This is the second of the series of three articles on Epilepsy

Management of Epilepsy

The goal of treatment in patients with epileptic seizures is to achieve a seizure-free status without adverse effects. This goal is accomplished in more than 60% of patients who require treatment with anticonvulsants. Many patients experience adverse effects from these drugs, however, some patients have seizures that are refractory to medical therapy.

The mainstay of pharmacological treatment for seizures is anticonvulsant medication. The drug of choice depends on an accurate diagnosis of the epileptic syndrome, as response to specific anticonvulsants varies among different syndromes. The difference in response probably reflects the different pathophysiologic mechanisms in the various types of seizures and the specific epileptic syndromes.

A ketogenic or modified Atkins diet and vagal nerve stimulation (VNS) are nonpharmacological methods for managing patients with seizures who are unresponsive to antiepileptic drugs. The ketogenic diet is typically used in children. The FDA has approved VNS stimulation for adolescents and adults with refractory partial epilepsy, but clinical experience also suggests efficacy and safety in children and in patients with generalized epilepsies.

The two major kinds of brain surgery for epilepsy are palliative and potentially curative. In the past, the most common palliative surgery was anterior callosotomy, which was indicated for patients with intractable atonic seizures, who often sustain facial and neck injuries from falls. This surgery is still performed as the use of vagal nerve stimulation (VNS) in such patients with good efficacy. Several curative surgeries including lobectomy and lesionectomy are possible. In general, the epileptogenic zone must be mapped by using video-electroencephalographic (video-EEG) monitoring and, in some patients, with intracranial electrodes.

Seizure first aid

Think of 3 key areas of seizure first aid.

- **Care and Comfort First Aid**: General first aid for all seizure types to keep someone safe.
- **Tailoring First Aid**: Specific steps for different seizure types.
- **Responding to Seizures - Interventions for out of hospital use**: First aid steps to help stop or shorten a seizure or prevent an emergency situation. This may involve giving a rescue treatment (often called "as needed" medicine or treatment) that has been recommended by your health care team. The rescue treatments described here can be given by non-medical people who are not in a hospital setting. They are intended for use by anyone (the person with seizures, family member or other observer) who has been trained in their use. These therapies can be given anywhere in the community. A hospital or medical setting is not needed when these are given in the manner described.
Triggers of Seizures

Knowing what triggers your seizures can help you recognize when a seizure may be coming and help you be prepared to lessen the chance that one may occur the next time you face a similar trigger.

Some people may find that seizures occur in a pattern or are more likely to occur in certain situations. Sometimes these connections are just by chance, but other times it’s not. Keeping track of any factors that may precipitate a seizure (also called seizure triggers) can help you recognize when a seizure may be coming. You can then be prepared and learn how to lessen the chance that a seizure may occur at this time.

Some people will notice one or two triggers very easily, for example their seizures may occur only during sleep or when waking up. Other people may notice that some triggers bother them only when a lot is going on at once or it is during a ‘high risk’ time for them (for example when under a lot of stress or when sick).

What are some commonly reported triggers?

- Specific time of day or night
- Sleep deprivation – overtired, not sleeping well, not getting enough sleep
- At times of fevers or other illnesses
- Flashing bright lights or patterns
- Alcohol or drug use
- Stress
- Associated with menstrual cycle (women) or other hormonal changes
- Not eating well, low blood sugar
- Specific foods, excess caffeine or other products that may aggravate seizures
- Use of certain medications (Propofol, Prednisone, etc…)

What is reflex epilepsy? Is this related to triggers?

Some people may notice that their seizures occur in response to very specific stimuli or situations, as if the seizure is a ‘reflex’. There is a type of epilepsy called ‘reflex epilepsy’ – in this type, seizures occur consistently in relation to a specific

Sources

http://www.epilepsy.com/get-help/managing-your-epilepsy
http://epilepsy.prod.acquia-sites.com/sites/core/files/atoms/files/medicineschedule_0.pdf
<table>
<thead>
<tr>
<th>Disease</th>
<th>RDHS Division</th>
<th>Dengue Fever</th>
<th>Dysentery</th>
<th>Enteric Fever</th>
<th>Brachial Palsy</th>
<th>Encephalitis</th>
<th>Diaphyseal</th>
<th>Leishmaniasis</th>
<th>Chikungunya</th>
<th>Meningitis</th>
<th>Leprosy</th>
<th>Tuberculosis</th>
<th>Typhus Fever</th>
<th>Leptospirosis</th>
<th>Viral Hepatitis</th>
<th>Guledmela</th>
<th>Peste De La Crime</th>
<th>Food Poisoning</th>
<th>Dengue Fever</th>
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*Timeliness refers to returns received on or before 28th November, 2014. Total number of reporting units: 337. Number of reporting units data provided for the current week: 271.*
### Table 2: Vaccine-Preventable Diseases & AFP

<table>
<thead>
<tr>
<th>Disease</th>
<th>No. of Cases by Province</th>
<th>Number of cases during current week in 2014</th>
<th>Number of cases during same week in 2013</th>
<th>Total number of cases to date in 2014</th>
<th>Total number of cases to date in 2013</th>
<th>Difference between the number of cases to date in 2013 &amp; 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFP*</td>
<td>W: 01  C: 01  S: 00  N: 00  E: 00  NW: 00  NC: 00  U: 00  Sab: 02</td>
<td>02</td>
<td>03</td>
<td>77</td>
<td>97</td>
<td>-20.7%</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>W: 00  C: 00  S: 00  N: 00  E: 00  NW: 00  NC: 00  U: 00  Sab: 00</td>
<td>00</td>
<td>-</td>
<td>00</td>
<td>-</td>
<td>%</td>
</tr>
<tr>
<td>Mumps</td>
<td>W: 01  C: 00  S: 02  N: 01  E: 01  NW: 03  NC: 00  U: 02  Sab: 10</td>
<td>10</td>
<td>15</td>
<td>623</td>
<td>1416</td>
<td>-56.1%</td>
</tr>
<tr>
<td>Measles</td>
<td>W: 11  C: 02  S: 03  N: 00  E: 01  NW: 03  NC: 01  U: 03  Sab: 24</td>
<td>24</td>
<td>44</td>
<td>3026</td>
<td>3760</td>
<td>-19.6%</td>
</tr>
<tr>
<td>Rubella</td>
<td>W: 00  C: 00  S: 00  N: 00  E: 00  NW: 00  NC: 00  U: 00  Sab: 00</td>
<td>00</td>
<td>-</td>
<td>17</td>
<td>27</td>
<td>-37.1%</td>
</tr>
<tr>
<td>CRS**</td>
<td>W: 00  C: 00  S: 00  N: 00  E: 00  NW: 00  NC: 00  U: 00  Sab: 00</td>
<td>00</td>
<td>-</td>
<td>04</td>
<td>06</td>
<td>-33.3%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>W: 00  C: 00  S: 01  N: 00  E: 00  NW: 00  NC: 00  U: 01  Sab: 00</td>
<td>01</td>
<td>-</td>
<td>14</td>
<td>23</td>
<td>-39.1%</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
<td>W: 00  C: 00  S: 00  N: 00  E: 00  NW: 00  NC: 00  U: 00  Sab: 00</td>
<td>00</td>
<td>-</td>
<td>00</td>
<td>-</td>
<td>%</td>
</tr>
<tr>
<td>Japanese Encephalitis</td>
<td>W: 00  C: 00  S: 00  N: 00  E: 00  NW: 00  NC: 00  U: 00  Sab: 00</td>
<td>00</td>
<td>-</td>
<td>22</td>
<td>68</td>
<td>-67.6%</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>W: 00  C: 00  S: 00  N: 00  E: 00  NW: 00  NC: 00  U: 00  Sab: 02</td>
<td>02</td>
<td>-</td>
<td>00</td>
<td>82</td>
<td>-67.7%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>W: 77  C: 40  S: 19  N: 09  E: 09  NW: 05  NC: 00  U: 18  Sab: 181</td>
<td>181</td>
<td>132</td>
<td>9021</td>
<td>7648</td>
<td>+18.1%</td>
</tr>
</tbody>
</table>

**Key to Table 1 & 2**

**Provinces:**  W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.


**Data Sources:**

- Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps, Rubella, CRS.
- Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
- CRS** = Congenital Rubella Syndrome
- AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

**Dengue Prevention and Control Health Messages**

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them.

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