

# Epilepsy News

The Quarterly Newsletter of Epilepsy Newfoundland and Labrador

Fall 2004

## You **CAN** Take Control of Your Epilepsy Part 2 - Finding The Right Medication for Your Type of Seizure

In our last edition of *Epilepsy News*, we brought you the first of a three part series on taking control of your epilepsy. Part one focused on *Seizure Identification* - on being able to truly identify the types of seizures that you may have. This knowledge is vital information for anyone working to get or keep their seizures under control. For without it, ensuring that you are on the correct medication to treat your type of seizure can be pretty tricky.

This time, we focus on *Finding the Right Medication for Your Type of Seizure*. In the next edition of Epilepsy news we will conclude our series with an article on *Managing Your Medication Levels for the Best Control*. If you missed the first article on *Seizure Identification*, you can find a copy in our newsletter archives on our website, or contact us, and we'll happily send you a paper copy.

### The Scoop on Your Drugs

In many instances, epilepsy medications can be fairly specific in their treatment of seizures. That means a drug prescribed to treat a complex partial seizure might not work well on a tonic clonic or grand mal type seizure.

We have compiled a listing of some of the more common Anti-Epilepsy Drugs (AEDs), along with the types of seizures for which they are most effective. We have abbreviated the names in the interest of space.

- TC** = Tonic Clonic Seizures (also known as a grand mal)
- SP** = Simple Partial Seizures (also known as an aura)
- CP** = Complex Partial Seizures
- SG** = Secondarily Generalized Seizures (the type that starts as a complex partial but spreads to a tonic clonic)
- AB** = Absence Seizures (also known as petit mal)

When you review the table, think about the type of seizures you have. Do the drugs you take match your seizures? If not, perhaps it's time for a careful reassessment of your epilepsy. Discuss with your family doctor or neurologist on the best approach to take.

If your drug is not in our list, please contact the office and we will send you out a personal information sheet on your anti-epilepsy medication.

DRUG NAME	Works Well for	Works Less Well for
Phenobarbital	TC	SP, CP, SG
Mysoline (primidone)	TC	SP, CP, SG
Dilantin (phenytoin)	SP, CP, SG	TC
Tegretol (carbamazepine)	SP, CP, SG	TC
Depakote/Epival (valproate/valproic acid)	AB, TC	CP
Zarontin (ethosuximide)	AB	-
Rivotril (clonazepam)	CP	TC, AB
Diamox (acetazolamide)	TC	CP, AB
Neurontin (gabapentin)	SP, CP, SG	TC
Lamictal (lamotrigine)	SP, CP, SG	TC, AB
Topamax (topiramate)	SP, CP, SG	TC, AB
Keppra (levetiracetam)	CP, SG	-
Trileptal (oxcarbazepine)	SP, CP, SG	-
Diastat/Valium (diazepam)	-	SP, CP, SG

While much of this may seem very technical and hard to digest sometimes, it is so very important that everyone who experiences seizures be aware of just what meds they are taking and why.

As I have said before, the goal in epilepsy treatment is not seizure management, it is seizure freedom. Matching your seizures to the right AED just makes sense. It can also mean the difference between continuing to seizure and finally being the one in control.

*Pamela Anstey, Information Coordinator, ENL, October 2004*

*The series was developed based on information shared and learned during the Seizures and Epilepsy Education Program with Dr. Robert Mittan, Ph.D., a Clinical Neuropsychologist and worldwide epilepsy educator.*

**This series of articles is for information only. Please discuss with your doctor or neurologist before making any changes to your treatment or medications. Never discontinue epilepsy medications without doctor supervision.**

*Epilepsy News* is printed quarterly by:

**Epilepsy Newfoundland & Labrador**

261 Kenmount Road  
 St. John's, NL A1B 3P9  
 Telephone: (709) 722-0502  
 Toll Free: 1-866-epilepsy  
 Fax: (709) 722-0999  
 Email: epilepsy@nf.aibn.com  
 Website: www.nfld.net/epilepsy

Editor: Pamela Anstey

**BOARD OF DIRECTORS**

**President:**

Ron Stone (Mt. Pearl)

**Vice-President:**

Ross Hewlett (Springdale)

**Secretary:**

Anne Marie Hagan (St. John's)

**Treasurer:**

Patti Thistle (Paradise)

**At Large:**

Pauline Duffy (Clareville)  
 Rosemary Hannon (Bishop's Falls)  
 Bernie Larkin (Stephenville Crossing)  
 Inspector Bob Garland (Labrador City)

**Executive Director:**

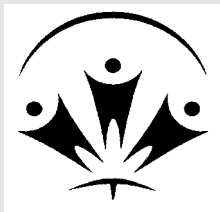
Gail Dempsey

**Medical Consultant:**

Dr. A.O. Ogunyemi, M.D., FRCP (c)

**Information Officer:**

Pamela B. Anstey, B.A., I.T.G.



**Notes from Pam**

Greetings all!

I recently got back from an absolutely fantastic excursion up to the Bonavista Peninsula and all the way down to the very tip of the Burin Peninsula. I absolutely love it when I get the chance to get outside the overpass and see all that Newfoundland and Labrador has to offer.

Early in August 2004 I received a request from the Peninsulas Health Care Corporation, for someone to visit their clinics in both Bonavista and Grand Bank and do several presentations with the nurses and staff there. Those presentations quickly expanded into a full week of meetings, presentations, and in-service sessions covering many different towns with groups ranging from the RCMP, to schools, to a funeral home. All in all, my presentations reached several hundred people, and the information left behind has the potential to reach hundreds more.

Had I been gone for two weeks more I could still have easily filled each day with presentations. Schools, especially, were very eager to have me in to speak with both students and staff, and the RCMP offices were hopeful that I would be able to get to all the detachments across the province to present the information they received.

While I doubt it that I will be able to travel to every RCMP detachment across the island, it does strengthen my belief that what we do is needed, wanted and necessary; and though I may never know it, I can only hope that along the way I have made a difference for some of the people I have met.

Thank you so much to all who offered their hospitality and shared their stories and struggles regarding epilepsy with me during my visit. You are truly an inspiration to me.

Pamela Anstey  
 Information Officer

**Disclaimer**

The materials contained in the Epilepsy Newfoundland and Labrador newsletter are to provide general information about epilepsy to the public. The information presented is not intended as medical or legal advice. Epilepsy Newfoundland and Labrador, its employees, board members, medical advisors, volunteers, agents and sponsors do not assume responsibility for inaccuracies or omissions or for the consequences from the use of the information obtained in this newsletter. Epilepsy Newfoundland and Labrador is not liable for any outcome or damages resulting from information in either a direct or indirect form. We recognize that each individual's experience of epilepsy is different. Consult your physician and/or neurologist with any questions you have.

**People with epilepsy should never discontinue anti-epileptic medications or make changes in activities unless specifically advised to do so by an attending physician.**

*Though no one can go back and make a brand new start,  
 anyone can start from now and make a brand new ending.*

*~ Carl Bard*

## Epilepsy Causes Few Fatal Car Accidents

Drivers with epilepsy are unlikely to cause fatal traffic accidents, according to research published in the journal *Neurology*, and the time that a driver must be seizure free before driving has little impact on the frequency of such accidents.



Researchers from Johns Hopkins University and the University of Maryland studied the deaths of drivers in road traffic accidents across the US between 1995 and 1997. On average 44,000 drivers per year died in traffic accidents, however only an average of 86 drivers each year died as a result of seizures.

However, the rate of fatal crashes for drivers with epilepsy was 2.3 times higher than the rate for drivers with cardiovascular diseases

or high blood pressure and 4.6 times the rate for drivers with diabetes. The researchers also found that there was little difference in the rate of accidents caused by seizures between states where people with epilepsy could return to driving after three months of being free from seizures and twelve months of being free from seizures.

The researchers say that their findings support the current policy, in most locations, of allowing people to drive whose seizures are controlled. However, they did call for, within the US, a more "uniform and reliable" reporting system and a greater emphasis on medical conditions in deciding whether someone with epilepsy should be allowed to drive.

*Epilepsy Action News, September 2004*

## Christmas Tea for Epilepsy

I am delighted to invite all groups, organizations, businesses, and members to partner with Epilepsy Newfoundland and Labrador in our Christmas Tea for Epilepsy project

All you need to do is sit back, relax and enjoy a cup of tea on us, any time during the week of December 15<sup>th</sup> to the 22<sup>nd</sup>. In return, we're asking if you would donate the money you might have spent on your break to Epilepsy Newfoundland and Labrador.

We will provide epilepsy stories, puzzles and information, and your tea bag - you provide the good will and community spirit.

If you are interested in participating in this event and helping to further epilepsy awareness and services, just let me know how many tea packages you will need and we will do the rest.

*Bonnie Green, Special Projects Coordinator*

*Sit back, relax, enjoy your tea  
and think how different your life would be,  
if I were you, and you were me  
and you were the one with Epilepsy*



## EPILEPSY NEWFOUNDLAND AND LABRADOR AGM

All eligible members are invited to attend the 2004 Annual General Meeting of Epilepsy Newfoundland and Labrador on November 22, 2004 at 7:30 p.m.

"All members whose membership fees have been paid 30 days prior to the meeting shall be entitled to attend such meeting and to vote thereat."

For members in the St. John's area, the meeting will be held at the Epilepsy Newfoundland and Labrador offices at Kenmount Road.

For members outside the city, we are pleased to provide a teleconference connection to anywhere in the province so that everyone who wishes to participate can do so. Please let us know by November 8th if you wish to be connected by teleconference.

If you have any questions, or would like to find out about the nominations process for electing board members please contact:

Pam Anstey, Epilepsy Newfoundland and Labrador  
Phone: 709-722-0502 Toll Free: 1-866-EPILEPSY  
Email: [epilepsy@nf.aibn.com](mailto:epilepsy@nf.aibn.com)

## New Research Into Effects Of Sodium Valproate On Pregnancy

The anti-epilepsy drug sodium valproate when given to pregnant women can reduce their child's IQ and lead to delays in the baby's development, according to research in the *Journal of Neurology, Neurosurgery and Psychiatry*.

This latest research on the effects of sodium valproate was based on the findings on a study of 375 children born to mothers with confirmed epilepsy. All but 80 of the children had been exposed to anti-epilepsy drugs (AEDs) while in the womb: in 41 cases this was sodium valproate and in 52 it was carbamazepine. A further 21 children had been exposed to phenytoin, and the mothers of 49 children had taken a mixture of drugs to control their epilepsy.

The children whose mothers had taken valproate alone had an IQ "in the low average range" and one that was significantly lower - than would have been expected. A verbal IQ score of 69 or below was much more likely in children exposed to valproate alone compared to the children whose mothers had not taken any AEDs.

Frequent seizures by the mother during pregnancy were also significantly associated with a lower verbal IQ.

Birth defects and developmental delays were more common among children whose mothers had taken valproate in pregnancy, affecting 44 per cent, compared with nine per cent of those whose mothers had taken carbamazepine, and two per cent among those whose mothers had not taken any AEDs while pregnant.

There was a strong link between the degree of dysmorphism and the likelihood of significantly lower IQ.

The study's authors acknowledge that valproate is very effective at controlling seizures in specific types of epilepsy. However, they conclude that the results of their study are of concern.

"It is essential that adequately controlled prospective studies are established now to identify the level of risk for cognitive impairment in children of women taking both new and established [anti-epileptic drugs] during pregnancy."

There is growing evidence that anti-epileptic drugs may increase the risks to the unborn child, particularly some of the older anti-epileptic drugs. However, seizure control is of paramount importance, particularly during pregnancy. Epilepsy Action is urging all women with epilepsy to seek pre-conception counselling before planning a family so they can discuss the options open to them, with the aim of achieving good seizure control whilst posing the minimum risk to the unborn child.

**"Under no circumstances should women stop taking epilepsy medication without consulting their doctor or epilepsy specialist as this could be potentially harmful to their health and their unborn child."**

*Epilepsy Action News, October 20, 2004*

## Important Information Regarding Lamictal® (lamotrigine)

Glaxo Smith-Kline Inc., following discussions with Health Canada, is informing patients of new safety information regarding Lamictal® (lamotrigine), a medication for the treatment of epilepsy.

A recently completed study has demonstrated that when Lamictal is used in combination with birth control pills, the amount of the active ingredient (lamotrigine) in the blood was significantly reduced. As a result, the dose of Lamictal may need to be adjusted in patients who are also taking birth control pills, or other female hormonal treatments.

In addition to the study, there has also been a limited number of reports of seizures, unexpected pregnancies and of menstrual bleeding disorders (e.g. breakthrough bleeding) occurring in patients who were taking both Lamictal and birth control pills or other hormonal treatments.

Women taking Lamictal are advised to inform their doctor if they are also taking birth control pills, or other female hormonal

treatments, like hormone replacement therapy. They should not start or stop these medications without consulting their doctor. They should also promptly notify their doctor if they experience changes in menstrual pattern (e.g., break-through bleeding) while receiving Lamictal in combination with these medications

If patients have questions regarding their current Lamictal prescription, they are asked to contact their doctor or pharmacist.

Any suspected adverse reaction can also be reported to:  
Canadian Adverse Drug Reaction Monitoring Program  
Marketed Health Products Directorate

HEALTH CANADA  
OTTAWA, Ontario, K1A 0K9

**To report an Adverse Reaction call toll free:**

Tel: 866 234-2345

Fax: 866 678-6789

cadtmp@hc-sc.gc.ca

*Health Canada, September 2004*

## What a Long Way We've Come

There are many of us who work or live with epilepsy every day. Sometimes it can be difficult to see past the continuing challenges of living with such a disorder - the seizures, the side effects of the medication, and the discriminatory attitudes of others. It can seem as though we haven't progressed very far in terms of acceptance and understanding.

Or have we? Yes it's true that there are still struggles and turmoil along the way of every person's journey with epilepsy, but my oh my, what a long way we have come from the days and years past.

People with epilepsy over the centuries have had to endure some of the most absurd and horrific beliefs and treatments, which today seem absolutely outrageous. At the time however, they were common practice. We've gathered a few examples just for you.

- 1494 - A handbook on witch-hunting, *Malleus Maleficarum*, brings a wave of persecution and torture, leading to the death of more than 200,000 women. Written by two Dominican friars under papal authority, the book identifies the presence of seizures as a characteristic of witches.
  - This was considered to be an effective remedy for treating the falling sickness throughout many eras: "Scrape a little matter from a human skull and administer this over a period of several months. If the patient is a man, the skull must be that of a woman, and vice versa" (folk remedy from Württemberg).
  - In the Gospel According to Mark - "Teacher, I brought you my son, who is possessed by a spirit that has robbed him of speech. Whenever it seizes him, it throws him to the ground. He foams at the mouth, gnashes his teeth, and becomes rigid. I asked your disciples to drive the spirit out, but they could not."
  - The recent translation of a Babylonian tablet dating from about 500 BC has revealed an earlier description of epilepsy. The tablet is actually a copy of the original which was compiled between 1067 and 1046 BC. At that time, it was believed that epilepsy was caused by malignant spirits and that nocturnal seizures, in particular, were caused by ghosts. Exorcism, ointments, amulets, and enemas were used as treatments in ancient Babylon.
  - Indian cures of the past focused on purging uncleanliness through means such as enemas and induced "vomitation". Dietary cures included concoctions such as sour milk curds and various animal parts, including excrement.
  - From the Greek island of Kos in the 400s BC, sufferers were told to avoid wearing black, to abstain from baths, and to avoid the use of woolen blankets made from the fleece of goats.
  - Roman times marked the use of a variety of treatments. They believed seizures could be brought on by a disturbance of the brain through unfavourable climactic conditions or toxins. The solution? Apply a tourniquet on the shaking body part to stop the toxins from reaching the brain. In the extreme, amputate. The Roman world also holds the dubious distinction of beginning the trend of castration of male sufferers: a practice that continued through to the late nineteenth century. Other cures included drinking the blood of stags or slain gladiators.
  - In 1685, King Charles II of England suffered from an illness that caused him to have convulsions. The treatments he underwent included: "letting" of one pint of blood; an enema of antimony, sacred bitters, rock salt, marrow leaves, violets, beetroot, chamomile flowers, fennel seeds, linseed, cinnamon, cardamon seeds, and aloe; and having his head shaved and blistered. Needless to say, the King died.
  - In the early 1800s, Sir Charles Locock, obstetrician to Queen Victoria, credited crowded teeth, masturbation, and menstruation with causing seizures. As a result, removing the teeth was a therapy of the time, along with psychiatric institutionalization and isolation of "contagious" patients with epilepsy. In the extreme, male patients who admitted to masturbation were circumcised.
  - In the United States during the 1920s, half of the states in the U.S. had laws that mandated the sterilization of epileptic patients, grouping them together with "harmful groups of society."
- Treatments were crude back then, they've improved greatly since. And let us hope that through public education, awareness, and research they will only get even better in the years to come.

*The Canadian holiday of Boxing Day got its name from the custom of giving. Servants were given boxes which had money hidden inside them from their employers. The servants would have to break the box into pieces to get the money.*

## Asked and Answered

**Q** *Is there anything specific that can set off a seizure?*

**A** Some people do find that certain things or events can bring on seizures. We refer to them as seizure triggers. A person may not even be aware of these triggers unless you keep a seizure diary for a period of time.

Not everyone has the same triggers, and sometimes the triggers maybe so obscure that they may be difficult to figure out. The following list includes some of the most common factors that can trigger a seizure, but there may be others.

**Sleep** - Everyone differs in the amount of sleep they need. It is important to avoid large fluctuations in the time you go to bed to ensure you get enough sleep to feel rested.

**Stress** - Extreme or prolonged stress may trigger seizures. It is important to recognize the signs of stress and to use strategies which can help to reduce it such as relaxation techniques, meditation, or physical exercise.

**Severe Changes in Temperature** - In some people a seizure may be triggered when the weather becomes very warm or rooms are overheated.

**Diet** - Caffeine. Drinking a lot of coffee, tea or pop can trigger seizures because these drinks contain caffeine. Missing meals and low blood sugar levels may also cause seizures in some people.

**Alcohol** - Some people find even small amounts trigger seizures. Alcohol may interact with your medication and reduce its effectiveness or may make you feel sedated.

**Photosensitivity** - For a small percentage of people with epilepsy, seizures can be triggered by things such as flickering sunlight, strobe lights, flickering television and computers.

**Infections and Illness** - People are more likely to have increased seizures when they are sick and develop infections. This may be due to fever. Also, allergies may provoke seizures in people with epilepsy. Diarrhea and vomiting may also trigger seizures as they can prevent medications from absorbing correctly.

**Menstruation** - Seizure control can change just before or during a menstrual period. This may be caused by factors such as increased fluid retention, alteration in hormonal levels and alteration in the blood levels of anti-epileptic medications.

**Q** *When someone has a seizure, when do you call an ambulance?*

**A** Generally speaking, if someone has a convulsive type of seizure, the common rule is that if the seizure has not ended after five minutes, then it would be important to call an ambulance.

Typically, most convulsive seizures will last only about three or four minutes. But the longer a seizure goes on, the greater the chances become that a person may suffer complications as a result of the seizure and that it may take medical intervention to stop the seizure. Therefore the standard is five minutes.

But there are some important exceptions to this rule.

It is important to call an ambulance IMMEDIATELY if:

- ➔ consciousness or regular breathing does not return after the seizure has ended.
- ➔ the seizure repeats without a full recovery between seizures. Such as if a person starts to come out of a convulsive seizure, the shaking stops and the person seems to be waking up, but instead another seizure starts again.
- ➔ the seizure occurs in water such as a pool, pond or bathtub because the person may have gotten water in their lungs
- ➔ you know that this is the first seizure a person has ever had
- ➔ the person has been injured during the course of the seizure
- ➔ the person is pregnant
- ➔ the person has diabetes, because there could be an issue with their blood sugar
- ➔ the person having the seizure is someone that you do not know. Because then you would not have any awareness of whether the person was pregnant, diabetic, or if this is their first seizure.

*Try This! - An apple, a potato, and an onion all taste the same if you eat them with your nose plugged. They all taste sweet.*

## Announcements and Appreciations

**We Have a New Special Events Coordinator** - Hi, my name is Bonnie Green and I started as a volunteer on October 12<sup>th</sup>, 2004 as a Special Events Coordinator.

Currently I am working on our *Christmas Tea for Epilepsy*. You can find all of the information regarding this event on page 3 of this newsletter.

I also have several upcoming events planned for the new year. Some of these include an auction with *The Telegram*, a fashion show, and a "Guess the Price" event (similar to the popular TV show *The Price is Right*). I will be following up with more in our upcoming January Newsletter.

I hope everyone has a safe and merry Christmas.

Bonnie Green  
Special Events Coordinator



**Free Seizure Activity Book for Kids** - Recently we completed a brand new edition of our Seizure Activity Book, entitled *All About Epilepsy*. The book has lots of fun puzzles, activities and stories to help kids understand what epilepsy is. Best suited for kids Grade 3-6, if you would like a FREE copy of *All About Epilepsy - A Seizure Activity Book*, just call Pam at the Epilepsy Newfoundland and Labrador Office. Phone 722-0502 or toll free 1-866-EPILEPSY (374-5377).



**Happy Birthdays!** - Members celebrating a birthday this quarter:

*Anne Marie Hagan  
Chad Janes  
Colleen Janes  
Deanne Layman  
Matthew Lilly  
Cathy Thompson  
Sandrina Walker*

May you all have a wonderful and special day.

If you would like a birthday, wedding, or anniversary announcement listed, just call Pam at the ENL Office.



**Calendar Campaign Winner** - Hello All! It brings me great pleasure to thank each and every one who gave so generously once again towards our calendar campaign and helped to make it a resounding success. Your support is warmly appreciated and will work hard to help all the people of Newfoundland and Labrador in their struggles with epilepsy.

The winner of the one-of-a-kind Carl Beam painting valued at \$1000 was Mrs. Audrey Cole of St. John's. Congratulations Audrey!

I would also like to be one of the first to wish you all a very joyous Christmas. It won't be long now before my staff will be touching base with many of you once again to see if someone in your family would be able to help out in the fight against epilepsy by volunteering in our March Door to Door Campaign. Every bit of help can make a difference so please keep us in mind.

Michelle Monahan  
Resource, Volunteer, and Campaign Coordinator



**ENL Hosts Two Nursing Students** - Again this year ENL was asked by the Memorial University School of Nursing to host two nursing students for a community placement project. This year our students are undertaking a needs assessment on the programs and services of Epilepsy Newfoundland and Labrador. We want to know how we are doing to meet your needs, and hope to be able to serve you even better. Our students passed along this greeting for everyone:

*Hello to everyone from Kim and Alison. We are fourth Year Nursing student, excited to be working with Epilepsy Newfoundland and Labrador up until Christmas. We are working to further address the needs of people with epilepsy and their families. Through telephone surveys we are trying to figure out what people want to know about epilepsy, and how to best get the information to them. We are really excited about what we have planned. Stay tuned for updates.*

*Never underestimate the power of volunteers. The Ark was built by volunteers, the Titanic was built by professionals.*

## Brain Busters

### Locked Out?

Deliveryman Jim needs to drop off a package. He was told to go around the back of the building and enter through the basement door. But Jim is alarmed to find no knobs or latches on the door that would allow him to open it. How does Jim get in?



### How Can That Be?

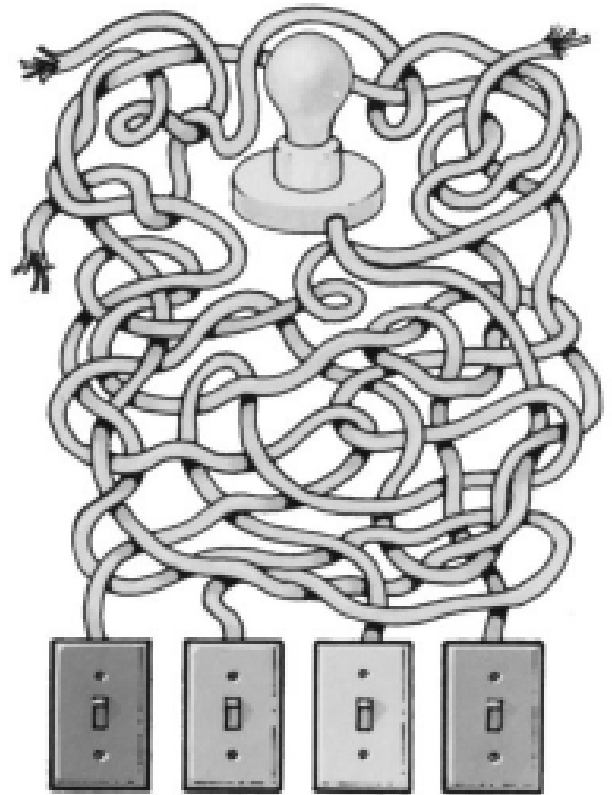


The day before yesterday Cute Christine was nine years old. Next year she will be twelve.

How is this even possible?

### A Lightbulb Moment

Only one of the four switches is actually connected to the lightbulb. Which switch is the switch to switch?



### It's Beginning to Feel a Lot Like...

It's that time of year... the wind howls, the leaves are falling. It won't be long now before we're covered in white fluffy stuff.

Find all the cold weather words in the puzzle. The letters left over when read row by row, left to right will reveal the secret theme.

W D R I Z Z L E Y I	BLIZZARD COLD DRIZZLE FOG FREEZING FROST HAIL ICE ICICLES RAIN SLEET SLUSH SNOW STORMY
B L I Z Z A R D M F	
G O N T W E R I R R	
N C N N O E W F O O	
I S O U N I A R T S	
Z I L N S F L E S T	
E C D U O L E I A N	
E E D G S L A N A D	
R L A B S H R A D H	
F O S E L C I C I R	

### Falling Leaves



Mama Monahan's twin girls Ann and Amanda are raking leaves at Mama's house. They have three piles of leaves in the back yard and seven piles of leaves in the front yard. When Mama and the twins add all the piles together, how many piles of leaves will they have?



## Thoughts and Smiles

### Sleeping With The Enemy by Linda Green

A bed can be seen as a refuge, an eight-hour break,  
But it's risky for me because of Nature's mistake,  
When it comes to my health, I come out somewhat shorter,  
My world is affected by a seizure disorder.

It is epilepsy - a brain that misfires,  
And when it short circuits, it affects my desires,  
Most devastating is a lack of control,  
And at times I have felt that it means I'm not whole.

CT scans were normal - yet this thing is still there,  
My seizures start with an aura comprised of great fear,  
It's a sinking feeling like I am soon going to die,  
Then on the floor or the carpet is where I will lie.

But my epilepsy is of only one kind,  
It means during hours of slumber I am in a bind,  
Those electrical impulses adjacent to sleep,  
Means there's a vigilance that I'm forced to keep.

A Lifeline device means if I act really quick,  
Emergency services can be told I am sick,  
And at that time I'm reduced to a terrified child,  
Regardless if seizures are bad or just mild.

In an eerie slow motion I roll off the bed,  
Praying this time I will not hit my head,  
I have awoken with blood; I've bitten my tongue,  
And then trying to eat for a while isn't fun.

As a child my parents were not far away,  
And on yellow alert at night they would stay,  
When I awoke to an aura, I'd knock on the wall,  
They'd run and protect me so I wouldn't fall.

This epilepsy's nocturnal - during sleep and at night,  
Which means I fear slumber which just isn't right,  
Going to bed should not be a roll of the dice,  
And when afraid I stay up though fatigue does entice.

When I do have a seizure, I fight for my breath,  
With the lack of control, it's then I fear death,  
I feel I'm possessed though of course that's not true,  
Nature stealing my options until it is through.

Seizures as well leave headaches severe,  
But if epilepsy were human, it just wouldn't care,  
So I sleep with the enemy, my biological foe,  
And if I could, I would tell it just where it can go.

True, I have managed to work and to write,  
And am blessed that during daytime there isn't a fight  
And although I'll never get rid of what's amiss in my brain,  
I'll wait 'til it passes and just start again.

*~ Linda Green has been a long time member of Epilepsy Newfoundland and Labrador and has had many struggles with epilepsy over the years. We are very please to be able to showcase some of her writings in Epilepsy News.*

If you have a piece of writing you would like to share, please call Pam at the ENL Office and we would be happy to include it in our next newsletter.



**I am only one, but still I am one. I cannot do everything, but still I can do something; And because I cannot do everything I will not refuse to do the something that I can do.**

*Helen Keller*

*1880-1968, American Blind/Deaf Author, Lecturer*

### Did You Know?

- ☞ On average men spend 51 minutes a day grooming themselves. Women spend 55 minutes per day.
- ☞ The largest number of children born to one woman, who was a Russian peasant is 69.
- ☞ The world's longest highway is the Trans-Canada Highway, which stretches over 7,699 kilometers.
- ☞ A person uses approximately fifty-seven sheets of toilet paper each day. Three years of a person's life is spent on the toilet.
- ☞ The reason why women's dress shirt buttons are on the left and men's on the right is because when buttons were first used during the Victorian period maids used to dress the ladies, and since the maids put on their shirts the buttons were put on the servants right side, hence the women's left.

## Bits and Pieces

### Hot Links

Everyone can use an extra helping hand sometimes. That's exactly what these organizations and programs do. Listed below are handy links to several organizations that offer services which can be a **huge** help to people living with epilepsy. Check them out!

**Lions Foundation of Canada - Service Dogs Program**

<http://www.dogguides.com/>

**Medic Alert**

<http://www.medicalert.ca/>

**Lifeline**

<http://www.lifelinecanada.com/>

**Newfoundland Emergency Alert Foundation**

<http://emergencyalert.ca>

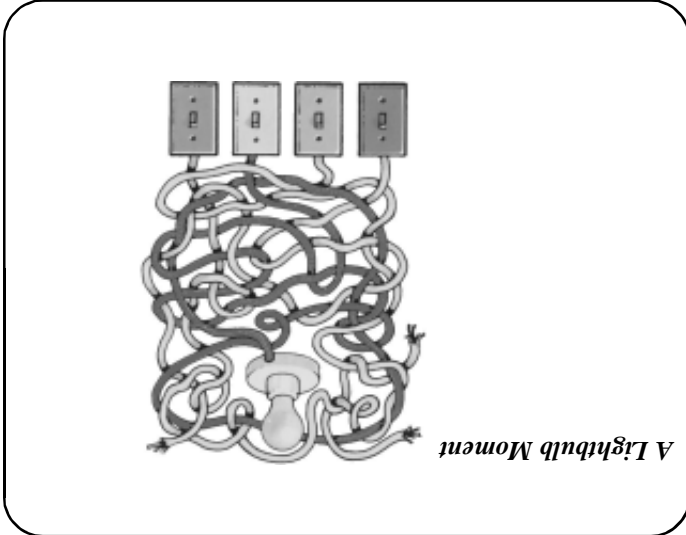
**The Caregiver Network Inc.**

<http://www.howtocare.com>

**DISCLAIMER:** Epilepsy Newfoundland and Labrador is not responsible for information and advice contained in the above listed newsgroups, Web-sites or on-line discussion groups. All obtained information should be carefully verified before any changes in therapy or management of epilepsy are made.

### Puzzle Answers

*Falling Leaves - One big pile of leaves of course.*



*How Can That Be? - Christine made her statement on January 1<sup>st</sup>, and Christine's birthday is on December 31<sup>st</sup>.*

*It's Beginning To Look a Lot Like...  
The secret theme is Winter in Newfoundland and Labrador*

*Locked Out - Read the sign - 'To Open Door - Push'*

## I WOULD LIKE TO HELP IN THE FIGHT AGAINST EPILEPSY

- I am enclosing a donation of \$ \_\_\_\_\_
- I would like to become a member of Epilepsy Newfoundland and Labrador. I am enclosing my \$5.00 membership fee.
- I would like to become a volunteer. (We can use volunteers from right across the province)

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you would prefer to use your credit card, please complete the following:

Type of card: \_\_\_\_\_ Account #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clip and mail this form to Epilepsy Newfoundland and Labrador - 261 Kenmount Road, St. John's, NL A1B 3P9