

Epilepsy Advocate

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Wendy Rodriguez reveals how a severe seizure motivated her to transform her life

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PLANNING FOR A BABY?

Here's what to ask your doctor about managing epilepsy during pregnancy.



HOW MUCH SHOULD I WORRY?

Talk to your doctor about your specific condition. Every patient is different, so working with your doctor will ensure you get the information and medical treatment that you need.

SHOULD I CHANGE MY MEDICATION?

It's best to strategize with your epileptologist before you get pregnant. Your seizure medications will need to be reviewed, and changes in doses might be needed during pregnancy. Don't change your medications on your own—your neurologist will help you decide

what changes are needed (if any).

HOW CAN I MANAGE SEIZURES?

Talk to your specialist about recognizing your seizure triggers. Some women are more likely to have seizures during pregnancy, due to hormonal changes, stress, lack of sleep, changes in medication levels, and water or sodium retention. That's why you shouldn't stop your medications.

WHAT SHOULD I DO IF I HAVE A SEIZURE?

Work with your epileptologist to formulate a plan in case you do have a seizure. Depending on

the seizure's severity, your baby could experience a decrease in heart rate or suffer from oxygen depletion or fetal injury, so it will be imperative to see your doctor right away.

WILL MY MEDICATION HARM MY BABY?

There are risks associated with some seizure medicines. Talk to your doctor about the adverse effects your medication could have on the baby.

—Kathy Sena

Talk to your doctor about the North American Antiepileptic Drug (NAAED) Pregnancy Registry or call this toll free number for more information: 1-888-233-2334.

A BETTER WAY TO CLASSIFY SEIZURES

Diagnosing and classifying seizures recently became easier—and more precise. The International League Against Epilepsy (ILAE), the world's main scientific body devoted to the study of epilepsy, revised its terminology in order to recognize that some seizure types can have different onsets; allow classification when the onset is not observed; include some missing seizure types; and adopt more transparent names.

The seizures are still divided into three groups, explains Robert Fisher, M.D., Ph.D., chair of the ILAE Seizure Subtype Classification Task Force: focal onset, which start in one hemisphere of the brain (see page 9 for symptoms); generalized onset, which start in both hemispheres, causing loss of awareness or movements on both sides of the body; and unknown onset. See the chart at right for some highlights. —Kathy Sena

Visit epilepsy.com for more information.

OLD NAME	NEW NAME
Complex Partial	Focal Impaired Awareness
Simple Partial	Focal Aware
Grand Mal	Tonic-clonic
Petit Mal	Absence
Drop Attack	Atonic
Secondarily Generalized	Focal to Bilateral Tonic-Clonic

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