Straight Talk on Epilepsy:
What Kids Need to Know

This booklet tells you what epilepsy is, what to expect, and how to manage it. You might be worried or scared right now. We hope this booklet helps you realize that you can live a normal life like other kids your age. Don't let anything, especially epilepsy, hold you back!

All photos are of models and not of children with epilepsy.

Dear young person,

I wish I knew your name because there's so much I want to tell you.

My 16-year-old son, Leon, has epilepsy. Two years ago I got a phone call at work. Leon had fallen and had had some kind of convulsion. I was told to meet the ambulance at the hospital. I felt the world spinning around me and I fought to keep breathing. I was so afraid!

I felt much better when I saw Leon. He looked pretty normal, although I could tell he was pretty upset about what was going on. Leon got to leave the ER later that day, but over the next week it seems like all we did was go to doctor appointments and labs for tests.

Then one night soon after Leon had gone to the ER, we were watching TV and all of a sudden Leon kind of cried out and then fell over on the couch. His legs and arms were twitching and he just looked like he was somewhere far away. This episode only lasted about a minute, but it seemed like forever to me. I felt so helpless. Those were a rough couple of weeks for us. We just felt like we were in limbo, and I was even afraid to let Leon go to school.

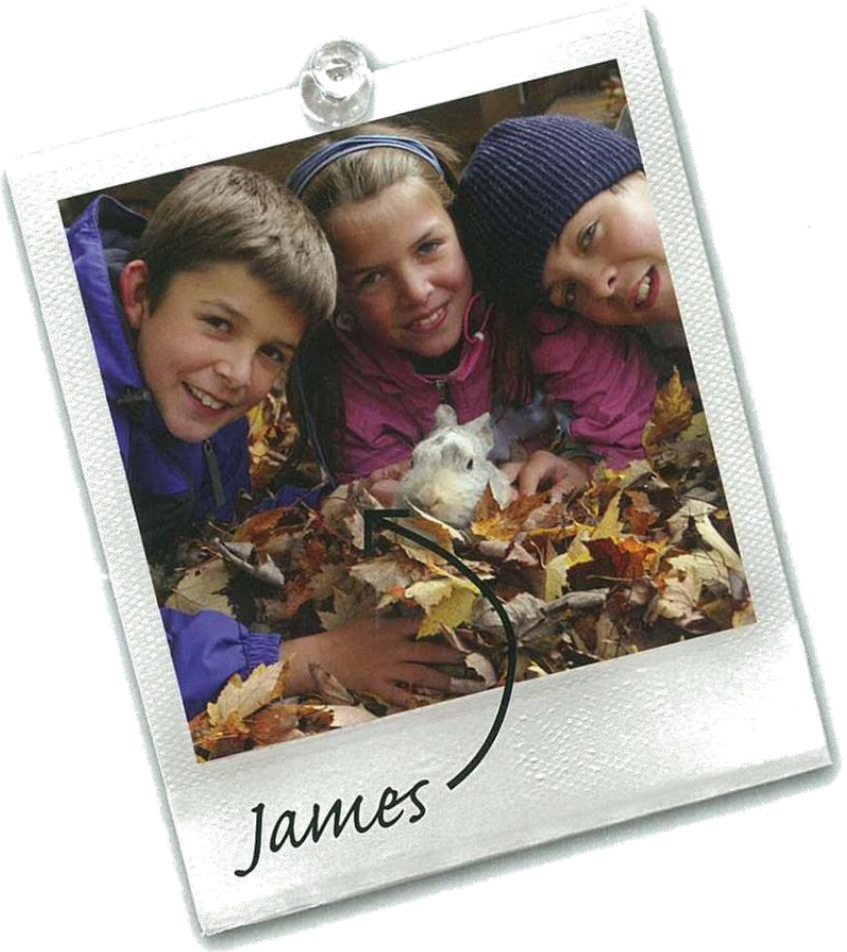
But I'm going to stop right here, because you know what? Leon is fine now. He's been on an epilepsy medicine for over a year, and he hasn't had any seizures for the last nine months. He's the starting keeper on the school varsity soccer team, and he's also on the swim team. Was it hard for me to let Leon continue with all his sports? You bet it was. What kind of a mother wouldn't worry about her son having seizures and hurting himself? But what kind of a mother would keep her son from doing the things that make him happy?

So yes, Leon has epilepsy. But that is such a small part of him. And with the help of his doctor and many others, it's becoming a smaller and smaller part of him every day.

I know that right now is a tough time for you and your parents. But give yourselves some time to adjust to your diagnosis, and give your body time to adjust to the treatment your doctor prescribes. And then, just live your life.

Marian Bell

What is Epilepsy?



I started having seizures when I was about ten years old, only I didn't know they were seizures. I can't really explain what was happening, except that all of a sudden I would have no idea where I was or who was sitting next to me. I could hear people talking but I couldn't understand what they were saying. And then I'd just feel really dragged out.

– James, age 11

I have the kind of epilepsy that makes me go rigid and then shake all over. The worst thing was having seizures at school and having to deal with everyone's reactions. I'm sure I looked totally weird. I was actually kind of relieved when I was diagnosed with epilepsy because at least I knew what my problem was and could start taking medicine for it. Plus I could explain it to people. Most people are totally clueless about epilepsy, but after I tell them about it, they're cool with it.

– Sondra, age 13

Epilepsy is a medical disorder in which there are sudden bursts of electrical activity in your brain. These bursts are called seizures. They are like electrical storms in your brain. Seizures upset normal brain functions and can cause you to briefly lose control over your feelings and behaviors. Seizures usually last from a few seconds to a few minutes. They typically do not cause brain damage and they don't hurt (unless you fall and injure yourself).

You will not be diagnosed with epilepsy unless you have had more than one seizure. A diagnosis of epilepsy means that you are having repeated seizures.

What Epilepsy Is NOT

A mental or psychological illness
Contagious
A reason not to have a totally great life

Types of Seizures

There are many kinds of epileptic seizures. It's important for your doctor to know what type of seizures you're experiencing. This will help your doctor develop the best possible treatment plan for you.

Generalized seizures

Generalized seizures affect both sides of the brain. Generalized seizures are more common in children under age ten, although they also occur in pre-teens and teenagers. Four common types of generalized seizures are described below.

Absence or petit mal seizures

Absence seizures are a common kind of epilepsy in children. If you are experiencing absence seizures, you may stare into space, "freeze" (stop moving completely), or have muscle spasms or twitches for a few seconds. Your parents and teachers may think you're daydreaming, but you are not aware of your seizures.

Atonic seizures

If you are experiencing atonic seizures, your muscles will relax abruptly. Your head may drop, or you may collapse and fall to the floor. Atonic seizures happen suddenly, without warning. They are sometimes referred to as drop attacks.

Myoclonic seizures

If you are experiencing myoclonic seizures, your muscles will contract or tighten and then relax. This will happen repeatedly but only briefly. Usually both sides of your body are involved. People often describe them as sudden jerks or clumsiness.

Tonic-clonic or grand mal seizures

If you are experiencing tonic-clonic seizures, your body may stiffen and then your muscles may jerk uncontrollably. You may cry out and fall to the ground. You may lose consciousness or pass out. Afterward, you will not remember your seizures.

Partial seizures

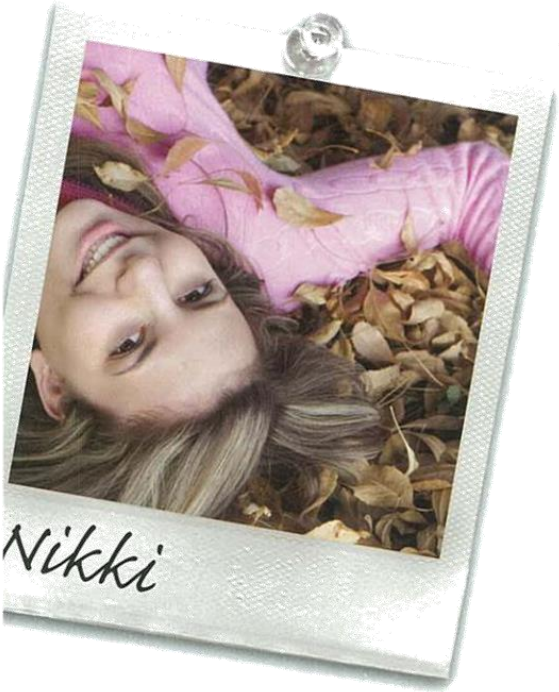
Partial seizures begin in one part of the brain. There are two common types of partial seizures: simple and complex.

Simple partial seizures

Simple partial seizures are usually brief. If you are experiencing simple partial seizures, you will be aware and conscious during your seizures. Your feelings and behaviors during these seizures depend on the area of your brain that is involved. Your seizures may involve your muscles (they may jerk or twitch) or your senses (things may look, sound, or smell strange). Or your seizures may involve your nervous system (your breathing or heartbeat may become irregular) or your emotions (you may feel panicky, afraid, or angry).

Complex partial seizures or temporal lobe epilepsy

If you are experiencing complex partial seizures, you may look as though you know what you're doing, but you won't be aware or conscious of your thoughts or behaviors. During complex partial seizures, you may repeat simple movements, such as picking at your clothes or moving your mouth a certain way. You may mumble words or phrases. You may wander around. After these seizures, you will remember nothing or very little about them.



Why you?

At first I just couldn't believe it. How could I have epilepsy? I don't even know anyone with epilepsy, and no one in my family has it, so how could I have it? It wasn't fair! But later I thought about this boy who has diabetes, and he has to test his blood and give himself shots all the time. And in home room there's a girl in a wheelchair who won't ever be able to walk. So I know lots of things aren't fair.

– Nikki, age 14

A very few cases of epilepsy are inherited or passed along because of certain genes. Sometimes, children are born with epilepsy because of a difficult birth that led to brain damage or because their mother had a serious illness during pregnancy.

In some children and teens, serious childhood illnesses may lead to epilepsy. Epilepsy may also result from a head injury.

But in most cases of childhood and teen epilepsy, the cause is not known.

Did you know that 2.7 million Americans have epilepsy? By age 20, one percent of the population (one out of every hundred) will have developed epilepsy. So epilepsy isn't as common in children and teens as asthma or attention deficit disorder, but many children and teens will develop epilepsy.

Epilepsy and seizures may result from head injuries or serious illnesses that damaged the brain. However, seizures themselves do not cause brain damage except in very rare cases when oxygen is cut off from the brain due to a very long seizure or many seizures in a row.

How is Epilepsy Diagnosed?

At first I tried to tell myself I didn't have epilepsy. I mean, the doctor never said he was 100 percent sure, just that epilepsy was his 'best guess.' I decided maybe he was guessing wrong, even though the one test I had showed abnormal brain waves or whatever. Plus I was always having these times where I'd 'be in my own world,' which drove some of my teachers crazy. So my doctor put me on some medicine and my mom said I had to take it. A few weeks later I realized I was doing better. I decided maybe the doctor knew what he was talking about.

– Brent, age 14

Both pediatricians and neurologists can diagnose and treat epilepsy. Neurologists are doctors who specialize in the brain and nervous system. Your doctor will diagnose your epilepsy and work with you to develop a treatment plan.

Diagnosis may take some time. Seizures can be caused by other things besides epilepsy, such as infections or high fevers. No single test will tell your doctor that you have epilepsy. Your doctor will talk to you and your parents and will order many tests. These pieces of information are like pieces of a puzzle. Your doctor will put them together to make a diagnosis and determine the best treatment for you. Generally, epilepsy is not diagnosed unless you have had more than one seizure.

Your doctor will ask questions about what you felt and what you were doing before, during, and after your seizure. Someone who saw your seizure, such as your parents, a friend, or a teacher, may be able to describe your seizure. Your doctor will also ask about injuries or illnesses you've had in the past and whether anyone in your family has epilepsy.

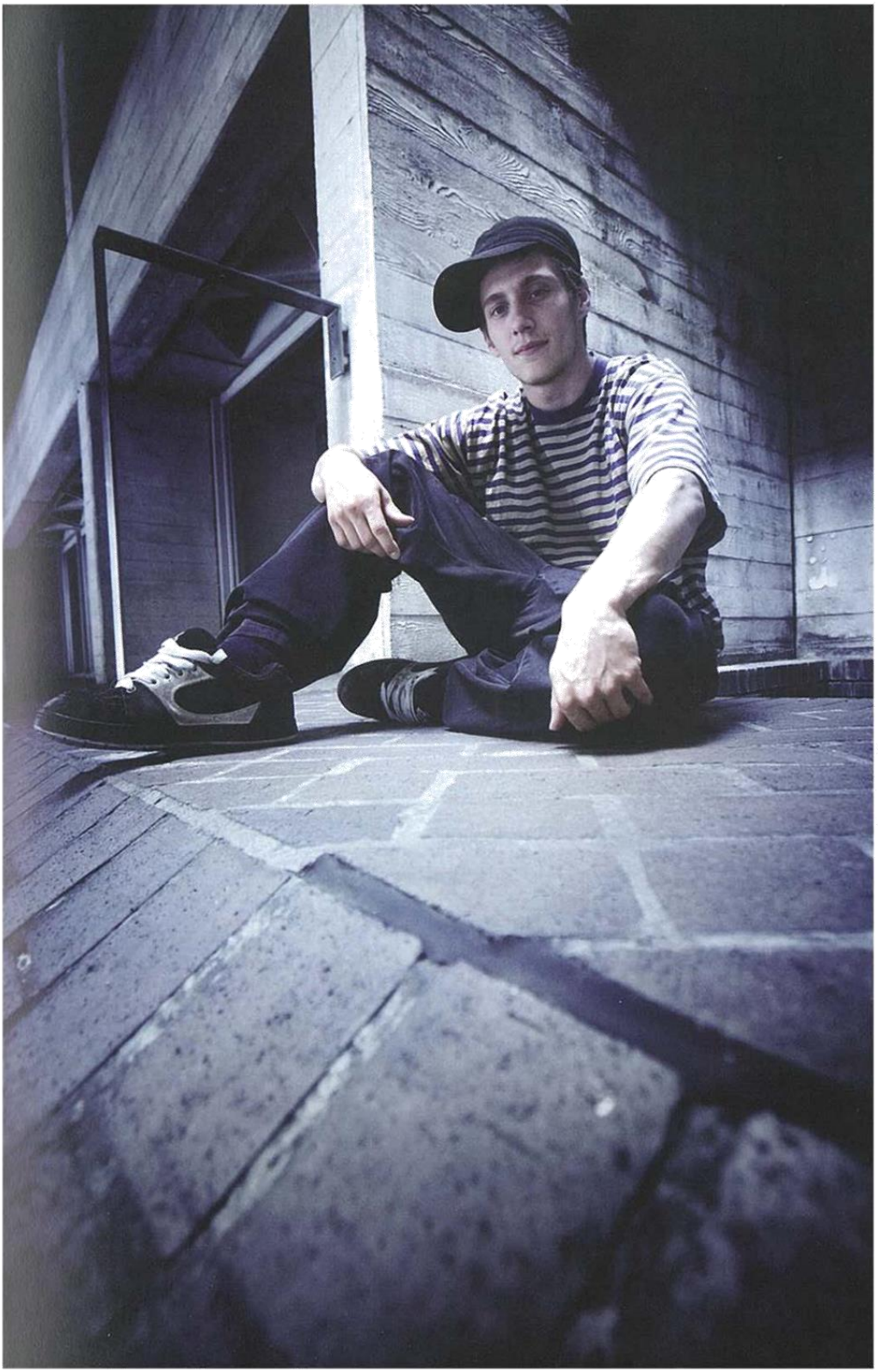
Most likely your doctor will want to do a neurological exam, or an exam of your brain. EEGs and MRIs or CTs are commonly used to help diagnose epilepsy. These tests won't hurt, and each may take an hour or longer.

EEG (electroencephalogram)
This test will measure your brain's electrical patterns. A technician will use gel to attach many small disks called electrodes to various locations of your head. (Don't worry; the gel will wash out and you don't have to shave your head.) Wires from the electrodes will be connected to a machine that records your brain waves. During the test, the technician may have you breathe rapidly, open and close your eyes, or look at flashing lights. You must lie quietly during this test.

Your doctor will look at the print-out of your brain waves to see if the patterns suggest that you might have epilepsy. The test is not proof that you do or don't have epilepsy. Some people with epilepsy have normal brain waves, and some people without epilepsy have abnormal brain waves.

MRI (magnetic resonance imaging) or CT (computed tomography)
An MRI or CT will provide a scan or picture of your brain. The picture will show the structure of your brain, including any growths, scars, or other physical conditions that could be causing seizures. To have an MRI or CT done, you will lie quietly on a scanning table that slides into a tunnel-like machine.

Depending on the results of these tests, your doctor may also want to do other tests.



How is Epilepsy Treated?

I had just turned 17 when I had my first seizure, or at least the first seizure anyone knew about, including myself. All of a sudden, there I was on the floor and people were looking at me like they were scared. Some girl was even screaming. So after seeing my family doctor I ended up seeing a neurologist (and by then I'd had another seizure) who diagnosed epilepsy and prescribed some medicine. I thought, okay, it's not good that I have epilepsy but at least they can treat it. So I was feeling better about it but then I had another seizure. Not really bad, like my first two, but still. I was so depressed I just cried. My neurologist got me in for an appointment right away. He changed the dose of my medicine. That was six months ago and I haven't had a seizure since.

– Noelle, age 18

Medication

Epilepsy in children and teens is most often treated with medication. Most medicines are taken every day and come in pill or liquid forms. The most effective medications are anticonvulsant drugs.

Many anticonvulsant drugs have been approved for use in children and teens with epilepsy. Each medication is slightly different. Certain medications target specific areas of the brain and specific types of seizures. Your doctor will decide which medication to prescribe based on the type of seizures you are having and other medical conditions you may have.

Your doctor will decide the dose of medicine you should start with; however, because people's bodies process drugs differently, your doctor will need to monitor the level of drugs in your body until he or she is sure that you are getting the right amount. During this adjustment period, it's very important to tell your doctor if you continue to have seizures. Uncontrolled seizures may

mean that your dose or type of medication needs to be changed. Also, it's very important to take your medicine just as your doctor tells you to. Take your medicine at the same time and place every day. Ask your doctor what you should do if you miss a dose. Also, be sure to tell your doctor if your pharmacy ever gives you pills that are a different shape or color than normal.

All medications have side effects, and you may react differently to a medicine than someone else. If you are taking an epilepsy medicine and you:

feel irritable
cannot concentrate
feel sleepy
feel sick to your stomach
develop a rash or hives

Tell your doctor right away! But don't stop taking your medicine. Your doctor wants to work with you so that the medicine you are taking controls your epilepsy with the fewest side effects.

Many children and teens take medicine for conditions such as attention deficit disorder, asthma, and diabetes. So you will definitely not be the only person in your class who must take medicine.

Other treatment options

Most of the time, medication can successfully control seizures in children and teens with epilepsy. Other options may be considered when medications are not effective enough.

A special diet called the ketogenic diet has proved to be effective in controlling some cases of epilepsy. This high-fat, low-carbohydrate diet is very strict; you and your family must work closely with a dietitian to follow it. As with drug treatment, there can be side effects that need to be monitored.

Brain surgery is serious surgery, but it can be very effective in cases where medication does not work. Surgery might involve removing a growth on the brain, removing a part of the brain, or cutting nerve fibers between portions of the brain.

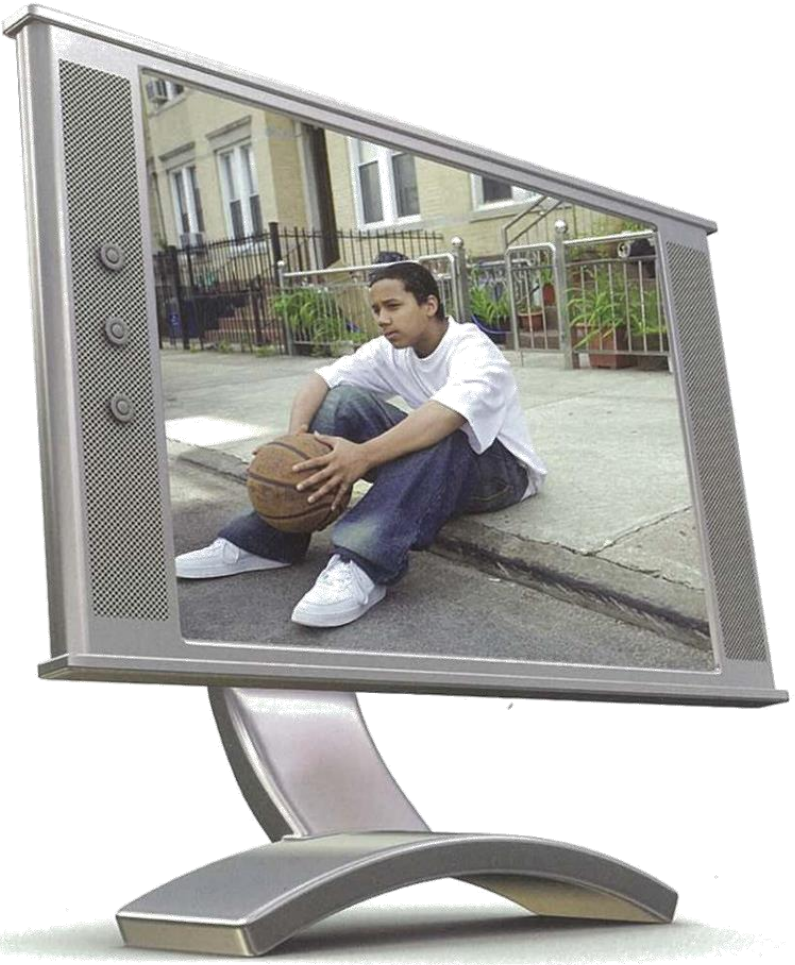
Vagus nerve stimulation is a type of surgical treatment in which a device is implanted under the skin in your chest. A thin tube with electrodes attaches to the device, and the other end of the tube is wrapped around the vagus nerve in your neck. The device sends electrical signals via the vagus nerve to your brain. In most cases, these electrical signals regulate your brain activity so that you are seizure-free or your seizures are fewer and less severe.

Work closely with your doctor to determine the best treatment option for you.

How Can You Best Manage Your Epilepsy?

After I found out I had epilepsy, I just sort of shut down. I stopped hanging out with my friends and basically I just tried to be invisible. I didn't tell anyone about my epilepsy because I didn't want to deal with it. But one day I was on the internet and I read about this athlete who's just totally open about his epilepsy, I mean, basically he's told the whole world about it, and he does all kinds of things. And I thought about my own life and all the stuff I wasn't doing, like hanging with my friends and playing intramural basketball (I've got a great jump shot). It was one of those 'Duh' moments—epilepsy wasn't stopping me from doing things, I was stopping myself from doing things!

– Jared, age 16



This section is the most important part of this booklet because this is where you'll learn about all the things you can do to live a more normal life.

You already know how important it is to take your medicine as directed and to tell your doctor about any seizures you have or side effects you're experiencing. Even if you're feeling great, it is very important to go to all your doctor appointments and get your blood medication level checked.

But there's a lot more you can do to reduce your risk of seizures and be successful in whatever you want to do. And some of these things are even fun!

Keep a journal of your seizures.
Besides letting your doctor know that your medication may need to be adjusted, keeping track of your seizures may actually help you figure out how to have fewer seizures. Write down the day, time, place, what you were doing, who you were with, what you were feeling, and anything else you can remember. You may notice that seizures are only happening when you feel really stressed. So then you can find ways to reduce your level of stress.

Make copies of the Seizure Journal at the back of this book, and be sure to write down information about any seizures you have. Always take your records to your doctor appointments.

Exercise and play sports.
The great news is that no studies have shown that sports and exercise are likely to cause seizures. Just the opposite, in fact. Sports and exercise reduce stress and improve your health and well-being, so you'll be less likely to have seizures.

You can participate in the following sports if seizures are well controlled and direct supervision is present:

Basketball	Swimming Track	Hockey
Football	Tennis	Soccer

Check with your doctor, but you can probably also take part in some sports with additional care that involve heights—like gymnastics, harnessed rock climbing, and horseback riding—as long as you take safety precautions. One very important precaution is to make sure that you're always with at least one other person when you exercise or play sports.

Only a very few activities are not recommended. These include hang gliding, scuba diving, free rock climbing, and boxing.

Pay attention to your warning signs and triggers.
Sometimes people with epilepsy have feelings or auras that let them know a seizure is about to happen. Your muscles may feel tingly, you may smell something strange, or you may feel "spacey." An aura is actually a mild seizure. If you have auras or other warning signs, you can lie or sit on the floor or alert others. If you're riding your bike, you can stop and get off your bike and off the road.

You may notice that certain situations or circumstances seem to trigger seizures. Your "triggers" may be different from someone else's, but the triggers listed below have been described by many people with epilepsy.

Lack of sleep. Lack of sleep is a very common trigger. Try to go to sleep and wake up at the same times every day to create a healthy rhythm that allows your brain to function at its best.

Too much stress. Stress is also a very common trigger. Besides the stresses of everyday life, you may be worried that you're going to have a seizure at school or other places where people might see you. Talk to your doctor and parents about your concerns. They can help you find ways to reduce your stress level.

In some people, seizures are also triggered by light or patterns of light. This is called photosensitivity. Photosensitive people may need to limit the time they spend watching TV, playing video games, or being around a strobe light.

Have your parents look into services you may qualify for at school.
If you have special learning needs, you may qualify for special services at school. You and your parents will need to work with your doctor, the learning support person at your school, and your teachers. You or your parents should follow up with each of your teachers to make sure they know how to meet your needs.

Tell key people about your epilepsy.

It's very hard to live with a secret, especially a secret that you may not be able to keep.

Your parents, of course, know about your epilepsy. That's good because they are 100 percent behind you and want you to succeed in whatever you choose to do. Your parents can remind you to take your medication. They can help keep you organized and on top of things so you get enough sleep and feel less stressed out. They can help you with problems you're having at school.

They can take you to doctor appointments and make sure that information is shared and understood by everyone.

You need to be completely honest with your parents. If you have a seizure, even a mild one, let them know. Your medication may need to be adjusted.

Naturally your parents will worry about you. They may not want you to sleep over at a friend's house or try out for the basketball team. You may think they're being overprotective. Keep talking to your parents. Together, decide what you will do if you have a seizure away from home. Build trust so that your parents are willing to let go a little.

With your parents, decide who else you will tell and how you will tell them.

These people may include:
Teachers
School administrators
The school nurse
Coaches
Neighbors
Friends

You and your parents may decide to tell very few people or many people. It's up to you. But there are definitely some very good reasons to tell people.

You can educate them and explain what to do if you have a seizure. Many people know nothing about epilepsy or they believe things about epilepsy that aren't true. Sometimes seizures can be shocking to people who have never seen them and who are not prepared for them. The Epilepsy Foundation web site (www.epilepsyfoundation.org) includes handouts that you can give to teachers and friends that explain epilepsy and show proper first aid for seizures.

If you have tonic-clonic seizures, explain that people can help you by:

Easing you onto the floor or ground
Rolling you onto your side
Putting a pillow under your head
NOT putting anything in your mouth (you won't swallow your tongue)
Staying with you until your seizure ends

If you have absence seizures, explain that people can help you by:

Keeping you out of danger, such as a steep flight of stairs. Afterward, catching you up on what you missed (such as instructions from a teacher on how to do an assignment).

By telling and educating your teachers, you can get their support. For example, you may need to have directions repeated or you may need extra time on a test.

By telling and educating your coaches, they will be prepared to help if you have a seizure, and your parents will feel more comfortable with you being on the team.

By telling a trusted neighbor, your parents may be more comfortable leaving you home alone.

By telling your close friends, they will be prepared to help if you have a seizure.

Wear a medical alert necklace or bracelet.

If you have seizures that may be dangerous in any way, you should wear a medical alert necklace or bracelet. This will help ensure that you will get proper medical assistance if you ever need it.

Medical alert "jewelry" is not very noticeable, and you can wear other jewelry to make it even less noticeable.

Will It Go Away?

I know my epilepsy may never go away, as much as I'd like it to. But if I didn't have epilepsy, I wouldn't have discovered some really important things. Such as I've met so many great people because of my epilepsy. Not just my doctor and the people working in the labs, but my biology teacher who's helping me with an independent study. Some day I'd like to help other people who are living with medical problems like epilepsy. I could see myself working in a lab or maybe doing research.

– Kayla, age 17

Some people have epileptic seizures their whole lives. But many people's epilepsy goes into remission, which means they no longer have seizures. Usually this happens after they've taken epilepsy medicine for at least five years and haven't had seizures during that period.

Even if you are seizure-free for a long time, do not assume that your epilepsy has gone into remission. Keep taking your medicine as directed, and keep your doctor informed about what's going on.

Right now there is no cure for epilepsy. But much research is being done in genetics, drug development, surgery, and technology that may someday be the key to controlling and preventing all types of epilepsy.

What About Your Future?

The hardest thing about my senior year is figuring out where I'll be next year. I know I'm going to go to college, that much is certain. But where? I'm thinking someplace warm because I really don't like winter. One of my friends asked me if I'm worried about my epilepsy, afraid that it will hold me back. No way! I've had epilepsy for five years so I pretty much know what to expect. Sure, there were a couple of times I had to miss things—like one time a field trip and twice I had to sit out during soccer games (I admit, I really hated that). But big picture? I'm ready for anything, and nothing's going to stop me. Especially not my epilepsy.

– Morgan, age 17

Q: You've probably heard of all these people, but do you know what they have in common?

Napoleon
Alexander the Great
Charles Dickens
Beethoven
Julius Caesar
Agatha Christie
Edgar Allan Poe
Joan of Arc
Lewis Carroll
Van Gogh
Harriet Tubman

A: They all accomplished a tremendous amount in their lifetimes. They also all probably had epilepsy.

More recently, guard Alan Faneca helped the Pittsburgh Steelers win the Super Bowl. And goalie Chanda Gunn helped the U.S. women's hockey team win a world championship. Both have epilepsy.

With a few exceptions, epilepsy doesn't have to change your plans. It shouldn't keep you from doing almost anything you want to do.

You can:
have lots of friends
drive (once your seizures are controlled)
go to college
get married
be an artist,
an actor,
a mechanic,
a business executive,
a teacher, a lawyer, a senator, a Super Bowl star, an Olympic athlete

The fact is, people with epilepsy are succeeding in all of these things. And you can, too.

Managing Epilepsy Is a Process

To get an accurate diagnosis and treatment of your problem, you and your parents need to be completely honest with your doctor. Answer questions in detail. Speak up when you don't understand what your doctor is saying. Call back if you remember something that might be important.

During the process of diagnosis and beginning treatment, you should ask your doctor lots of questions. It's fine to write them down and take them to your appointments.

During your initial appointments, you or your parents may want to ask these questions:

Do you think I have epilepsy?
What tests will you order and why?
When can I schedule these tests?
When will I find out the test results?

Your doctor will have you schedule a follow-up appointment once all the test results are in.

During this appointment, you or your parents may want to ask these questions:

What do the test results indicate?
What treatment do you recommend and why?
If medication is recommended, which medication are you prescribing and why?
How much and how often should I take the medication?
What should I do if I miss a dose?
How will I know if the medication is working?
Should I expect any side effects?
When should I schedule another appointment?

Managing epilepsy is a process, and you will need to continue to see your doctor regularly. If you're on medication, your doctor will want to make sure your seizures are under control and you are having minimal side effects.

As you grow and mature, your medication dose may need to be adjusted. You'll also be dealing with other issues that you may want to discuss with your doctor, your parents, other trusted adults, and trusted friends. Read ahead for information and suggestions to help you succeed in middle school, junior high, and high school.

If You're in Middle School ...

When I was diagnosed with epilepsy, my parents just wanted to put me in a bubble or something. I had to keep my bedroom door open because they were afraid I was going to have a seizure and they wouldn't know about it. They wouldn't let me go to sleepovers. They wouldn't let me go to the mall with my friends. They even wanted me to quit band (I still don't get why THAT made any sense). I think they're finally starting to realize that I have to do things my way.

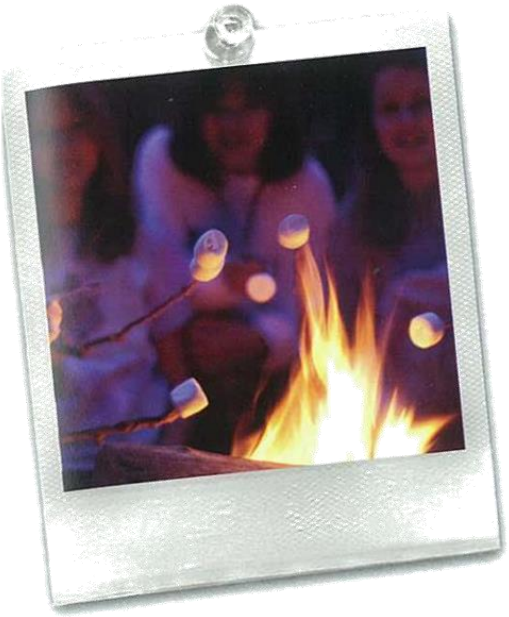
– Maria, age 14

SOOOO many people

In most places, middle school is a lot different than elementary school. In elementary school, you probably had one teacher most of the day and the same 25 or 30 kids were in your class. In middle school, you may have a different teacher for each subject. And instead of being with the same kids all day long, you're with different kids at different times of the day.

Most middle schools sponsor sports teams, so you may be able to try out for many different sports. Many middle schools also have after-school activities and clubs, like drama club.

What this means is that you'll be coming into contact with many different people every day. Because you may have a seizure at school, you may decide you need to explain your medical condition to many different people, especially all your teachers and coaches.



Fitting in

Fitting in is often very important to kids when they're in middle school. You may want to be like everyone else, except you want to be yourself, too.

Having a medical condition can make it even harder to fit in. That's why it's so important for you to keep talking to your parents and to find other people, including friends, you can trust. If some kids don't want to be friends with you because of your epilepsy, what kind of friends were they anyway?

Away from home

Going to sleepovers, overnight school field trips, and summer camps are part of growing up. As long as your seizures are controlled, you should be able to do all of these things.

Your parents (those people who sign your permission slips) will want to know that you will be safe when you're away from home. That means that wherever you go, responsible adults need to know about your epilepsy, what to do if you have a seizure, and things that may trigger a seizure. You'll probably also want to tell the person you're sharing a room with about your epilepsy. And you need to make sure to take your epilepsy medication with you wherever you go.

If You're in High School ...

I work on cars. That's what I do. What I mean is, it's my thing, it's what I live for. So the worst thing for me about finding out I had epilepsy was not being able to drive. I just thought, take away my iPod, take away pizza, but don't take away my license! My friends are cool, though. They take me everywhere—probably because I'm the go-to man when something breaks. And my doctor's real encouraging. I'm on this new medicine and I haven't had a seizure in three months. I may be back in the driver's seat as early as this summer.

– Dean, age 18

Driving

Most kids can't wait until they get their driver's license and can drive themselves places. Driving is a privilege, and drivers must prove they can drive safely. Teenagers and adults with epilepsy can get a driver's license and drive, but they must have been seizure-free for a certain period of time. The time varies from state to state, but it's usually six months to a year.

For information about driving laws in your state, go to the Epilepsy Foundation's website at ẃww.epilepsyfoundation.org and click on State Driving Laws in the box near the top of the page.

Your doctor is legally required to report your medical condition to your state's motor vehicle department. Your doctor is also the person who can certify that your seizures have been under control for the required length of time. That's why it's extremely important to be honest with your doctor and report any seizures you've had. Your doctor may decide to change your medication dose or try a different medication.

It's normal to feel disappointed and frustrated about not being able to drive. What would be far worse than these feelings would be for you to lose control of your car because of a seizure, potentially injuring yourself and/or others.

Dating

You can go on dates; you can go to the junior and senior proms! If you're beginning a new relationship, you may struggle with finding the best time to disclose your epilepsy. You want to be honest and open, but you don't want to scare the person away. In any relationship, communication is the key. So whether you explain about your epilepsy on your first date or your tenth, the important thing is to share personal information when you feel you—and that person who makes your heart jump—are both ready.

Alcohol and other drugs

Right now you may not feel any pressure to drink or experiment with recreational drugs, but most teens say they feel pressured to "party" at some point during high school. So it's important for you to understand that alcohol and many other drugs can increase the likelihood that you will have a seizure because they can interfere with your epilepsy medicine and the natural rhythms of your brain. Even some over-the-counter drugs can be risky, so check with your doctor first before taking any extra medication.

Beyond high school

If you're a junior or senior in high school, you may be thinking about what's next. College is an option. Working is also an option. Talk to your parents, your school guidance counselor, or a favorite teacher. Start thinking about what you want to do and what you need to do in order to make that happen.

FYI

The Epilepsy Foundation website (www.epilepsyfoundation.org) is a great place for you to get more information about epilepsy.

The website also includes information and resources specifically for teens (www.epilepsyfoundation.org/eCommunities/teen.cfm). From there, you can participate in a Teen Discussion Forum, which is a message board where teens can ask, read, and respond to questions. You can also enter and participate in a Teen Chat Room where you can meet and interact with other teens (but you must first register on the Epilepsy foundation website).

Another great web resource is www.epilepsy.com developed by the Epilepsy Therapy Development Project. This site includes information geared to kids and teens. Go to: epilepsy.com/kids/kids.html or www.epilepsy.com/info/teens.html.

Seizure Journal

DATE	TIME	LENGTH	SYMPTOMS	BROUGHT ON BY	TREATMENT

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