



First seizure

Information for patients

Why have I been given this leaflet?

You have been given this leaflet because you have had a suspected epileptic seizure. A seizure is caused by temporary abnormal electrical activity in the brain. There are many different types of seizures and not everybody will lose consciousness.

Do I have epilepsy?

Around one in every thirty people will experience an epileptic seizure in their lifetime. Having a seizure does not mean you have epilepsy. A diagnosis of epilepsy will generally be made after a person has had two or more epileptic seizures on separate occasions, or if there is a reason to believe that somebody has a high risk of a second seizure.

What will happen next

You will have medical assessments and investigations to see if a cause for the seizure can be found, but in many cases, no cause is found.

About half of those who have a first seizure will never have another.

After a first seizure, you will not necessarily need to be admitted to hospital. Usually people can be safely sent home when they have recovered, and if they are otherwise well. Treatment to prevent seizures is not often given after a single seizure. Most patients will be referred to a specialist clinic for further assessment.

Can I drive?

If you hold a driving licence, you must inform the DVLA of your suspected seizure and not drive until they have given you permission to do so. The decision the DVLA makes will also depend on the advice from a specialist.

- **You will not be allowed to drive a car for between 6 to 12 months after a first seizure.**
- It is your responsibility to contact the DVLA. You may be fined up to £1000 and your insurance will be invalidated if you don't inform them.
- You may be entitled to a free bus pass if you are disqualified from driving on medical grounds.

Forklift licence: The restriction is the same as that for a car.

Bus or lorry (Group 2 licence): The driving restriction is different, and longer, for a group 2 licence. You can obtain more information about this from the DVLA.

Taxi: If you drive a taxi, in addition to informing the DVLA, you need to contact the issuer of your taxi licence (your local council).



How do I get information about driving and notify the DVLA:

- The most straightforward way to inform the DVLA is via their website: www.gov.uk/driving-medical-conditions
- It is also possible to contact them by telephone (0300 790 6806), email or post (details can be found here: www.gov.uk/contact-the-dvla).
- You may be entitled to a free travel pass (Visit the Highland Council website, and search for 'National Entitlement Card').

What do I tell work?

It is sensible to tell your line manager or occupational health department that you have had a suspected seizure, so you can discuss if any additional safety measures need to be taken.

You have to inform them if

- Your job involves driving any vehicle, or flying an aircraft
- You are in the armed forces, police, fire service or merchant navy
- If you, or anyone else could be at risk if it happened again, for example if you work at heights, near water, with heat sources or machinery or with children/vulnerable adults.

Do I need to change my lifestyle?

General lifestyle advice: Most seizures occur out of the blue, and do not have a clear trigger. You should continue to lead a healthy life, but take care in situations where sudden loss of consciousness could be risky, for example near water or at heights.

Alcohol addiction: Alcohol dependence can cause seizures. It is important not to stop drinking suddenly, but to seek professional help if you have alcohol addiction leading to a seizure. Your GP can advise you about this, or you can call the national alcohol helpline (Drinkline) on 0800 7314314, or Osprey House (Inverness) on 01463 716 888.

Recreational drugs: Some recreational drugs can cause seizures, particularly synthetic cannabis and cocaine. There is no evidence that caffeine causes seizures.

Late nights and drinking: Some types of seizure, but not all, are triggered by lack of sleep or a single night of heavy drinking. If you think these triggers might have contributed to your seizure, it would be advisable to avoid sleep deprivation, and to drink alcohol only in small amounts.

Screens: It is uncommon for seizures to be triggered by flashing lights, and TV screens or video games rarely flash at a frequency which triggers seizures, so there is no need to avoid watching TV or using screens after a single seizure.

How can I reduce the risk of injury in a seizure?

- Have a shower rather than a bath. The only way to be sure of being safe in the bath is to have another person in the room with you.
- Avoid swimming unless there is a lifeguard present. If you go swimming, tell the pool attendant that you have previously had a seizure.
- Avoid unprotected heights.
- Avoid using moving machinery which could cause injury were you to suddenly lose consciousness and fall.
- Let people know where you are and when you expect to be back; If possible avoid lone activities.
- Using a microwave is safer than a cooker; If you are using a cooker, use the back rings rather than the front.
- Some activities are particularly dangerous for people with a liability to seizures, and there are restrictions about doing them, such as scuba diving or sky diving.

Use common sense with regard to the activities you take part in, but remember that you may never experience another seizure. If you do have another seizure, in the majority of people, this will occur within the first 6 months. Although you will continue to be at increased risk of seizures after beyond 6 months, the risk will gradually diminish over time.

More information about reducing seizure risk is available from the organisations listed at the end of this leaflet.

First Aid Information for your family, friends and colleagues

C: Keep **C**alm, prevent other from crowding, **C**ushion the head.

A: **A**ction:

1. Protect the person from injury: remove sharp or hard objects from the area, if they are confused guide them away from danger such as stairs or the road).
2. Summon help if you are alone.
3. Check the time and monitor how long the seizure lasts.

R: Once the episode has finished, aid breathing by placing the person on their side and gently lifting their chin (**R**ecovery position). Stay with them until they have fully recovered and are aware of their surroundings, and gently **R**eassure them as they recover.

E: Call for **E**mergency help (999) if

- A convulsive (shaking) seizure lasts more than five minutes
- One convulsive seizure follows another without the person regaining consciousness in between
- If the person has injured themselves or inhaled water during a seizure or is having difficulty breathing when the seizure has finished.

First Aid Information for your family, friends and colleagues

DON'T

- Try to restrain the person or their movements.
- Leave the person unsupervised.
- Put anything between their teeth or in their mouth.
- Try to move them, unless they are in danger.
- Give the person anything to eat or drink until they are fully recovered.

You will find a video on the [Epilepsy Action](https://www.epilepsy.org.uk) website that shows you what to do when someone has a seizure: www.epilepsy.org.uk; Follow the link to 'First Aid', or use this QR code.



When should the GP be contacted?

- If the person has a seizure that does not require an ambulance.

How do I describe what has happened?

There is no single test which will give the diagnosis of an epileptic seizure. The diagnosis is usually made by the doctor listening to the description of exactly what happened.

If the patient has lost consciousness, it is very important for a witness to come to the hospital appointment, or be available on the phone, so that the doctor can ask them questions. If they cannot be available, please ask them to provide a written account.

The doctor is likely to be interested in:

- What was the person doing before the episode started?
- What was the first sign that something was wrong: Did they mention any unusual feelings, start to behave oddly, or make unusual movements.
- Did they lose consciousness, become vacant, or were they confused.
- Did their colour change?
- Did their breathing alter?
- Were there any movements in their body or limbs?
- Did they bite their tongue?
- Were they incontinent (wet or soil themselves)
- How long did the episode last?
- How long was it before they could go back to their normal activities?

Keeping a record of dates and times that episodes occur is helpful. If further seizures occur, a video of a seizure can be very useful in diagnosis.



What happens now?

It is common to feel nervous and anxious about returning back to normal activities but your confidence will return the more that you do. Follow any advice that you have been given regarding lifestyle and general safety but try not to let this episode restrict your activities too much.

Many people will never have another episode. If you do however, you should be seen by the neurology services. This can be arranged by the Accident and Emergency department, if you are assessed there, or through your GP. If you have already been seen in the neurology clinic after your first seizure, you may also have been given a contact number to phone in the event of a second seizure.



Further information

Epilepsy Action

0808 800 5050

www.epilepsy.org.uk

Epilepsy Society

01494 601 400

www.epilepsysociety.org.uk

Epilepsy Scotland

www.epilepsyscotland.org.uk

These organisations help people with epilepsy, but they also provide useful information for people who have had a first seizure, who do not have a diagnosis of epilepsy.