



Epilepsy News

The Quarterly Newsletter of Epilepsy Newfoundland and Labrador

Summer 2005

Sleep Tight - Your Brain Will Thank You For It

Did you get enough sleep last night? Maybe you stayed up a bit too late being social on the weekend? No need to worry you say, you'll catch up on your sleep sometime. But do you really know what that lack of sleep may do to you?

We are all guilty of it; staying up too late or having irregular sleeping patters. For the most part, whether it was unavoidable or self-inflicted, you may feel kind of lousy, and be dragging the next day, but nothing much really happens as a result.

For people who are prone to seizures however, not getting enough sleep, or getting very irregular sleep can be much more serious. That sleepiness you feel is one of the most consistent and avoidable seizure triggers there is.

So If I Stay up Late, What Happens?

Every one of us has a genetically determined *seizure threshold*. That's the level at which the events and happenings around us affect the body and brain enough to cause a seizure. Some people have a very high seizure threshold, and a lot of things would have to happen to them before the electricity in their brain would become confused to the point where a seizure would occur. For other people, the threshold is much lower, and much less stuff would have to happen to cause a seizure.



But lots of things that we do in our daily life can affect that seizure threshold and make it lower. Sleep is one of the big ones. Others include things like stress, illness, the other medications we take, or many other things.

When we stay up late, we are not allowing our brain to have the regular rest that it needs, and so it must work harder, and for longer. The later we stay up, or the more irregular our sleep patterns become, the more difficult it is for the brain to keep working properly, and as a result, may cause the person to have a seizure.

Important Even If You Don't Have Epilepsy

Remember how I mentioned that every one of us has a seizure threshold? That means everyone, not just people who have epilepsy. Even people who have never had a seizure before can push themselves to the point where their brain cannot handle the stress, and will provoke a seizure. This is evidenced by a personal story I was told recently.

"I was working as a firefighter and had ended up staying up for two nights in a row with no sleep. On the third night when I went to go to bed, we got an emergency call about a big fire and everyone had to respond. We worked hard fighting the blaze but eventually it was out. Some of the boys went out for a drink after. I hadn't even put the bottle to my lips when I felt sick. I ended up having a seizure that lasted over 15 minutes. I've never had another seizure since, but I make sure I sleep enough now."

The relationship between sleep and seizures is a complicated one. But the simple reality behind it all is that seizures and seizure medication can impact on adequate sleep, which results in our body and brain functions being affected. Anything that can affect brain functions, can cause a seizure. So it becomes a bit of a cycle. Help break the cycle by making sure you get enough uninterrupted sleep on a regular and consistent schedule. You will feel better, be more alert, and your brain really will thank you for it.

Pamela Anstey, Information Officer, ENL, July 25, 2005

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Notes from Pam

Happy Summer!

Wow is it ever hot out these days. There's no pleasing us sometimes. It's either too cold, too wet, too dry, too hot. I wonder what it would take for us all to be happy about the weather. :)

Weather aside though, the past couple of months have flown by. What a whirlwind of presentations and training sessions lately. I recently finished up a full nine week series of sessions with the Royal Newfoundland Constabulary, where I taught a specially designed course that we developed on seizure recognition and response to all of the front line officers with the RNC. I also taught the same course to all the staff working with MUN Campus Enforcement as well.

Aside from the law enforcement, summer means recreation and sports programs. Over the course of the past month or so, we have met with over 15 summer recreation organizations and talked with over 300 people about seizures, and epilepsy awareness and understanding. The groups were amazing and everyone was really interested to learn.

Currently I've been working on a brand new first aid pamphlet which has information about seizure types and folds out to make a very neat poster with the step by step first aid instructions, along with graphics of what to do. When they are done, we will send you all a copy.

Looking ahead to the fall, I am hoping to take an excursion out to the west coast and do a week or so of presentations and sessions there. So for our readers are from the west coast of the province, if you would like to see an information session done in your area or for your group, drop me a line.

Have a safe and wonderful summer everyone.

Pamela Anstey
Information Officer

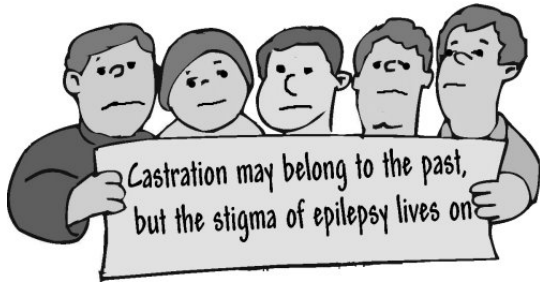
Disclaimer

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.

The only normal people are the one's you don't know very well.
~Joe Ancis

I'm No Freak, So Don't Treat Me Like One



The day I was diagnosed with epilepsy was probably one of the happiest of my life. For years I had feared that I was losing my mind and would end my days locked in a psychiatric ward. Periodically, I would be overcome by a sensation of inexplicable, paralyzing terror. On other occasions, I would set out for one destination, and, hours later, end up somewhere completely different, with no memory of how I had got there. Sometimes, on a simple shopping expedition, the world would suddenly become menacingly unfamiliar, as though I had never seen it before.

When - finally - I was told that I was not mentally ill but had a neurological condition that could be successfully treated with drugs, it was a relief and a delight. I learned that my symptoms had been caused by an injury to the brain's temporal lobe, which controls memory, and that I was not a freak. Epilepsy, I discovered, is common and, with the correct medication, 50% are seizure-free.

Once I had been diagnosed, many things fell into place. My doctor was fascinated to hear that I had once been a nun, since people with temporal-lobe epilepsy are often preoccupied by religion, perhaps because we are so often pitched into a different mental dimension.

My experience of epilepsy has led me to challenge stereotypical thinking, and the effects of prejudice. Epilepsy has always carried a stigma. A hundred years ago, epileptics were often incarcerated in asylums for the insane, or castrated. But even in our more scientific era, a surprising number of people find it difficult to approach the condition in a balanced way.

A recent survey has revealed that one-third of the elderly people who responded believed that their epilepsy had adversely affected their relationships with family and friends. I have found that people are often strangely affronted and disturbed when I tell them that I have epilepsy and change the subject abruptly, as though it should not be mentioned in polite circles. Others insist that epilepsy is always a psychosomatic disorder, even though in my case it was caused by a birth injury and the trigger is never stress, but fatigue, sleep deprivation or fever.

This has been the only aspect of the condition that I have found truly troubling. Epilepsy is still, in some sense, unacceptable because people have an obscure need either to deny it or to turn it into something else. It is surprisingly undermining and alienating when people prefer a fictitious or simplistic version of a complex reality that is central to your life.

Epilepsy seems frightening because it is not understood. A more precise appreciation of the realities of the condition will be a victory over centuries of ignorance and prejudice - a small, incremental step towards greater toleration and enlightenment, which the world sadly needs.

*Karen Armstrong, author of The Spiral Staircase: a Memoir
May 20, 2005*

Lamictal Cuts Effectiveness of the Pill and Vice Versa

Drug maker GlaxoSmithKline has issued a letter advising that its anti-epilepsy drug Lamictal (lamotrigine) can reduce the effectiveness of oral contraceptives.

New data have demonstrated an interaction between combined oral contraceptives and lamotrigine which could lead to reduced effectiveness of hormonal contraceptives.

"Women should have a review of their contraception when starting lamotrigine, and the use of alternative non-hormonal methods of contraception should be encouraged," the new label states. It adds: "A hormonal contraceptive should only be used as the sole method of contraception if there is no other alternative."

"If the oral contraceptive pill is chosen as the sole method of contraception, women should be advised to promptly notify their physician if they experience changes in menstrual pattern (e.g. breakthrough bleeding) while taking Lamictal as this may be an indication of decreased contraceptive efficacy."

Lamotrigine concentrations are cut in half during co-administration of oral contraceptives, the label further states. "This may result in reduced seizure control in women on a stable lamotrigine dose who start an oral contraceptive, or in adverse effects following withdrawal of an oral contraceptive. Dose adjustments of lamotrigine may be required," it advised.

Reuters Health, July 11, 2005

Are You Paying Too Much For Your Drugs?

Going to the pharmacy these days can sometimes be as painful as going to the gas station. It's expensive! But unlike gas stations where the prices are much the same within each town, prices on medications can vary considerably.

So I set out on a quest, to do a little research and compare prices on some of the most common anti-epileptic drugs. I chose five different towns across the island - St. John's, Marystown, Grand Falls, Gander and Corner Brook., and asked the five most common pharmacies what their price would be of various common epilepsy drugs. Some towns did not have all five pharmacies, and as a result are not included in the list for that town.

Each of the pharmacies was asked to give us a quote on:

- carbamazepine (generic Tegretol®), 200mg once a day
- divalproex sodium (generic Epival®), 250mg once a day
- phenobarbital, 30mg, once a day
- Topamax ® (topiramate), 100mg, once a day.

I realize that the dosages may not be very true to the way most people actually take some of these drugs, but I wanted to work with a baseline figure. That way anyone taking these drugs would just have to multiply the dosages to calculate the cost to compare against how much they spend on their drugs when they buy them.

This research was done on the 18th and 19th of July, 2005 and may not reflect current changes in medication prices after that date. All quotes included dispensing fees.

As you can see from the charts on the right, while some costs were very similar (and in some cases the same) between stores, there were also several variations in cost, both between towns, and within the same town. The most dramatic differences came with the cost of Topamax, with the cost differing by more than \$15.00 per month in some towns. Given that our research was based only on 100mg of Topamax per day, for people who take multiple doses, that difference can result in an enormous difference in cost.

When buying drugs, however, cost is sometimes not the only deciding factor. Some of the pharmacies that have slightly higher prices, also have added services, extended hours, and other conveniences which, for the customer, may warrant the extra cost. Additionally, if a pharmacy is close by, it may not be worth someone's time to travel out of their way to a pharmacy just to pay a little less on drugs.

Those are decisions that you get to make as the customer. Whatever your decision might be, we want to make sure you do so armed with as much information and understanding as possible.

*Pamela Anstey, Information Officer,
Epilepsy Newfoundland and Labrador, July 21, 2005*

	Carbamazepine (Tegretol ®) 200mg/once a day	Divalproex Sodium (Epival ®) 250mg/once a day	Phenobarbital 30 mg/once a day	Topamax ® (topiramate) 100mg/once a day
St. John's				
Shoppers Drug Mart	11.45	16.94	11.31	86.46
Dominion	8.59	14.08	8.45	79.90
Sobeys	8.59	14.08	8.45	77.40
Wal-Mart	8.57	14.06	8.43	77.37
Pharmachoice	8.59	14.08	8.75	64.48
Marystown				
Shoppers Drug Mart	14.38	15.99	8.26	81.81
Dominion	12.16	19.73	6.19	79.90
Sobeys	8.60	14.08	8.45	77.40
Wal-Mart	12.14	14.06	6.36	77.38
Grand Falls				
Shoppers Drug Mart	11.45	16.94	11.31	90.15
Dominion	7.59	13.08	8.80	78.90
Sobeys	7.59	13.08	7.45	76.39
Wal-Mart	7.57	13.06	7.29	76.37
Pharmachoice	* 9.00	* 14.00	* 9.00	* 85.00
Gander				
Shoppers Drug Mart	8.59	14.08	6.35	79.90
Dominion	6.59	12.08	6.45	77.90
Wal-Mart	6.57	12.42	6.43	75.37
Pharmachoice	8.19	13.68	8.05	72.96
Corner Brook				
Shoppers Drug Mart	11.23	16.99	11.08	91.10
Dominion	7.59	13.08	7.45	78.90
Sobeys	8.59	14.08	8.45	77.40
Wal-Mart	7.57	13.06	7.37	76.37
Pharmachoice	* 11.00	* 17.00	* 11.00	* 90.00

* indicates the price as it was given to me was an approximate cost and not an exact quote.

Strong Link Between Epilepsy and Risk of Schizophrenia

People with a history of epilepsy are at increased risk of developing schizophrenia and schizophrenia-like psychosis, concludes a study published online by the BMJ today.

The authors suggest that the two conditions may share common genetic or environmental causes.

The study involved 2.27 million people born in Denmark between 1950 and 1987, and were identified from national registers. Personal and family histories of epilepsy and psychosis were obtained, and individuals were monitored for up to 25 years.

The team found that people with a history of epilepsy had nearly two and a half times the risk of developing schizophrenia and nearly three times the risk of developing a schizophrenia-like psychosis compared with the general population. The risk was the same for men and women but increased with age.

Both a family history of epilepsy and of psychosis were also significant risk factors for schizophrenia and schizophrenia-like psychosis. For epilepsy, however, the increased risk was more pronounced for people with no family history of psychosis.

The increased risk did not differ by type of epilepsy, but was significantly greater the older people were when they were first admitted to hospital for epilepsy.

“We think that this study is the first, on a population level, to show that a family history of epilepsy increases the risk of schizophrenia or schizophrenia-like psychosis even after adjusting for the effects of personal history of epilepsy and other factors,” say the authors. “This finding suggests that genetic or environmental factors shared by family members may have an important role.”

Medical News Today, June 17, 2005

Epilepsy and Depression - A Two Way Street?

Researchers have noted a higher incidence of depression among patients with epilepsy than the general population or others with chronic conditions.

For a long time, depression was thought to be a complication of epilepsy. But there is evidence that the connection between epilepsy and depression may be a two-way street. People with a history of depression have a 3 to 7 times higher risk of developing epilepsy. This kind of information is forcing us to take a second look at the interaction between depression and epilepsy.

Since depression affects about 5.3 percent of the population and epilepsy about 1 percent, knowledge of any relationships between the two disorders could help physicians find ways to improve care for both groups. The two-way relationship between epilepsy and depression could mean common mechanisms are at work.

Studies with rats that are genetically prone to epilepsy show abnormal secretion in the brain of neurotransmitters. The abnormal secretion patterns in these animals are similar to patterns for the same neurotransmitters seen in patients with depression. Common pathways between depression and epilepsy might account for data suggesting that patients with a psychiatric history may not respond as well to medication or surgery for treatment of their seizures.



Recent research studied 90 patients whose seizures failed to respond to antiepileptic medication and underwent brain surgery to remove tissue that was the focus of the seizures. Patients with a lifetime history of depression were less likely to become seizure-free, the researchers found. This suggests depression could be a biological marker for a more severe form of epilepsy.

Whatever biological links the two disorders may share, clinicians and patients alike need to be more aware of the significant incidence of depression among those with epilepsy. That is true even of patients who exhibit less severe forms of the condition than those treated at specialized clinics and major medical centers.

In another recent study, researchers surveyed 775 epilepsy patients in community settings, 395 asthma patients and 362 healthy control subjects. Among those with epilepsy, 36.5 percent reported symptoms of depression, compared to 27.8 percent of asthmatics and 11.8 percent of controls. The study also found that nearly 39 percent of the patients with epilepsy had never been evaluated for depression. It is important for doctors and patients to understand that those with epilepsy, even mild forms of the condition, face an elevated risk of depression.

Patients with epilepsy usually respond well to anti-depression medication and with lower doses. There is a lot of misperception that if you use an antidepressant, it will worsen the seizures. That is not really so. A class of drugs called selective serotonin reuptake inhibitors (which include Zoloft, Paxil and Prozac) have proved safe in patients with epilepsy.

AAAS, February 15, 2005

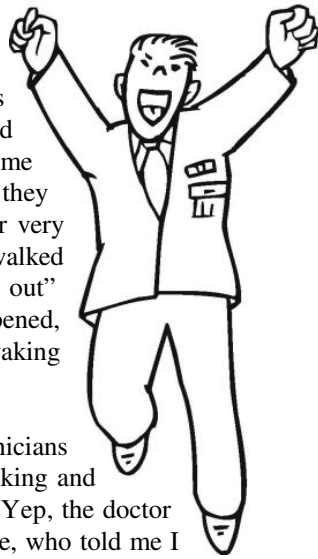
Stand Up, Speak Out!

I can still remember what colour the doctor's tie was the day he told me I had epilepsy. It was green with these little white stripes, I was 23, and I wanted to hit him, because I thought my life was ruined.

It was my last year in university, mid-term exams. Just a couple more months and I would be done. We all went out the night of our last exam to celebrate. What a time we were having! Somewhere around my third or fourth drink it all went black.

I opened my eyes and saw all these people staring at me and my girlfriend said I had passed out. She took me home and I slept.

Let me tell you, if you have ever had a hangover, you know maybe half of how I felt the next day. I had the worst headache ever, I was sick to my stomach, and all I wanted to do was sleep. It was supertime when I finally got up. That's what they tell me anyway. I don't remember very much of it. I'm told that just as I walked out into the living room, I "passed out" again. Something obviously happened, because the next memory I have is waking up in a hospital bed.



When all the nurses and technicians decided they were finally done poking and prodding me, the doctor came in. Yep, the doctor with the green and white striped tie, who told me I didn't pass out, but that I had been having seizures.

Fortunately I didn't hit him. He wasn't a bad guy, just a guy with news I didn't want to hear.

And that's how it began for me. There have been seizures since, and they always leave me feeling like I've been beat up, but I refuse to let them keep me from the things I want to do.

I finished university that year, right on time. It wasn't easy, in fact sometimes it was downright miserable. I'm stubborn like that.

I used to feel very afraid of who would see me if I had a seizure. I worried about how bad it looked. Worried about everything. But I would not, and I will not give in to these seizures. Then they would win. And they don't deserve to beat me.

~ Michael

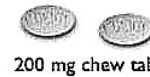
Teacher, Father, and Proud Member of Epilepsy Nf. and Lab.

Medication Profiles

Tegretol (carbamazepine)



100 mg chew tab



200 mg chew tab



200 mg tab



200 mg CR



400 mg CR



100 mg / 5 mL susp.

What is Tegretol (carbamazepine)

Carbamazepine is a drug that affects the nerves and brain. It works by decreasing impulses in nerves that cause seizures and pain. It is used to treat seizures and nerve pain such as trigeminal neuralgia and diabetic neuropathy.

Carbamazepine works best for complex partial, simple partial, and secondarily generalized type seizures.

What are the most important things to know?

Rarely, carbamazepine may cause serious blood problems.

Use caution when driving, operating machinery, or performing other hazardous activities. Carbamazepine may cause dizziness or drowsiness. If you experience dizziness or drowsiness, avoid these activities.

Do not drink alcohol while taking carbamazepine. Alcohol may increase drowsiness caused by carbamazepine. It may also increase the risk of seizures.

Carbamazepine may decrease the effectiveness of birth control pills. Use a second method of birth control while taking carbamazepine.

Carbamazepine can interact with many other medicines and may affect your condition. Do not take any other prescription or over-the-counter medicines or herbal products without first talking to your doctor or pharmacist.

Side effects of Carbamazepine

If you experience any of the following serious side effects, contact your doctor immediately or seek emergency medical attention:

- X an allergic reaction (difficulty breathing; closing of your throat; swelling of your lips, tongue, or face; or hives);
- X liver damage (yellowing of the skin or eyes, nausea, abdominal pain or discomfort, severe fatigue);
- X chest pain, high blood pressure (headache, flushing), or congestive heart failure (shortness of breath, swelling of ankles);
- X numbness or tingling in the hands, feet, arms, or legs;
- X body or muscle jerks;
- X confusion, slurred speech, or fainting;
- X continuing headache, hallucinations, or depression;
- X severe nausea or vomiting;
- X back-and-forth movements of the eyes; or blurred or double vision.

Rarely, carbamazepine may cause serious blood problems. Notify your doctor immediately if you develop any of the following symptoms, which may be early signs of potential blood problems: fever, sore throat, rash, sores in the mouth, easy bruising, or red or purple bruising.

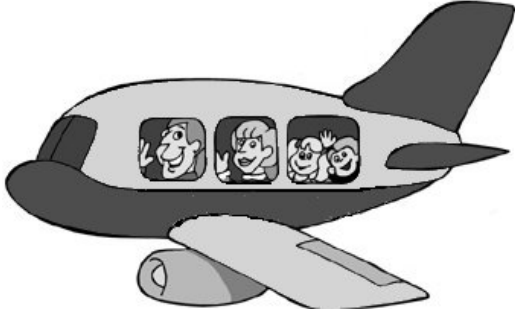
Other, less serious side effects may be more likely to occur. Continue to take carbamazepine and talk to your doctor if you experience

- X mild nausea, vomiting, diarrhea, constipation, or decreased appetite;
- X dry mouth;
- X impotence; or
- X joint or muscle aches or pains.

Asked and Answered

Q *My wife and I have tickets to go visit Ireland next month. I haven't travelled since I was diagnosed two years ago and I am very nervous about it. How do I manage this on vacation?*

A Well first off, congratulations on your trip to Ireland. I am so jealous. It's the time of year when lots of folks will be jetting off for vacations, and whether it is around the province or around the world, if you are prone to seizures, there are several precautions that you can take to make sure that your holiday is a safe and enjoyable one.



- Carry a copy of important medical information, phone numbers of your doctor and pharmacy, and a detailed list of all your medications, including dosage amounts and medication schedule.
- If travelling by plane or train, consider whether to inform the airline or train company of your disorder in advance to allow for preparation in case of a seizure.
- Carry all medications on your person. If you have them in your checked luggage, and baggage becomes lost, it could be very difficult to get replacements.
- Carry enough medication with you (in their original boxes or bottles) to last for your entire vacation, plus extras for just in case. It is always possible your vacation may be extended or travel delayed, or you may accidentally lose or spill some while away.
- If you are crossing any time zones, make sure that you maintain your medication schedule based on the time it is at home, and not the time it is where you are visiting. Changes in medication times, even by an hour or two can cause severe breakthrough seizures, not exactly the way you want to spend a vacation.
- Wear a medical identification bracelet.
- While on vacation, try your best to get enough sleep and to maintain the same sort of sleep schedule you have at home. I know this can be difficult, but not only will it leave you feeling more rested, it could prevent you from having a breakthrough seizure due to fatigue and lack of sleep.
- Have fun. Chances are if your seizures are fairly well controlled, you may not have one during the entire trip. Even if you do, it does not have to be the end of your holiday. But worrying about it, will distract and stress you and keep you from relaxing and enjoying yourself. So go prepared, but go and enjoy.

Free Stuff!

Here at the Epilepsy Newfoundland and Labrador offices we have lots of information on all sorts of topics relating to epilepsy and seizures. A great deal of what we have comes in the form of booklets and pamphlets, and even better, they're free! Yep, you heard right, completely and totally free.

So if you want some information for yourself, for a friend, to share with a local group, school, to leave at the local doctors office, or for anywhere really, just give us a shout and we will get it right out to you. You can reach us at 1-866-EPILEPSY (374-5377), or in the St. John's area at 722-0502. Here's a list of some of the great information that we have available completely for free.

Epilepsy - Answers to Your Questions

Overview of epilepsy and epilepsy issues. Done in a very informative and easy to understand question and answer format.

Epilepsy and Adolescence

Adolescence can be challenging enough, epilepsy can make it even more so. This booklet offers information on topics especially related to adolescence and epilepsy.

Epilepsy and Your Child - Parent' s Information Booklet

Excellent booklet detailing most everything a parent needs to know if their child has epilepsy.

Epilepsy - Seniors and Seizures

Epilepsy information with a focus on topics especially for senior individuals with epilepsy and their families.

Epilepsy - Medications for Epilepsy

Information on what you need to know about epilepsy medication, including treatments, side effects, and the different types of medications available.

All About Epilepsy - A Kids Seizure Activity Book

Designed just for kids! Our seizure activity booklets offer children an understanding of epilepsy in a fun and educational way. Includes stories, puzzles, colouring and other activities.

The Student With Epilepsy - A Teachers' Guide

For teachers, group leaders or just about anyone who would like to learn more on epilepsy and how it can affect their students.

Talking About Epilepsy - The Personal Profiles Series

A series of stories from the Canadian Epilepsy Alliance focusing on the amazing and inspiring stories of four individuals who have faced the challenges of epilepsy and have succeeded in spite of (or perhaps because of) their epilepsy.

Epilepsy Matters

Canadian Epilepsy Alliance newsletters series. Includes editions on:

- Epilepsy and Employment
- Learning Through Storms
- Complementary and Alternative Medicine Conference
- Safety and Epilepsy
- National Survey Results on the perception of epilepsy

Announcements and Appreciations

Fundraising Update

Door to Door Campaign - Thank you to all who gave their time and effort in our annual March Door to Door Campaign this year either by collecting or donating money. Without all your help and contributions we would no longer be able to continue to bring much needed programs and services to families across the province who are facing the challenge of epilepsy every day.

Contributions are still arriving as we speak from our many collectors. If you still have your kit or money at home, please mail them back as soon as possible. Every penny helps.

Calendar Campaign - Our summer Calendar Campaign is still ongoing. What's this all about, you ask. Well, during this campaign, we talk with people right across Newfoundland and Labrador telling them of our services and asking if they would contribute to help. All donations are accepted with great thanks and tax deductible receipts are issued for any donation.

For any donation \$20 or over, however, we are pleased to offer a very special thank you gift. It is a 2006 calendar featuring drawings and pictures created by grade 4 students right here in Newfoundland and Labrador telling their thoughts and feelings about epilepsy and seizures.

How can you get one of these special calendars? It's easy. Just give us a call at the ENL Offices to make your donation, or visit us online to donate directly at www.nfld.net/epilepsy. You can reach us at (709) 722-0502 or toll free at 1-866-EPILEPSY

Michelle Monahan
Resource, Volunteer, and Campaign Coordinator



Epilepsy Express Secret Word Contest

Each quarter we will be drawing for a winner in our **Epilepsy Express Secret Word** contest. You may have seen it. If not, drop us a line and we will gladly send you a copy of the **Epilepsy Express** which will tell you just how you can enter and win.

The summer winner of the Secret Word for Understanding Contest is:

Jennifer Lake
of St. John's

Jennifer wins a special prize pack, filled with goodies and information about epilepsy.

Special Events Update

Since our last newsletter we have been very busy. During the month of May, to say thank you to all our customers we decided to have a 50/50 draw for the people that visit our store.

In the month of June, we attended the Municipal Expo Convention at Mile One Stadium. We sold tickets on items from Newfoundland and Labrador. This event was very successful. Also in June, I sold tickets on a painting at the Health Sciences Centre, and on June 12th, I held a poker tournament at the Pot of Gold Bingo Hall in Pleasantville. As well in June we held several 50/50 draws at different locations in the Mount Pearl and St. John's area.

During the month of July we held another poker tournament and on July 24th we had a booth at the Mount Pearl City Days celebration.

I'd like to say thank you to all of our supporters and the businesses that have helped us at our events. Enjoy the rest of the beautiful summer and God bless.

Bonnie Green
Special Events Coordinator



Scholarships!

Did you know Epilepsy Newfoundland and Labrador offers its members two \$1000 scholarships annually?

- **The Jim Hierlihy Memorial Scholarship** for students just graduating from high school and moving on to post-secondary education.

- **The Mature Student Scholarship** - For individuals 21 and older who have decided to return to school to upgrade or change their career.

To find out more, contact
Pam at the Epilepsy Newfoundland & Labrador office.
(709) 722-0502 or Toll Free at 1-866-EPILEPSY



*No one needs a vacation so much
as the person who has just had one.*
~ Elbert Hubbard

Time Out

Pleased To Meet You!

As folks gathered for the barbeque, everyone shook hands with every person once.

If there were 15 handshakes in all, how many people attended the barbeque?



A Parent' s Prayer

Now I lay me down to sleep,
I pray my sanity to keep,
For if some peace I do not find,
I' m pretty sure I' ll lose my mind.

I pray I find a little quiet,
Far from the daily family riot.
May I lie back and not have to think
About what they' re stuffing down the sink,

Or who they' re with, or where they' re at
And what they' re doing to the cat.
I pray for time all to myself
(did something just fall off a shelf?)

To cuddle in my nice, soft bed
(Oh no, another goldfish--dead!)
Some silent moments for goodness sake
(Did I just hear a window break?)

And that I need not cook or clean
(well heck, I' ve got the right to dream)
Yes now I lay me down to sleep,
I pray my wits about me keep,
But as I look around I know,
I must have lost them long ago!

Author Unknown



Sunday Dinner

The young couple invited their elderly pastor for Sunday dinner. While they were in the kitchen preparing the meal, the minister asked their son what they were having.

"Goat," the little boy replied.

"Goat?" replied the startled man of the cloth. "Are you sure about that?"

"Yep," said the youngster. "I heard Dad say to Mom, 'Today is just as good as any to have the old goat for dinner.'"



Family Tree

Bertha and Harold are brother and sister and come from a nice large Newfoundland and Labrador outport family.

Harold has just as many brothers as he does sisters. Bertha has twice as many brothers as she does sisters.

How many brothers and sisters are there in the family, including Bertha and Harold?



Bits and Pieces

The Global Epilepsy Network

<http://www.globalepilepsynetwork.org>

The Global Epilepsy Network has been set up to help people with epilepsy from around the world gather information and support. GEN is run by people with epilepsy for people with epilepsy.

At GEN you can find:

- X **Forum** - Post your views, jokes and chat about anything and everything concerning life the universe and Epilepsy.
- X **Album** - Post your pics and create your own online photo album
- X **Calender** - Check your dates, birthdays and what's going on in GEN
- X **Knowledge Base** - Detailed section of related articles to Epilepsy and anti epileptic therapy.
- X **Members chat room** (doesn't require any special software to work)



The forums are set up for local and global support. Come join in and meet some new friends.

<http://www.globalepilepsynetwork.org>

*** WARNING GEN IS ADDICTIVE! ***

Puzzle Answers

Family Tree - There are four boys and three girls.

Pleased to meet you - Six people attended the barbeque. The first person to arrive has no one to shake hands with. The second person has one person to greet. The third person has two people to greet, which makes three handshakes so far. The fourth person greets three people, and the fifth person greets four people. Person 5, the last person, says hello to five already there, bringing the total to 15.



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