannot simply 'snap out of it'. According to Anuradha Singh, neurologist, and author of the book, 100 Questions & Answers about Epilepsy, (p 51) there are certain first aid for seizures. "Protect from nearby hazards and protect from head injury, loosen clothing, turn the patient to the left to keep the airway clear and never put anything in the mouth, do not try to hold the tongue or restrain the patient, time the seizure, inform the patient that he or she had a seizure after the seizure is over, and call the ambulance if prolonged seizure, cluster, or patient got injured, is diabetic, or is pregnant."

The fear of embarrassment can make it difficult for someone living with epilepsy to enjoy a normal social life. It can be difficult to tell a new friend or romantic interest that they live with epilepsy and suffer from seizures. Some people may not know how to react or understand what epilepsy is. This may cause some epileptics to suffer from anxiety problems and depression.

There is another issue that affects an epileptic. Sometimes they cannot go out to places most people can enjoy without any problems. Other than the inconvenience of driving privileges being taken away from them if they've recently had a seizure, a person with epilepsy may not be able to attend a rock concert, a video arcade, or go on some amusement park rides. Flashing lights displays like the ones during a show or on a ride are seizure triggers to many epileptics.

Another social pitfall is that many patients on anti-seizure medications are warned that using alcohol will change the way medicines work in their body. This may increase the risk of seizures or side effects. So, being asked out for a casual drink can cause an uncomfortable conversation that an epileptic may not be ready to discuss.

There are many other side effects to an anti-epileptic drug, or AED, that can make an epileptics life difficult. Some of these issues are minor and easy to manage. According to The Mayo Clinic, "mild symptoms include, fatigue, dizziness and weight gain." Other more serious symptoms, although much more rare, include "mood disruptions, skin rashes, loss of coordination speech problems and extreme fatigue."

In most cases all goes well and a person living with epilepsy can move past any obstacles thrown in their way and have productive social life. A man or a woman can find a partner who

understands epilepsy and knows how to support and care for them if a seizure occurs. Unfortunately, things may become difficult again if they decide to start a family.

There are decisions that need to be made between the female patient and their doctor about what they need to do next. Although most women with epilepsy can have a normal pregnancy without a seizure there may be issues and sometimes serve side effects to anti-seizure medications. Sometimes woman have to decide whether to stop or change their medication.

The University of Maryland Medical Center's website warns that one such drug commonly known as Depokote "may have long-term effects on a child's cognitive development if the mother takes it during her first trimester of pregnancy." The University of Maryland Medical Center also warns of another anti-epilepsy drug commonly known as Topomax, "may increase the risk for cleft palate or cleft lip when taken during the first trimester of pregnancy."

Unfortunately in some instances a patient may not want to change medications. They may feel secure with the success of the medication they are currently taking and may not want to risk seizures using a different one. Some patients have greater success with one drug more than another. Most times it is a long process of switching medications and dosages until finding the one that finally reduces seizures or have side effects that aren't problematic. Therefore, staying on the medication they have had success with is their decision, and adoption becomes the patient's best option.

Other medications cause minimal affects and their doctors' only need to prescribe folic acid and vitamin K supplements to protect the unborn baby. The outlook for many are good, and as Dr. Singh, neurologist and author says in the book '100 Questions and Answers about Epilepsy' (p119), "Despite all the potential risks and complications, 90% of women with epilepsy have a successful pregnancy and a healthy newborn."

Another contributing factor on whether or not a person with epilepsy decides to have children or not is the question is hereditary. Researchers in both the genetics field, and the neuroscience field, have found no clear cut answer. According to Hereditarydiseases.org, "Hereditary evidence is unclear, but some evidence would seem to indicate the strong possibility that epilepsy may indeed be hereditary. Although, the chances of a child having epilepsy, when one or both parents have it are only slightly higher levels than in the society as a whole."

So it would seem that hereditary factors needn't play a part in whether an epileptic woman should become pregnant or a man with epilepsy should father a child. When it comes down to it, the risk of a child with epilepsy being born from a parent of epilepsy is an unnecessary concern

and is not much higher than someone without epilepsy. This is something people living with epilepsy can take relief in.

Whether a couple decides to adopt or have a baby of their own, there are concerns parents have to take in effect when caring for their child. Becoming a new parent and caring for an infant can be taxing on anyone, but a parent with epilepsy has to worry about making sure they are getting enough sleep. Sleep deprivation is a common seizure trigger. It is important for the parent to nap whenever the baby is napping.

When the child gets older and becomes active it may be best to make sure the child is kept in a playpen when the epileptic is alone. One of the worse things about living with epilepsy is the uncertainty. The epileptic may have gone months, or even years without having a seizure, but if life becomes hectic medicine can be forgotten and a seizure can occur at any time. This is especially dangerous for a toddler who just learned to crawl or walk and the caregiver isn't capable of keeping a constant eye on the child.

As life goes on most things become unchanged for a person living with epilepsy. When they reach old age things become increasing difficult again. Although there are no long term adverse effects of seizure medication, seniors may become increasingly forgetful and a few skipped dosages can cause a seizure. The Epilepsy Foundation of Eastern Pennsylvania warns, "a major problem is injuries from falls are increased by osteoporosis and brittle bones in older people". A grand mal seizure can be very rough on a body, and if there is a fall, or they begin to thrash violently, there becomes a greater risk of broken bones for the senior epileptic.

Living with epilepsy can be difficult. An epileptic must live with the constant threat that they may have a seizure. There are reliable medications, but they can have side effects. There are many career opportunities, but there are some limits and restrictions. An epileptic can start a family although there are obstacles and decisions to first face. Life isn't always easy for anyone, but even someone with epilepsy can live a long and happy life.

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