

Epilepsy News

The Quarterly Newsletter of Epilepsy Newfoundland and Labrador

Summer 2004

YOU CAN TAKE CONTROL OF YOUR EPILEPSY

Most of us are puzzled by epilepsy at some point. What is the best course of treatment? What should I do about my seizures? Is my medication really working to make my seizures better?



I thought I was pretty well versed in the matters of epilepsy until I recently attended a conference led by Dr. Mittan, a Clinical Neuropsychologist, and worldwide epilepsy educator; where I learned many of the things I thought I already knew - but in an entirely new way; a way that could indeed make the difference between dealing with epilepsy and truly managing and controlling it.

This article, the first of a series on taking control of your epilepsy will focus on *Seizure Identification*. In future editions of *Epilepsy News* we will focus on other important aspects including *Choosing the Medication that is Right for Your Type*, and *Managing Your Medication Levels for the Best Control*.

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.

The Type is the Key

What type of seizure do you have? Tonic clonic; complex partial? Are you certain?

Sometimes what starts out as a complex partial seizure, can grow into a tonic clonic seizure and in the confusion and stress, no one may actually remember or notice that the complex partial was even there at the beginning at all. A tonic-clonic seizure that develops from a complex-partial seizure is said to have **secondarily generalized**.

What came first becomes very important when trying to treat epilepsy. Different types of medications work best for certain seizure types, and sometimes a drug that will work for one type of seizure, won't do much at all in controlling another type.

Treatment works best when we can **control the seizure that came first**, because if we stop that initial complex-partial seizure, the tonic-clonic one that secondarily generalizes after it may not happen at all.

So how do you tell if you are having a true tonic-clonic seizure or a tonic-clonic that generalized from a complex partial? It can be tricky. Here are some tips for that can help:

1. It has been shown that **an aura preceding a seizure is only associated with a complex-partial** type of seizure. So if you are having an aura before a tonic-clonic seizure, it may be likely that it is a secondarily generalized tonic-clonic with a complex partial first.
2. If you are having any lingering effects after a tonic-clonic seizure such as some paralysis, numbness or other symptom **on one side of your body**, this too is only associated with a complex-partial seizure, indicating that the tonic-clonic likely was a secondarily generalized seizure.
3. The most important tip to identifying your seizure type, is to let the people who are usually around you during your seizures know what to watch out for. It is only through them that you will have any idea if you may be having secondarily generalized seizures. Have them **pay special attention to the beginning of your seizure**. Do you fall instantly, or do you seem like you are having some foginess and unawareness first?

If you suspect that you may be having complex-partial seizures before your tonic-clonic seizures, talk with your doctor or neurologist. They will be able re-assess your information based on the new observations that you have given. This may result in changes to your medications better suited to your type of seizure.

When it comes to epilepsy, the ultimate goal is to be Seizure Free. The more we learn about our own seizures; the more we become 'expert patients' the closer we can come to achieving that goal.

Pam Anstey
Information Coordinator
Epilepsy Newfoundland and Labrador
July 12, 2004

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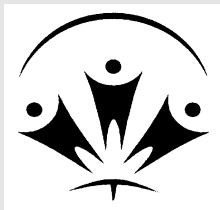
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NOTES FROM PAM

Summer's here and the living is... well, damp. So far we haven't seen much in the way of sunshine, but hey, this is Newfoundland and Labrador after all. A week or two of hot weather is all any of us has come to expect really.

Things have been hopping around the epilepsy offices lately in spite of the rain and fog. I've been meeting with summer recreation groups from all over doing trainings and in-services on epilepsy and seizure first aid. The response has been super and people have been really receptive to supporting our programs.

I've also just completed a major upgrade of our website. If you haven't visited lately, I would invite you to come on over for a look. We have expanded with all sorts of new additions and added features such as:

- ! Epilepsy Drug Alerts and Warnings - All the latest on epilepsy medications.
- ! News and Featured Articles - Every month we'll post the latest news and interesting articles on all sorts of epilepsy topics.
- ! Epilepsy News - The ENL Newsletter - Now available online! Our quarterly newsletter filled with tons of interesting epilepsy information and fun bits and thoughts as well.
- ! Epilepsy Syndromes - A whole new section on the more prevalent epilepsy syndromes. With an overview of the syndrome, symptoms, and treatment of each.
- ! Photo Gallery - We've switched about our photo gallery to post pics of the ongoing presentations and activities we hold here at ENL.
- ! A New Search Feature - To make finding things here so much easier, we've added a search feature. Just type in what you are looking for, and click.
- ! Our Brand New Guestbook! - We would love to hear what you think of our site, or about your experiences with epilepsy. Leave us a note in our new guestbook.

Did we miss something in our upgrade? Is there something you would like to see on our site? Let me know and I will do my best to make it so. Have a fabulous summer everyone!

Pam
 Information Officer/Editor

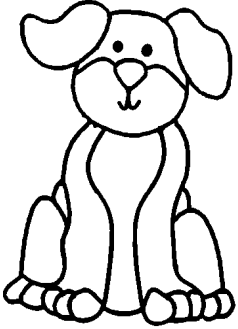
DISCLAIMER

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.

*How old would you be if you didn't know how old you are.
 ~ Leroy "Satchel" Paige*

'SEIZURE-ALERT' DOGS PROTECT PEOPLE WITH EPILEPSY



Angie Stananought says she knows when she is about to have an epileptic seizure, almost an hour before she has any symptoms. Her Labrador, Juno, picks up on physical and behavioural changes too tiny to be detected by humans and raises the alarm so that Angie can safely prepare for the seizure.

Fanciful? No, because new research by a team of leading neurologists has

shown that dogs can anticipate seizures, especially in children and younger adults. The research, which is the first of its kind, shows that almost half of the dogs in the families they looked at had a change of behaviour around the time of a seizure in a young member of the family, and one in five appeared to be able to anticipate the seizure.

In some cases, the dogs regularly tried to take protective action. The doctors found instances of dogs not allowing children to stand before a so-called drop attack, which would have involved them falling to the floor. In another case, a dog had the habit of pushing a young girl away from the stairs several minutes before the start of a convulsion.

Another involved a Great Pyrenees which would follow a three-year-old throughout the house in the hours before a convulsion, without stopping for food or drink. The same dog would also forcibly sit on the girl's eight-year-old epileptic sister shortly before she had a type of seizure that involved confused wandering.

Epilepsy, which affects around 50 million people worldwide, is not fully understood, although it is known to involve a disruption in the electrical activity in the brain that can result in seizures. Advance warning of a seizure would be very useful because sufferers could make preparation and make sure they are lying down in a safe place - and the new research shows that dogs can help do that.

Pediatric neurologists at Alberta Children's Hospital investigated families of epileptic children aged six to 17 to see if there was any evidence of the ability of dogs to anticipate human seizures. Around 40 per cent of families owned a dog, and in four out of ten families the dogs had some kind of behaviour change around the time of the seizure. Some 15 per cent of the dogs overall showed an ability to anticipate a seizure among the children they lived with.

Anticipation occurred early and was sensitive and specific, says

Dr Adam Kirton, who led the study. Quality of life was higher in families with a dog that responded. The most common behaviour among the dogs was licking - often of the face - followed by decreased movement, protective behaviour without aggression and whimpering.

A Sheltie-Spitz cross would forcibly sit on her toddler and not allow her to stand prior to a drop attack. An Akita would push her young girl away from the stairs 15 minutes before a convulsion, says a report of the research, which looked at a range of dog breeds, including golden retrievers, standard poodles, German shepherds, rough collies, rottweilers and cairn terriers.

It's thought that the dogs may be able to pick up on slight physiological or behaviour changes that are missed by humans. Another theory is that the changes in electrical activity in the brain result in slight change in the sweat odour of the individuals.

None of the dogs involved in the project, which is being reported in the medical journal *Neurology*, had been specially trained. All were family pets that had apparently acquired the skill of being able to predict a seizure within the first month of moving in.

Chocolate Labrador Juno has dramatically improved Angie Stananought's life. The IT student has suffered with epilepsy since she was 11 and had little appetite for going out until Juno arrived.

Before I had her, I was not going out very much and when I did I was relying on other people to take me, she says. ' Now I have Juno I can go out by myself and not have to worry about having a seizure. Juno is quite remarkable. She is in some way able to sense it 40 minutes before it happens. She has a special way of behaving that doesn't happen at any other time. She will jump at me, and she has a certain way of looking that I can recognize.

' When we are out, she has a slightly different type of behaviour. She then tends to stop and sit down and look at me. She also stays with me until I have had the seizure.' It means that I no longer have the worry of the unknown. If I am at home when she senses something is going to happen, I lie down and wait. If I am out, I will try to get a taxi home, or go somewhere safe. I don't know how she does it, but whatever it is, it has improved life for me.

Professor Ley Sander of the National Hospital of Neurology and Neurosurgery in London said: ' It doesn't work in every case, but there are some people where it seems that dogs can anticipate seizures. The dogs are picking up on something, but what that is we do not know. It could be secretions, or some smell, or something else.' Seizure alert dogs have proved to be very useful in anticipating seizures in people with epilepsy.

Epilepsy Action News, June 2004

EPILEPSY DRUGS CAUSE BONE LOSS

Epilepsy drugs can increase the rate of bone loss in older women, according to a study published in the June 8 issue of *Neurology*, the scientific journal of the American Academy of Neurology.

Women over age 65 who were taking drugs for epilepsy were losing bone mass at nearly twice the rate of women who were not taking epilepsy drugs.

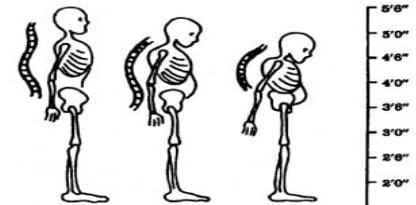
"If this rate of bone loss is not addressed, the risk of hip fracture for these women will jump by 29 percent over five years," said study author Kristine Ensrud, MD, MPH. "Older women taking epilepsy drugs should be screened for osteoporosis and counseled about the importance of getting enough calcium and taking vitamin D supplements."

Women who were taking epilepsy drugs had a 1.8 greater average rate of bone loss in the heel bone than women who were not taking epilepsy drugs, and a 1.7 greater average rate of loss at the hip. The results did not change when researchers adjusted for other risk factors, such as age, estrogen use, poor health status, inactivity, smoking and lower calcium intake.

It's not clear why or how epilepsy drugs affect bone loss. "It's possible that the drugs damage the body's ability to metabolize vitamin D or absorb calcium," Ensrud said.

The study found that the more frequently medications were used, the greater the risk of bone density loss. Women who were continuous users [of anti-epileptic drugs] had the highest average rate of bone loss. Women who were partial users had higher rates of bone loss than did women who did not take epilepsy drugs at any point during the study.

Ensrud noted that epilepsy, like osteoporosis, becomes more common as people age. An estimated 1.5 percent of people 65 and older have epilepsy, which is about twice the rate of younger adults. She also noted that the number of prescriptions for epilepsy drugs for conditions other than epilepsy has nearly doubled since 1991.



(adapted from
Newsweek, June 2004)

NEW GAMMA KNIFE PROGRAM WILL HELP HUNDREDS WITH EPILEPSY

A non-invasive radiation therapy machine known as the Gamma Knife - the first ever in Ontario - will treat about 300 neuroscience patients annually at Toronto Western Hospital's Krembil Neuroscience Centre, starting next year. Known for its world-class neuroscience program, Toronto Western Hospital has ordered the province's first Gamma Knife with plans to treat the first patient in summer, 2005.

The Leksell Gamma Knife will be used to treat an estimated 300 patients annually for surgically inaccessible arteriovenous malformations, drug-resistant movement disorders, pain, and epilepsy, and brain tumours that are difficult to treat due to size and location.

Also known as radiosurgery, the Gamma Knife delivers beams of radiation therapy to targeted areas of the brain. With precision of less than 1 mm, the beams do not damage surrounding normal tissue, which is exposed to little or no radiation. Patients receive the single-dose treatment as a day procedure that is non-invasive, is safer and more

comfortable than conventional surgery, and is associated with lower treatment costs.

"We are pleased to support the first gamma knife radiosurgery program at University Health Network. Before today, patients needing this treatment, had to go out of country. Now, more will have access to this unique service" said Health and Long-Term Care Minister George Smitherman.

Currently, patients are sent to the United States for Gamma Knife treatment each year. The hospital's radiosurgery program will be delivered in collaboration with the other neuroscience programs at the University of Toronto affiliated hospitals. Multidisciplinary teams of neurosurgeons, neurologists, radiation oncologists, physicists, radiation therapy, and medical imaging specialists will work together to deliver treatment. Teaching and research will be vital aspects of the radiosurgery program, as staff will collaborate with industry to develop new uses for the Gamma Knife, particularly in the areas of epilepsy and movement disorders.

For further information: please contact:
Jennifer Kohn, Toronto Western Hospital,
telephone: (416) 603-5323, jennifer.kohm@uhn.on.ca
Canada News Wire, June 10, 2004

A hair in the head is worth two in the brush. ~Oliver Herford

VITAMINS, AEDS, AND OVER THE COUNTER DRUGS - WHAT YOU NEED TO KNOW

Most of us are very careful when it comes to our anti-epileptic medications and other prescription drugs, trying to make sure we take them on time to ensure that they control our seizures as much as possible.

But there is more than just timing to think about. So much that we take or eat in our everyday life can have an effect on the efficiency of the epilepsy medications we take.

Here we have included a list of vitamins, food, drugs and supplements that can, sometimes drastically, affect the way in which your seizure medicine works.

Our thanks to Isa Milman and the Victoria Epilepsy and Parkinson's Centre for compiling the information on this very important topic. This information is only meant as a guide to alert individuals to the negative interactions of anticonvulsants and other substances. This is a huge and complex topic. Specific issues should always be brought to the attention of your physician and/or pharmacist.



DRUG INTERACTIONS

- X **Tricyclic antidepressants** can predispose to seizures.
- X **SSRI Antidepressants** may cause an increase in carbamazepine levels. Phenobarb may decrease paroxetine levels; SSRIs may increase phenobarb levels. Phenytoin may decrease paroxetine levels; SSRIs may increase phenytoin and valproate levels.
- X **Antipsychotics** can lower seizure thresholds.
- X **Amphetamines** may increase phenobarb, phenytoin levels.
- X **Benzodiazepines** interact with carbamazepine and phenobarb, usually decreasing benzodiazepine levels. Valproate may increase benzodiazepine levels. Benzodiazepines may increase or decrease phenytoin levels.
- X **Opioids** interact with carbamazepine.
- X **Alcohol's** intoxicating effects are increased when taking anti-convulsants. Seizures are most likely to occur from alcohol withdrawal.
- X **Aspirin** interacts with phenytoin and valproate. **Ibuprofen** can also interact with phenytoin, leading to increased blood phenytoin levels. **Acetaminophen** is probably the safest pain medication for people taking anti-convulsants.
- X **Oral contraceptives** are decreased in effectiveness by carbamazepine, phenobarb, primidone, phenytoin, topiramate.
- X **Antihistamines** can decrease the effectiveness of carbamazepine, phenytoin and valproate, lowering seizure thresholds and sometimes causing seizures.
- X **Bronchodilators** interact with carbamazepine, phenobarb, primidone and phenytoin, affecting seizure thresholds.
- X **Anticoagulants** interact with carbamazepine, phenobarb, phenytoin, and primidone, as do calcium channel blockers, corticosteroids, and some antibiotics, including penicillin. Isolated seizures may result when these medicines are taken.



VITAMINS AND MINERALS

- X **Folic Acid** absorption is diminished by carbamazepine, phenytoin, primidone, and valproic acid. Low levels of folic acid are associated with birth defects and heart conditions. Everyone on anticonvulsants should take a folic acid supplement.
- X **Vitamin B6** deficiency is known to cause a worsening of seizures.
- X **Vitamin D** absorption is interfered with by most anticonvulsants.
- X **Calcium** metabolism is directly affected by phenytoin, carbamazepine, phenobarb, primidone, valproate and zonisamide. Anticonvulsants cause changes in calcium and bone metabolism and may lead to decreased bone mass with the risk of osteoporosis fractures. Everyone on anticonvulsants should take a Vitamin D/calcium supplement.
- X **Vitamin K** deficiency may occur in pregnant women and the child after birth for women taking hepatic enzyme inducing anticonvulsants - phenytoin, carbamazepine, primidone, phenobarb, or topiramate.



HERBALS

- X **Sedative herbs** - Kava Kava, Valerian may intensify the effects of anticonvulsants such as lethargy, cognitive impairments. Kava has now been banned from sale in Canada.
- X **Stimulant herbs** - ephedra, coffee, tea, cocoa, mate cola and guarana may lower seizure threshold or prolong the duration of seizures. Ephedra has now been banned from sale in Canada.
- X **Cognitive enhancing herbs** - ginkgo and ginseng may exacerbate seizures under some conditions.
- X **St. John's Wort** may alter the seizure threshold, as do pharmaceutical antidepressants.
- X **Evening primrose oil** and **borage** may lower the seizure threshold, but this is being debated and still under study.



FOODS

- X **Grapefruit** contains substances that block the action of certain enzymes, so that drugs ordinarily broken down by the affected enzymes can build up to potentially dangerous levels in the blood. Carbamazepine is believed to be affected by this.
- X **Aspartame** is known to be seizure producing.
- X **Gluten** allergies, and **celiac disease** have been associated with seizures.

(Isa Milman, Victoria Epilepsy and Parkinson's Centre)

You never truly understand something until you can explain it to your grandmother. --Albert Einstein

ASKED AND ANSWERED

Q A little while ago someone was collecting for Epilepsy Newfoundland and Labrador in my area. I'm curious, what actually happens to the money we donate to Epilepsy Newfoundland and Labrador?

A Epilepsy Newfoundland and Labrador is a non-profit charity that serves the people of this province through our programs and services. When someone makes a donation to us, whether it is through one of our fundraising campaigns or through our thrift store, every penny is put to work right here in Newfoundland and Labrador. .

It works to provide things like classroom education programs, scholarships, information kits, seniors epilepsy support, advocacy services, public information campaigns, as well as much more.

We know how important every dollar is in this day and age, and appreciate the generosity of individual and organizations who believe in what we do. We have made a commitment to focus your donations into services where they can have the most benefit to the most people. If you would ever like more information on our range of services and support, feel free to give us a call at anytime.

EPILEPSY SHOWS EVIDENCE OF OUT-OF BODY EXPERIENCES

Millions of people tell stories of having out-of-body experiences. But to skeptics, the notion of hovering over one's own body, ghost-like, is hard to swallow.

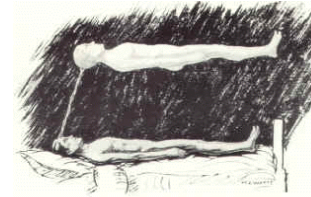
Now, Swiss neurosurgeons report having triggered out-of-body experiences in a 43-year-old epilepsy patient during brain surgery. When the doctors stimulated the right angular gyrus of her brain, she described a sensation of "floating above her own body and watching herself." "Of course it was a big surprise when she told us," said Olaf Blanke, a neurologist at Geneva University Hospital. "You hear strange reports sometimes, but in five or six years of doing this I've never gotten that sort of response before."

The finding may shed light on other sensations such as phantom limb pain, déjà vu and its opposite, jamais vu -- when a familiar experience seems to be happening for the first time.

Epilepsy patients have long proved fertile ground for brain studies. During the 1930s, Canadian scientist Wilder Penfield would probe regions of the brain to discover their function while performing open-skull surgery on epileptics. When he poked certain areas, they would report feeling parts of their body or particular emotions, such as fear.

The angular gyrus, located in the brain's left hemisphere, is responsible for such functions as body and space awareness. Damage to this brain region renders some people incapable of doing simple math equations. Other such patients report feeling a hand or arm is disconnected from their body. Neurologists suspect this area of the brain may be tied to phantom limb pain in amputees, since it is where the brain forms its body image.

"Your own body is a phantom, one that your brain has temporarily constructed purely for convenience," says Ramachandran, of the Center for Brain and Cognition at the University of California. In



his book, Ramachandran shows how the brain can be tricked into altering this phantom, so that subjects "feel" their nose is three feet long or their arms have been shortened.

Epilepsy, characterized by neurons misfiring in the brain, can generate remarkable symptoms. "Sometimes, patients describe looking down on their own bodies, and that experience is actually an aura or a warning that a seizure is about to occur," says Cindy Kubu, a neuropsychologist at the Cleveland Clinic Foundation, who has treated epileptics for more than 10 years. Kubu said some patients see lights flashing, others see cartoon characters, others have feelings of déjà vu and jamais vu.

In the Swiss case, the patient had suffered seizures for 11 years. Before performing surgery to alleviate her condition, surgeons used electrodes to pinpoint where her seizures originated. This brain mapping procedure is done while patients are awake so surgeons can monitor their responses to the stimuli. When the right angular gyrus was stimulated, the patient reported seeing herself "lying in bed, from above, but I can only see my legs and trunk."

Blanke doubts the patient faked her experience. Surgeons had implanted up to 100 electrodes in her brain, and she could not tell which electrode would be stimulated. During the same session, he reported, the patient screamed because she "saw" her legs shortening and "saw" her knees about to hit her face. When asked to look at her raised arm, she thought it was coming to punch her. This suggests so-called alien hand syndrome -- when people believe a limb is foreign -- or phantom limbs could be related to out-of-body experiences, Blanke said.

Novaserve

Last night I lay in bed looking up at the stars in the sky and I thought to myself, where the heck is the ceiling?

ANNOUNCEMENTS AND APPRECIATIONS

March Door To Door Campaign - This year's March Door to Door Campaign was a resounding success. **Thanks to YOU** - the people who volunteered their time to help canvas and those who generously donated to help keep the fight against epilepsy continuing.

We had several winners that we want to announce that were drawn from our hundreds of canvassers.

Zone Captain Award - Nellie Hodder, Marystown
 \$100+ Canvasser Award - Gina Joyce, Marystown
 \$25+ Canvasser Awards
 - Leona Hanlon, Embree
 - Gudrid Hutchings, Corner Brook
 - Eileen Cheeseman, Holyrood
 - Rodger Fry, Summerville
 - Martha Penwell, Gander

Again, thank you to all for giving..

Michelle Monahan

Resource, Volunteer and Campaign Coordinator



SEE Program Update - Last quarter we mentioned that Pam, our Information Coordinator would be attending a very special training conference in Edmonton called the SEE Program, to gain an even better understanding of epilepsy, including new treatment and management techniques.

The conference was a great success and the information learned has already begun helping people take better control of their epilepsy right here in this province. This quarter's cover story is a result of some of the new and exciting information that was gained at this conference. Want more? Just call Pam at the office to discuss your current plan for treating epilepsy and how we might be able to help make it even better.



Happy Birthdays! - Members celebrating a birthday this quarter: Elizabeth Samson, Dillon Quilty, Louise Cull, and Frances Courtney. Happy Happy Birthday from all of us at ENL.

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

Membership Renewals - Included in the package with your newsletter this quarter are letters reminding you that it is membership renewal time again. Our membership year runs from June 1st to May 31st of each year. Membership is only \$5. If you would like to remain a member, or know someone who would like to become a member but cannot afford the membership fee, just let us know and we will arrange to waive the fee for you.

To see a full list of member benefits and services, drop by our website at www.nfld.net/epilepsy, or give us a call.



Free Information Kits - If you are someone you know would like more information on any topic dealing with epilepsy, let us know. We will happily send out a free information kit just for the asking.

We have an extensive library of resources on everything from seizure types, to epilepsy syndromes, to practical tips for living with the challenges that epilepsy brings. Just mail, email or phone your request and we will send it out right away.



Calendar Campaign - Our summer Calendar Campaign is well underway. Each year we ask grade four students from around the province to draw us a picture relating to epilepsy. We compile all their fabulous artwork in a handy pocket calendar. For your donation of \$20 we offer this unique and special calendar as a thank you for your generosity.

This year our calendar includes art by kids from:

T	St. Fintans
T	Bonavista
T	Placentia
T	Cottrell's Cove
T	Carmanville
T	South East Bight
T	Grand Falls - Windsor
T	Colliers
T	Lark Harbour

To get your collectible 2004 Epilepsy Calendar, contact Michelle at the ENL offices. 722-0502 or toll free 1-866-EPILEPSY

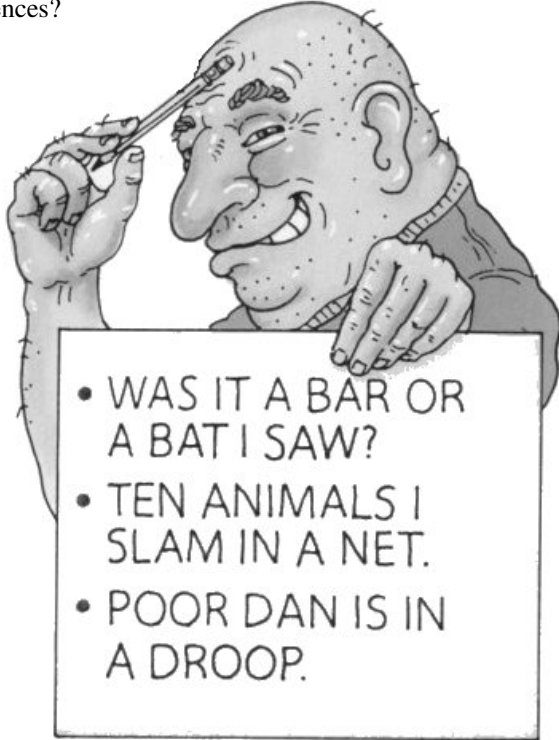


*Accept everything about yourself -- I mean everything, You are you and that is the beginning and the end -- no apologies, no regrets.
 ~ Clark Moustakas*

BRAIN BUSTERS

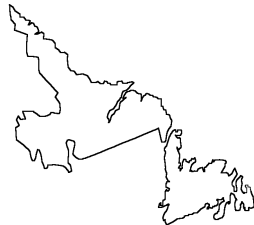
Bill the Brain Challenge

Bill the Brain knows he is good with words. He thinks he might trick you on this one. What's so special about his three sentences?



Jumbled Up

It's summer in Newfoundland and Labrador!! Where do you want to go on your vacation?



See if you can unscramble the letters to fill in these great summer places to visit. We've given you just a little hint for each one just in case.

1. **ATOCB WORTE** (overlooks the narrows)
2. **ORSG ROEMN** (fjords, ocean and mountains)
3. **TABLET BORRHAU** (NL's newest national historic district)
4. **LENWAITLGIT** (popular for whales and icebergs)
5. **ONIASTBAV** (John Cabot's first stop)

How Can That Be?



Mother Ida has five children.
 Half of them are boys.

How is this even possible?

Mirror Images

Alice the Seizure-Dog is confused? Who is that puppy looking at her, and how did he get in that mirror?

Which of the images in the smaller boxes is the exactly the same as the one Alice sees? Can you figure it out?



Brain Strain

How would you rearrange the letters in the two words

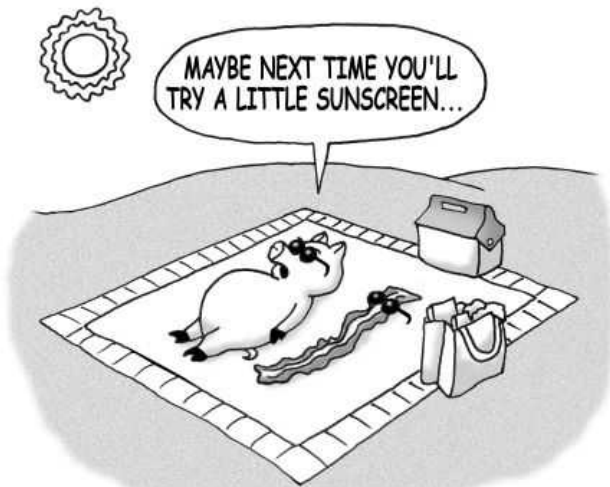
new door

to make one word.

There is only one possible answer.



THOUGHTS AND SMILES



The boss of a big company needed to call one of his employee about an urgent problem.

He dialed the employee's home phone number and was greeted with a child's whispered, "Hello?" Feeling put out at the inconvenience of having to talk to a youngster, the boss asked, "Is your Daddy home?"

"Yes", whispered the small voice.

"May I talk with him?" the man asked.

To the surprise of the boss, the small voice whispered, "No."

Wanting to talk with an adult, the boss asked, "Is your Mommy there?"

"Yes," came the answer.

"May I talk with her?"

Again the small voice whispered, "No."

Knowing that it was not likely that a young child would be left home alone, the boss decided he would just leave a message with the person who should be there watching over the child.

"Is there any one there besides you?" the boss asked the child.

"Yes" whispered the child, "a policeman."

Wondering what a cop would be doing at his employee's home, the boss asked, "May I speak with the policeman?"

"No, he's busy," whispered the child.

"Busy doing what?" asked the boss.

"Talking to Daddy and Mommy and the Fireman", came the whispered answer.

Growing concerned and even worried as he heard what sounded like a helicopter through the ear piece on the phone the boss asked, "What is that noise?"

"A hello-copper" answered the whispering voice.

"What is going on there?" asked the boss, now alarmed.

In an awed whispering voice the child answered, "The search men just landed the hello-copper."

Alarmed, concerned, and more than just a little frustrated, the boss asked, "What are they searching for?"

Still whispering, the young voice replied along with a muffled giggle, "Me".

A local hunting guide got himself into fix. His party became hopelessly lost in the mountains and they blamed him for leading them astray.

"You told us you were the best guide in Labrador!" they asserted.

"I am," he said, "but I think we're in Quebec now."

Look at a day when you are supremely satisfied at the end. It's not a day when you lounge around doing nothing; it's when you've had everything to do, and you've done it.

Margaret Thatcher

1925-, British Stateswoman, Prime Minister (1979-90)



At Sunday School they were teaching how God created everything, including human beings. Little Johnny seemed especially intent when they told him how Eve was created out of one of Adam's ribs.

Later in the week his mother noticed him lying down as though he were ill, and said, "Johnny what is the matter?"

Johnny responded, "I have a pain in my side. I think I'm going to have a wife."

BITS AND PIECES

Hot Links

A closer look at the drugs that many folks with epilepsy take each day. Information on side effects, therapeutic levels, the best drugs for your seizure type, and much much more..

Epilepsy Newfoundland and Labrador Medication Database

www.nfld.net/epilepsy/medications.html

Neuroland.com - Anticonvulsant Index page

neuroland.com/sz/anticon/index.htm

Epilepsy Toronto - Drug Database

www.epilepsytoronto.org/learning/drugdatabase/index.html

Fraser Valley Epilepsy Society - Drug Information

www.epilepsy.cc/druginfo.html

New Anti-Epileptic Drugs - Post-Grad Medicine Online

www.postgradmed.com/issues/1997/07_97/sirven.htm

The National Society for Epilepsy - Medication for Adults

www.epilepsynse.org.uk/pages/info/leaflets/drug.cfm

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

*Brain Strain - new door = "one word"
- Aren't we Sneaky!*

*Mirror Image - The picture in the top right is Alice's mirror
image.*

How Can That Be? - The other half are boys as well!

*Jumbled Up
1. Cabot Tower 2. Gros Morne 3. Battle Harbour
4. Twillingate 5. Bonavista*

*Bill the Brain Challenge - Bill's sentences will read the
same no matter if you read the letters backwards or
forwards.*

*I hope that my achievements in life shall be these -- that I will
have fought for what was right and fair, that I will have
risked for that which mattered, and that I will have given help
to those who were in need that I will have left the earth a
better place for what I' ve done and who I' ve been.
~ C. Hoppe*

I WOULD LIKE TO HELP IN THE FIGHT AGAINST EPILEPSY

- 9 I am enclosing a donation of \$_____
- 9 I would like to become a member of Epilepsy Newfoundland and Labrador. I am enclosing my \$5.00 membership fee.
- 9 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