Epilepsy at School

enlighten Tackling Epilepsy

Factsheet 23

Approximately 6 school age children in every 1,000 have epilepsy, and 80% of these attend ordinary schools. Regular medical attention, accurate information and appropriate counselling will minimise problems, however, there are a few areas where difficulties may arise.

Recognising Epilepsy

Tonic clonic seizures ('grand mal')

A parent/teacher will probably be the first adult to witness this and will usually swiftly recognise a major convulsive tonic clonic seizure where the child loses consciousness and experiences a jerking of limbs. However, it is important to remember that there are other forms of seizures. To enable a doctor to make the correct diagnosis, a detailed written eyewitness account is invaluable. Other causes of loss of consciousness have to be excluded – some children who just faint may also have mild convulsive movements.

Absences ('petit mal')

These are brief interruptions of consciousness and may be hard to detect. Teachers/parents should be aware of this possibility if a child suddenly seems unusually inattentive or looks vacant.

Partial seizures (focal)

These seizures can be simple or complex. Simple partial seizures produce no loss of awareness but strange sensations (e.g. unusual smells, a sense of fear, stomach discomfort) may be experienced, along with sudden jerky movements of part of the body. With complex partial seizures, some loss of awareness occurs and sometimes purposeless or bizarre behaviour which may be mistaken for silliness. The seizures will tend to take the same form each time. Some children's seizures may not be obvious at school occurring only at home during sleep, so it may be some time before the true nature of the seizure is recognised.

Treatment

Medication in tablet, capsule or liquid form will completely control epilepsy in 80% of cases. It is important for the child and everyone else involved to understand that medication is not a cure for the epilepsy, but a means of controlling it and may have to be taken regularly for several years. Most medication can be taken outwith school hours and the child should take full responsibility for this as soon as possible, so that problems do not arise later on over taking regular medication.

A very small percentage of children with partial seizures may be suitable for surgery. This can be successful in controlling epilepsy without causing any additional problems but a detailed assessment is necessary before such an operation can be advised.

Communication

Good communication between professionals, parents, the child and his/her friends is vital. Parents should never feel reluctant or embarrassed to reveal or discuss their child's condition.

The teacher needs to know more than 'this child has epilepsy' to provide supportive care. The teacher should be given details of the epilepsy from the parents, GP or Paediatrician (including a description of the seizures, their level of incidence, speed of recovery, the most appropriate management of the seizures, medication and possible side effects).

It is difficult to decide whether/how other children in the school should be told of the epilepsy. The child concerned should always be included in any such discussion. If seizures are likely to happen during school hours, it seems advisable that information about epilepsy is included in the ordinary curriculum, rather than in the aftermath of an unexpected seizure in the playground or classroom.

Classroom Management

If a major seizure occurs at school, the teacher should remain calm and deal with it in accordance with the instructions provided by the parents/medical staff. Reassurance of the child who has epilepsy and other children present is vital to minimise any panic.

A child with epilepsy should be absent as little as possible and early agreement should be reached between teachers, doctor, parents and child as to the appropriate management of the epilepsy. The family or teacher may often try to protect the child from stress if this is thought to precipitate seizures. However, stress is an inevitable part of everyday life and it is productive in the long term to try and teach the child the skills that are necessary to cope with stress.

Blanket restrictions may be placed upon a child with epilepsy, (e.g. he/she may be barred from laboratory work, sports activities) but the risks to each child should be assessed on the basis of detailed knowledge of that child's epilepsy. If the child's seizures are completely controlled or only occur during sleep, no restrictions are necessary. If seizures occur during the day, practically all activities can be safely undertaken with adequate supervision.

Learning and Achievement

Some teachers may have low expectations of pupils with epilepsy and inadvertently treat them differently. If seizures are controlled and no other disabilities are present, there is no reason for a child to underachieve. Research has suggested that some children with epilepsy perform less well at school than a formal assessment of their abilities would suggest. A multi-disciplinary team, including an educational psychologist, would need to assess why as there are many possible explanations:

- Frequent seizures may cause poor school attendance, especially if a child is removed from school every time a seizure occurs.
- Frequent absences, which may be hard to detect, can impair learning.
- A child with severe epilepsy may have periods of disorganised brain activity, not sufficient to cause a seizure, but which may impair learning.
- Most children with epilepsy are of average intelligence, but children with learning disabilities have a high incidence of epilepsy.
- If the epilepsy was caused by a localised injury to the brain, this may cause other educational problems (e.g. poor verbal recall if the dominant half of the brain – usually the left – is affected, or poor practical skills if the non-dominant side is affected).
- Incorrect/excessive drug treatment can impair school performance, especially if it causes drowsiness. However, it is hard to distinguish between the effects of the drugs and those due to the ongoing epileptic activity in the brain.

Careers Guidance

This should be given early and be based primarily on aptitudes and skills. Once these are clearly identified, the relevance of the epilepsy should then be considered. A history of epilepsy can be a bar to some areas of employment (e.g. the armed forces, the merchant navy, a pilot's licence). An occupation that is heavily dependent on driving isn't usually recommended. Entry into some professions (e.g. teaching, nursing, child care) can also prove difficult if there is a recent history of seizures.

(See Enlighten's Factsheet 'Epilepsy and Employment').

It is vital to emphasise that skills, personality and an ability to present the epilepsy clearly are vital to success in today's job market.

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