

The Child Brain Injury Trust is a national charity supporting anyone affected by childhood acquired brain injury. The following information has been developed to help the reader understand more about brain injury and some of the associated issues. Every effort has been taken to ensure the information is accurate and up to date. If you require more immediate support or assistance please contact our **Helpline 0303 3032248** or email [helpline@cbituk.org](mailto:helpline@cbituk.org) where we will be able to respond to your specific enquiry and offer support.

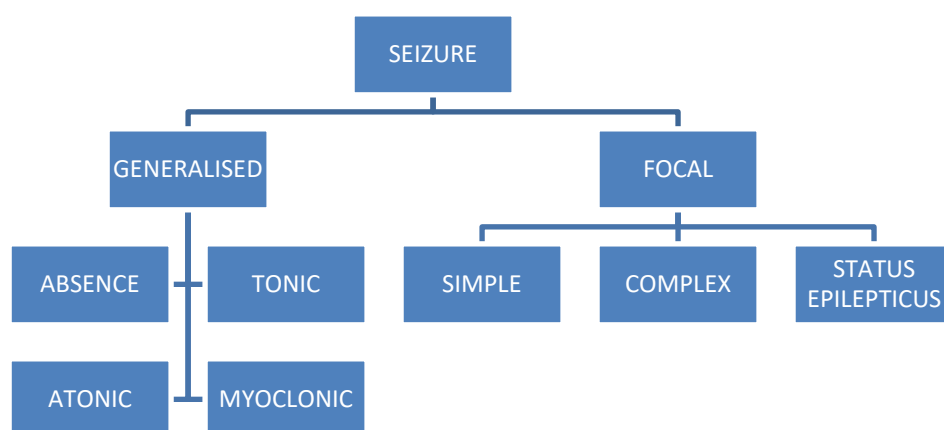
## Seizures and Epilepsy

The Epilepsy Society has a really useful, easy-to-understand definition of seizure: *“The brain is made up of millions of nerve cells which control the way we think, move and feel. The nerve cells do this by passing electrical signals to each other. In some people, these signals suddenly get interrupted and this causes a seizure (sometimes called a ‘fit’ or ‘attack’).”*<sup>i</sup>

Seizures usually last only a few minutes and when they begin to happen frequently it is commonly referred to as Epilepsy.<sup>ii</sup>

Although not always the case, your child may experience seizures after an acquired brain injury. It may be something that happens soon afterwards or at a later stage in their life.<sup>iii</sup> There are different names for different kinds of seizures and these names can be confusing. The following information has been broken down into levels of consciousness.

### Classification of seizure type



### **GENERALISED (loss of consciousness)**

**Absence:** a brief loss of awareness (usually between 5 and 20 seconds).

**Tonic:** sudden stiffness of the limbs or whole body which may result in a fall.

**Atonic:** sudden loss of muscle tone (floppiness of the body) resulting in a fall.

**Myoclonic:** sudden jerky or shock-like contractions of different muscles anywhere in the body, but usually in the arms or legs (usually lasting no more than 1 second).

**FOCAL (Partial) (part of the brain is initially affected and there may or may not be a loss of consciousness)**

**Simple partial:** a change in sensation, such as a strange smell or taste, or tingling and numbness on one side of the body. A person's level of consciousness or awareness is not affected.

**Complex partial:** awareness is affected. The person may look confused or dazed, or behave in a strange way.

**Status Epilepticus:** when seizures continue without stopping or occur one after the other it is called Status Epilepticus. Status Epilepticus is a medical emergency.

It is not unusual to feel sleepy or have a headache after a seizure and it can take a while to recover. For some people, it can take a few days. If your child has epilepsy, he or she may be put on medication. Medication may stop seizures or at least control them. Medication is often referred to as anti-convulsant or anti-epileptic drugs. Medication will usually continue to be given until at least two years after a seizure.<sup>ii</sup>

Epilepsy will not be diagnosed until someone has had at least two seizures and it is impossible to tell whether someone has epilepsy just by looking at them (a bit like an acquired brain injury). If your child begins to experience seizures, you should either get in touch with your child's paediatric neurologist, if they are involved with one, or your child's GP immediately. Your child may undergo a test, or series of tests, to identify whether epilepsy exists and these will usually be performed in a hospital setting.

- Epilepsy Research UK ([www.epilepsyresearch.org.uk](http://www.epilepsyresearch.org.uk); telephone: 020 8995 4781 and 0808 800 5050) has a number of useful factsheets, including "Diagnosing Epilepsy" and "What to do when someone has a seizure"
- Young Epilepsy <http://youngepilepsy.org.uk/> helpline: 01342 831342

## MAKE A DONATION TODAY

The Child Brain Injury Trust relies on grants and donations to enable us to continue our work supporting families affected by childhood acquired brain injury.

Please help us to continue our work by making a donation today – [CLICK HERE](#) to make a one off donation or set up a monthly gift.

*Thank you – your donation does make a difference.*



Produced by: The Child Brain Injury Trust | Tel: 01869 341075 | [info@cbituk.org](mailto:info@cbituk.org) | [www.childbraininjurytrust.org.uk](http://www.childbraininjurytrust.org.uk)

This information was written in accordance with our Information Production Process based on the principles of the Information Standard.

Registered Charity Number: 1113326 | A charity Registered in Scotland SC 039703 | Registered Company Number: 5738517 | VAT Registration 125 7951 96

<i>Document Control</i>	<i>Document ID</i>	<i>37</i>
	<i>Issue Date</i>	<i>April 2009</i>
	<i>Last Reviewed</i>	<i>August 2017</i>
	<i>Next Review due by</i>	<i>August 2019</i>
	<i>Version Number</i>	<i>1.4</i>

---

<sup>i</sup> <http://www.epilepsysociety.org.uk> (Accessed June 2011)

<sup>ii</sup> Scottish Intercollegiate Guidelines Network (2005) [Diagnosis and management of epilepsies in children and young people][SIGN81]

<sup>iii</sup> Keohane, C.P., and Prince, L. A case for continuing rehabilitation: Improving chronic naming abilities in a brain injured client. *Brain Impairment* 2006; 7(2)