

## Fact Sheet 2

# Epilepsy Types

There are different types of seizures. Some affect a part of the brain (focal seizures) and others affect the whole brain (generalized seizures). The first aid required for each seizure type is dependent on what is happening in the brain at the time of a seizure.

### Focal Seizures (Affecting a specific part of the brain)

**Do not try to stop the seizure. Guide the person away from danger.  
Talk quietly to reassure. Confusion is common.**

### Temporal Lobes

Simple focal (small part of temporal lobe)

- A person will remain conscious

- Hearing speech, memory and emotions can be affected
- Experience deja vu, jamais vu, hallucinations, depression
- Smell and taste changes
- Abdominal/chest discomfort, altered heart and breathing rates, sweating



Complex focal (larger part of the lobe)

- A person's consciousness is affected

- The person can appear confused, drunk, distracted and is unresponsive
- Behaviours can include lip smacking, chewing, swallowing, fumbling, picking, grunting, screaming, undressing, repeating a word
- Wandering off

**Be prepared for a generalised seizure**

## Frontal Lobes

In a simple focal seizure (small part of the lobe) consciousness is not affected

In a complex focal seizure (larger part of the lobe) a person's consciousness is altered.

Unusual behaviours become apparent and can be considered emotional or psychological in origin.

Seizures can involve:

- cycling movements
- turning the head to one side
- thrashing of arms
- carrying out strange body movements
- screaming, laughing, shouting or crying
- becoming incontinent
- experiencing sexual feelings and behaviour

Be prepared for a generalised seizure



## Parietal Lobes

These seizures are uncommon.

Typically cause sensations in the skin such as:

- Tingling, numbness or pain (rarely)
- Can be felt on one side of the body
- Sensation can spread from a finger and upwards to the whole hand and arm (Jacksonian seizures)

Be prepared for a generalised seizure



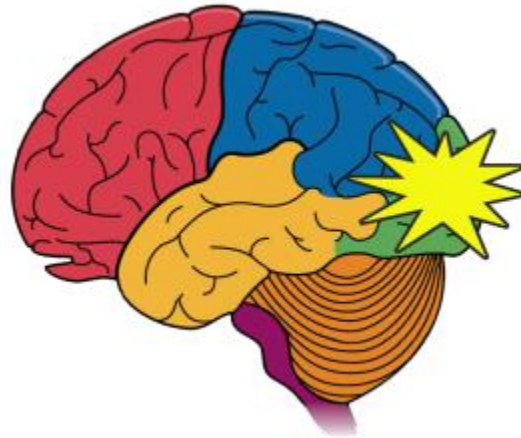
## Occipital Lobes

These seizures are uncommon.

Can experience visual changes incl. flashes of light, colour, and patterns and even temporary blindness.

Seizures can spread to the temporal or frontal lobes

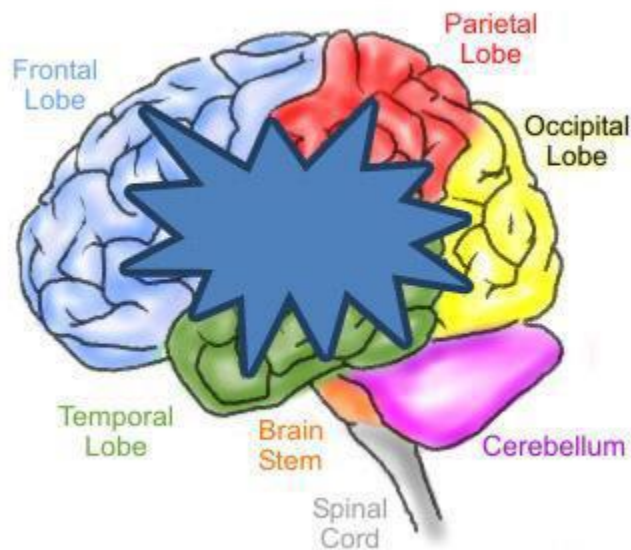
Be prepared for a generalised seizure



## Generalised Seizures (Affecting the whole brain)

Absence, myoclonic, tonic, myoclonic, atonic, tonic clonic

Do not try to stop the seizure. Guide the person away from danger.  
Talk quietly to reassure. Confusion is common.



- **Absence** – Brief staring spells and brief loss of consciousness (3 to 20 seconds)
  - No warning before seizure and immediately afterwards the person is alert.
  - Eyelids may twitch, flutter or blink.
  - Brief automatic mouth or hand movements
  - Can have 100, or more, absence seizures a day

Be reassuring. Guide the person away from any danger.

- **Myoclonic** – Jerking movements of the body or limbs
  - Benign myoclonus occurs in healthy people, e.g. a ‘jumping’ sensation whilst falling asleep

Stay with the person to reassure them.

- **Tonic** – Brief loss of consciousness
  - Body will stiffen
  - Breathing becomes irregular or stops
  - May lead the person to fall

Observe person’s breathing and colour. Stay with him/her until he/she has recovered.

- **Atonic** – Brief loss of consciousness
  - Muscles slacken
  - Can lead to severe falls and injuries
  - Recovery is quick
  - Helmets are often worn to prevent facial injuries

Observe the person. Attend to any injuries

- **Tonic clonic** – Loss of consciousness
  - May cry out, stare
  - Stiffening of the body and a fall
  - Difficulty in breathing
  - May be froth or saliva at the mouth
  - Blue colour
  - Convulsions
  - Can become incontinent
  - Gradually returns to normal
  - Can become confused and sleepy

### **Stay calm!**

Make the person safe

Cushion the head

Time the seizure

Look for ID on the person

Don't hold down

Put nothing in the mouth

When the seizure ends, place the person in the recovery position

Stay with the person until he/she has fully recovered.

There is no need to call an ambulance (111) *unless*:

The seizure lasts longer than 5 minutes

The seizure is closely followed by another

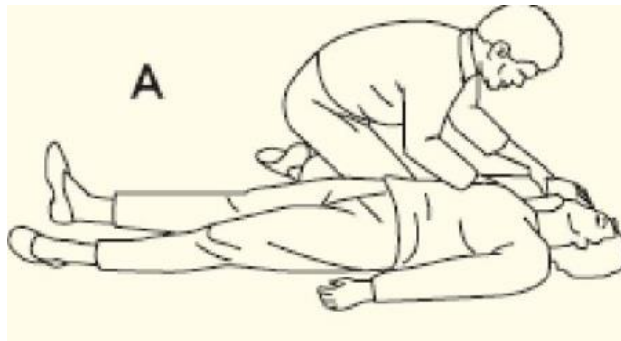
The person is pregnant or has diabetes

The person has suffered an injury

The person has swallowed water

**Status epilepticus or non-stop seizures. It is serious and requires immediate medical attention. Phone 111 and ask for assistance.**

## How to put a person in the recovery position



Sit close to the person. Place his/her nearest arm to you at right angles.



Place the furthest arm to you across the person's chest and next to his/her cheek. Hold the arm in place.

Using your other hand, grab the far leg and lift it, making sure that the foot remains on the ground.



Gently roll the person onto his/her side.



Adjust the position of the arms and legs to ensure that the person is in a stable position for recovery

Make sure that you tilt the head slightly.

Stay with the person until full consciousness returns .

Images accessed 21/4/13 from [www.oxfordmedicine.com](http://www.oxfordmedicine.com)

Disclaimer: this fact sheet is for education purposes only. Please consult your doctor or other health professional for advice regarding your epilepsy.