

# Epilepsy News

The Quarterly Newsletter of Epilepsy Newfoundland and Labrador

Summer 2006

## Seizure Free and Drug Free - Is it Possible for You?

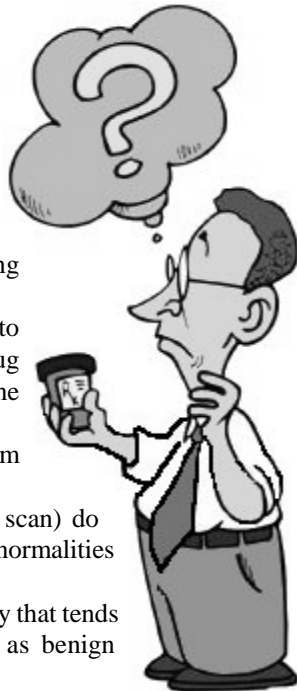
**H**ow long has it been since your last seizure? Two years? Three years? Five years? If you are someone living with epilepsy who has not had a seizure in years, It may be time to be not only seizure-free, but epilepsy drug-free as well.

Let's face it, epilepsy medications can be pretty rough on some people. Side effects vary from the mildly aggravating to the downright nasty. Taking meds multiple times a day is inconvenient. Not to mention the risks involved if someone wants to get pregnant.

It's easy to understand why anyone who is well controlled would want to find out if they may be able to come off their epilepsy medications. In some cases, this can be accomplished.

The following factors are guidelines in determining whether or not you may be able to begin the process of working with your doctor to wean off your drugs.

- You have not had a seizure in 2 years or more.
- You mostly have only one type of seizure
- You developed epilepsy as a child or teenager.
- You had only a few seizures before starting treatment.
- Your seizures were easy to control with initial drug therapy using only one medication.
- Your electroencephalogram (EEG) is normal.
- Brain scans (MRI or CT scan) do not show any obvious abnormalities or structural brain disease.
- You have a type of epilepsy that tends to go away (remit), such as benign focal childhood epilepsy.



As with most things in life, there are no guarantees. Even people who meet all these factors will sometimes have more seizures. What's even more annoying is that no one can predict when they might occur.

A decision about whether to stop taking seizure medicines should only be made after a long conversation with your neurologist. Discuss all the risks, talk about all the factors both pro and con.

### *What are the risks involved in weaning off my drugs?*

- The chance for breakthrough seizures which could result in a variety of consequences such as losing your driver's licence, physical injury, and a potential for less control if you return to your medication afterward.

### *And the Benefits?*

- Freedom from epilepsy drugs, from side effects, from making sure pills are taken on time, from the financial cost of the medications, and most of all, the opportunity to have true freedom from seizures once and for all.

If you do decide to proceed, the doctor will usually work with you seeing that your medication is reduced slowly over 2 to 6 months. Your doctor may advise you not to drive for several months after you begin withdrawing the medication—you are at highest risk for a seizure during this time. Most relapses tend to happen in the first year after you stop taking medication if they are going to happen at all.

**Do not reduce your medication dosage or stop taking your medication without first consulting your doctor. Even if you have not had a seizure in several years while on medication, stopping treatment may not be an option for you.**

*Pamela Anstey*

*Information Officer, ENL, August 2006*

### *In This Issue*

<i>Seizure Free and Drug Free - Is It Possible for You?</i> .....	1
<i>From Pam's Pen - How Low Can We Get?</i> .....	2
<i>Flying High - A Story of Hope and HopeAir</i> .....	3
<i>My Two Cents Worth - A Member's Experiences</i> .....	4
<i>Medication Alert - Lamictal/Lamotrigine</i> .....	6
<i>Medication Profile - Depakene</i> .....	6
<i>Announcements and Notices</i> .....	7
<i>The National Epilepsy Survey - Have Your Say!</i> .....	8
<i>A Little Time Out</i> .....	9

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## From Pam's Pen

In the course of my work, I tend to encounter people who don't understand epilepsy, or who don't *want* to understand it. This can be frustrating. If I had my way I would sit everyone in the province down and explain what seizures are all about, and what to do if one happens.

However, every now and again I encounter something that leaves me picking my jaw up off the floor and shaking my head in absolute disbelief at the depths some people can sink to in their treatment of people with epilepsy.

Not so long ago I received a call from a troubled social worker who had a question for me. She said that two separate special needs clients of hers lived in two separate group homes. The family of one client, and the support workers of the other client had each requested the purchase of a restraint wheelchair for the use of the individuals in their care, and she wanted my opinion on whether this was a typical course of treatment for individuals with epilepsy.

Thoroughly puzzled, I asked her if her clients had mobility issues and needed wheelchairs to get around. She told me no, that they had no mobility problems, but that the requests were made because both groups felt it would be safer for the individuals to be in a wheelchair, so that IF they had a seizure, they wouldn't fall and injure themselves.

Have these people lost their senses?! The family and care workers wanted to confine perfectly mobile and otherwise healthy individuals to a wheelchair - PERMANENTLY! Not because they needed it, but because it would be "safer". Uh huh... Safer for whom? Certainly not for the individuals with epilepsy who, after being restrained in a wheelchair day after day would no doubt end up losing their ability to walk simply due to muscle atrophy. No, not really safer for anyone. But awfully handy for the family and support workers don't you think?

How can people who supposedly care for these individuals even consider something so unethical for the sake of, what amounts to, pure *convenience* for those around.

If nothing else, it is accounts like these that strengthens my resolve to **DO SOMETHING**, to make people understand, and to hopefully make things better. Care to join 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.**

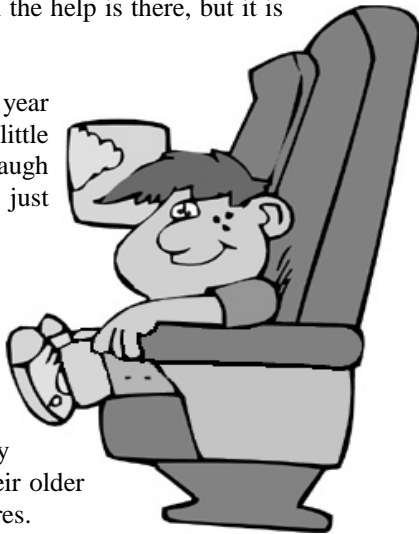
## Flying High - A Story of Hope and *HopeAir*

**H**ope is a slippery thing sometimes. We hope the best for our families, knowing that no matter what there will be bumps along the way. We hope the best for our selves, knowing that sometimes we may fail. We hope the best for our health, believing that if we need medical attention it will be there for us.

But what happens when the help is there, but it is just a little out of reach?

Cody is a typical eight year old little boy who likes little boy things. He loves to laugh and play and is mostly just like anyone else.

Cody has epilepsy. Small seizures mostly, but seizures just the same. The type he has are called Absence seizures, which many people still know by their older name of Petit Mal seizures.



Absence seizures can look like staring spells or daydreaming. For a few seconds he will simply stop everything and stare straight ahead, not really seeing or hearing anything that is going on around him, or even responding if someone is talking to him. They may not seem all that significant. A few seconds here and there. But the reality is that Cody can have upwards of twenty to thirty of these a day, causing real frustration, and real problems.

Over the years Cody's parents have worked with their doctor to try and get the best care possible for their son. But it's not easy. Finding the right epilepsy medication to control seizures can be a challenge at the best of times. In Cody's case it was even more difficult. Why? Because Cody and his parents live in Wabush, Labrador.

In theory, of course, it shouldn't matter where you live in this province when it comes to accessing necessary health care. But the reality is that sometimes it does make a difference. For Cody, it was about to make the difference between getting to see the specialists he needed to see, or keeping on just as he was, with multiple seizures each and every day.

In mid-June I received a call from Cody's mom Stella. She was looking for advice. Cody had appointments to see specialists in St. John's at the end of July. She was not sure how they were going to manage to make it.

Stella explained to me about something I had never realized before; that even for medical reasons it is astronomically expensive to fly within this province between Labrador and the Island.

Almost \$900 per person!! I could barely believe it. A hour long flight, necessary for the health, well being and future of a little boy would cost the family nearly \$2000! Surely this must be a mistake. Don't airlines have special prices for necessary trips?

It was no mistake. That WAS the medical rate. I told Stella I would do whatever I could to make sure that Cody saw the specialists he needed. I just wasn't so sure what that might be yet.

I mulled it over for a couple of days, contemplating different options and possibilities. And then one day, while I was eating dinner it hit me. In the middle of my meal I got up and dashed off to my computer. My husband thought I was losing it. I had remembered a program someone had mentioned to me years before; a program called *HopeAir*. If I was right, it might just be the answer we had been looking for.

I was right. There it was [www.hopeair.org](http://www.hopeair.org). Their site said it all:

*"Our vision is to ensure that no Canadian forgoes medical care due to an inability to afford air travel. To achieve our mission, we arrange free flights to recognized health facilities for medical treatment unavailable in a patient's home community."* ([www.hopeair.org](http://www.hopeair.org))

I went into the office the next morning bouncing, just barely able to wait till a decent hour to call Stella and let her know. When I did reach her, we were both holding our breaths that this would work. She set off to make the applications and get the necessary paperwork, and I sat here and crossed my fingers.

One week later, we had the news, they were approved! With only a small processing fee, *HopeAir* would fly both Stella and Cody round trip from Wabush to St. John's, cost free for the tickets.

I could hear the relief in her voice. The relief that comes from wanting something so badly, and worrying for weeks; and now finally, that hope which had held on for so long, became a reality.

Cody ended up seeing all the doctors he needed on his visit. They have increased his medications, but there has been only a little change in his seizures. He will be visiting them again in September.

If you would like more information about *HopeAir*, visit [www.hopeair.org](http://www.hopeair.org) or call 1-877-346-HOPE (4673)

*Pamela Anstey, Information Officer, ENL, August 2006*

## My 2 Cents Worth - A Member's Experiences

*The following is a personal account of one member's experiences with epilepsy. Every person's journey with seizures is different. Would you like to share your's? Please contact Pam at 1-866-EPILEPSY.*

Epilepsy is defined as "a disorder of the central nervous system characterized by loss of consciousness and convulsions". Sounds fairly straightforward, or is it? I guess that would depend on whom you talk to. If you talk to a person who has never experienced first hand an epileptic convulsion, this may very well be their understanding of the disorder. However if you talk to someone who has either first hand experienced themselves, or has seen with their own eyes an epileptic convulsion they may define it a little different.

Epilepsy is not only a disorder of the central nervous system; it is also a life altering disorder as well. Many people that have been diagnosed with epilepsy will tell you that it changed their lives for good. It's not just a matter of having a convulsion or losing consciousness, it's a matter of altering your life to minimize your risk of having a seizure. A person diagnosed with epilepsy must make HUGE sacrifices in their lives in order to control to the best of their ability the disorder. For some people it only means only minor changes to their lifestyle, but to others like myself it means making major life altering changes.

I was diagnosed with epilepsy when I was 16 years old after having a convulsion in the science lab, and being rushed to hospital. You cannot imagine how devastating it was to hear those words from my doctor's mouth "I think it may be epilepsy".

"Epilepsy, what do u mean epilepsy?" I asked. At 16 years old I had no idea what epilepsy was. He goes on to explain that the electrical impulses in my brain are not working properly, and that messages are getting mixed up, which is what causes a seizure.

"So what do I do about it?" He tells me there are a few options that we can explore when it comes to surgery, as well as the various medications and combinations of medications that I can try to control the disorder.

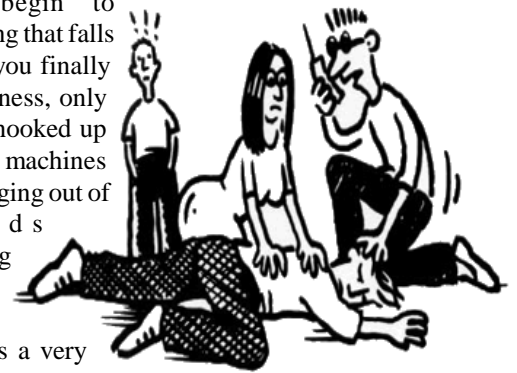
"This all sounds fine an dandy, but what's the bottom line doc?" Bottom line - you're not going to be able to consume alcoholic beverages other than social drinks, you will have to be on medication for the rest of your life should you opt not to have the surgery, you're going to have to make sure you get an adequate amount of sleep every night .....

"Hold up doc, I'm 16 years old and you're telling me that I am never going to be able to go out pulling all-nighters drinking and partying with my friends, or that I can't pull exam crams the night before finals. You're telling me I can't be a normal teenager. What did I ever do that was so bad to deserve this?"

After a trip to the Janeway for a CAT scan and a EEG it was official, I had epilepsy. Because epilepsy varies so widely, the effects that it has on an individual's body and life can range from mild and relatively minor to extremely serious and debilitating.

Mine seemed to fall on the latter end of the scale. I was diagnosed with having Grand Mal, Petite or Simple Partial and Complex Partial originating from different parts of my brain. The effect it has on my body depends on the severity of the convulsion. I have had seizures that were nothing more than staring off into space and I've had seizures that landed me in hospital for 2 weeks with both sides bitten off my tongue, severe dehydration, blood loss, and loss of mobility in my arms, hands and legs.

You cannot begin to imagine the feeling that falls over you, when you finally regain consciousness, only to find yourself hooked up to 10 different machines with IV lines hanging out of your hands everywhere asking yourself "what happened and where am I?" It's a very unsettling feeling.



Discrimination and fear of rejection were major hurdles that I had to come to terms with and learn to accept. In addition, my family and friends tend to be overprotective and impose unnecessary restrictions on me, that just lead to further isolation and social problems. Dating is always an issue, fearing a negative response, for a long time I tried to keep my epilepsy a secret from others, especially those of the opposite sex, and in some cases still do.

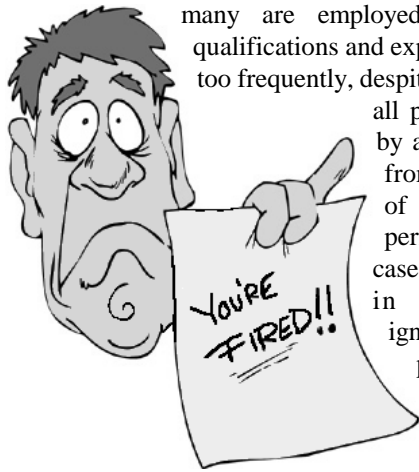
This is a very dangerous practice to start, because if the person you are with is properly informed in seizure first aid it could mean the difference between life and death. I still opt not to tell my partners until I get some indication that they are not going to discriminate against me. I would rather play Russian roulette with my life than to have someone discriminate against me.

Over the past 16 years I have seen a pattern that keeps repeating itself. I tell my lady friend about the epilepsy, and I soon there after find myself single again. My ex-wife even told me that she was breaking up with me in part because the doctor said that when I turn 50 years old there's a very elevated chance that I will have a seizure in my sleep and not wake up from it. This is a woman I had 2 kids with and who knew about the epilepsy for 10 years. She told me she couldn't continue to live like this, knowing that she may wake up one morning and I would be dead beside her.

## My 2 Cents Worth - A Member's Experiences cont.

(Continued from page 4)

Besides the social aspect of the disorder, even basic stuff like getting and keeping a job can be more difficult for a person with epilepsy. Like others, employers often have misconceptions and apprehensions about this disorder. The question of when to disclose your epilepsy to an employer can cause you a great deal of anxiety. Of those who do find employment,



many are employed in jobs below their qualifications and experience. This happens all too frequently, despite the fact that laws entitle all people to equal treatment by an employer and freedom from discrimination because of disability. Maybe in the perfect world this may be the case but in this world we live in discrimination and ignorance are key factors to a person with epilepsy obtaining and maintaining employment.

I have been told outright by employers that I have all the qualifications they are looking for but they can't hire me because I am considered a liability to the company, because of the nature of the job. And because of the nature of the beast, people with epilepsy are mostly unwilling to fight the cooperate image, for fear of further discrimination from other individuals, so they let the issue drop and so continues the cycle.

Living with epilepsy is a constant challenge. Ever since being diagnosed my life has been a challenge. I have had to change my whole perspective on how I want to live my life, and when I lose perspective I am reminded of my challenge with a violent and mostly unpleasant series of convulsions that do physical damage to my body as well as my brain.

Depression is another major challenge a person with epilepsy must learn to cope with. People with epilepsy are felt to be at greater risk for depression than the general population and those suffering from other medical conditions. It is believed that up to one third of those with epilepsy suffer from associated depression.

Seizure activity, medications, poor seizure control and kindling like phenomena may be causes of depression. Some people may also experience postictal-depression; or depression after seizures. Psychosocial factors predisposing to depression in people with epilepsy include adjustment difficulties, the limitations and restrictions which the disorder imposes, as well as the unpredictable nature of the seizures and the associated feelings of helplessness and loss of control over one's life.

Depression can have a significant negative impact on people with epilepsy. It can result in decreased functioning in all areas of a person's life, lead to decreased compliance with medication and increase the risk of seizures. Increased stress and depression can result in worsened seizure control and increased seizure frequency.

The most serious consequence of depression associated with epilepsy is suicide. The risk of suicide is five times greater than the general population for people suffering from both depression and epilepsy and 25 times greater if the person suffers from temporal lobe epilepsy. Reasons why people with epilepsy are more at risk for suicide may be due to the underlying brain disturbances causing the seizures and depression, the psychological impact of helplessness and hopelessness from uncontrolled and unpredictable seizures, and the availability of potentially lethal medication if taken in overdose or in combination with drugs and alcohol.

Another major hurdle is memory. Many people with epilepsy, including myself, have troubles with their short term and long-term memory. Your memory process can be interfered with by epileptic seizures, the underlying disorder which is causing the seizures, or the effects of your anti-epileptic medication.

How can seizures cause memory problems? Memory is a natural brain process that requires continuing attention and recording by parts of the brain. Seizures interfere with memory by interfering with attention or input of information. Confusion often follows a seizure, and during this foggy time new memory traces are not being laid down in the brain. Tonic-clonic (grand mal) seizures in which you lose consciousness can interfere with normal brain processes and disrupt the registration phase of short-term memory. Sometimes longer-term memories from the period prior to the seizure are lost as well, as these memories may have not yet being fully integrated into the brain's memory system. If a seizure is very severe and prolonged, and you experience insufficient oxygen to the brain, this can cause secondary damage to your memory.

Epilepsy is more than just "a disorder of the central nervous system characterized by loss of consciousness and convulsions" it is in fact a way of life. Once you are diagnosed with the disorder it can turn your whole world upside down in a heartbeat. People who you considered friends fade to black, employers discriminating because they are ignorant to the facts, and worst of all you come to realize that you no longer control your life! In order to regain your life you must first control the epilepsy, and education is the first step!

***This account has been one person's journey. Epilepsy may be different for everyone and we welcome hearing many different perspectives. We would love to hear your story. Please contact Pam at 1-866-EPILEPSY.***

## Alert: Lamictal/Lamotrigine

**Use of LAMICTAL® (lamotrigine) in the first trimester of pregnancy may have an increased risk of cleft lip and/or cleft palate, compared to background rates in the general population**

GlaxoSmithKline Inc, following discussions with Health Canada, is informing patients of new safety information concerning the antiepileptic, LAMICTAL® (lamotrigine) tablets.

New data suggest an association between taking LAMICTAL® (lamotrigine) in the first trimester of pregnancy, and increased risk of cleft lip and/or cleft palate in the baby. Such “oral clefts” are a failure of the normal closure of the mouth structures as the unborn baby develops, resulting in a gap in the upper lip and/or the roof of the mouth (i.e. soft or hard palate).

Oral clefts are amongst the most common of the major birth defects occurring in the general population at background rates from 0.5 to 2.16 per 1000 births. There is a genetic aspect, in that an unborn baby with an affected parent or sibling is at increased risk. From the literature, several anti-epileptic drugs have been shown to be associated with oral cleft, and other factors are also suspected, including maternal smoking, heavy alcohol intake, infections, folic acid deficiency, and vitamin A intoxication.

Regarding LAMICTAL®, the ongoing North American Antiepileptic Drug (NAAED) Pregnancy Registry detected an elevated rate of isolated, non-syndromic cleft palate deformity (which means that the cleft lip and/or cleft palate is not accompanied by other major birth defects) occurring in infants exposed to lamotrigine monotherapy during the first trimester of pregnancy, as compared to the reference population used in this Registry. Data from additional pregnancy registries are required in order to get a more complete picture of the risk.

As is currently stated in the product information, patients should notify their physicians if they become pregnant or intend to become pregnant during therapy with LAMICTAL®. Although pregnant woman and their unborn children may face significant health risks from uncontrolled epilepsy, LAMICTAL® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Patients should not start or stop these medications without consulting their doctor. Sudden discontinuation of antiepileptic therapy may lead to breakthrough seizures with serious consequences for both the mother and the fetus and should be avoided. Talk with your doctor or pharmacist if you have questions or concerns.

Health Canada, August 2006

## Medication Profiles

### Depakene (valproic acid)

#### What is valproic acid?

Valproic acid affects chemicals in the body that may be involved in causing seizures. The exact way that it works is unknown. It is used to treat various types of seizure disorders but may also be used for purposes other than those listed in this medication guide.

#### What are the most important things to know?

- In rare cases, valproic acid has caused liver failure, sometimes resulting in death. Children younger than 2 years of age, especially those taking multiple seizure medicines, those with metabolic diseases, those with mental retardation, and those with organic brain disease are at the highest risk of liver failure. Notify your doctor immediately if you develop loss of seizure control, weakness, fatigue, swelling of the face, vomiting, or loss of appetite. These symptoms may be early signs of liver damage.

- In rare cases, valproic acid has also caused severe, even fatal, cases of pancreatitis (inflammation of the pancreas). Some of the cases have progressed rapidly from initial symptoms to death. Cases have been reported soon after starting treatment with valproic acid, as well as after several years of use. Notify your doctor immediately if you develop nausea, vomiting, abdominal pain, or loss of appetite. These symptoms may be early signs of pancreatitis.

- Valproic acid may interact with other drugs that cause drowsiness, including alcohol, antidepressants, antihistamines, pain relievers, anxiety medicines, and muscle relaxants. Dangerous sedation, dizziness, or drowsiness may occur if valproic acid is taken with alcohol or any of these medications. Talk to your doctor before taking valproic acid in combination with alcohol or any other medicines.

#### Side effects of Depakene (valproic acid)

*If you experience any of the following serious side effects, stop taking this medication and seek emergency medical attention:*

- an allergic reaction (difficulty breathing; closing of your throat; swelling of your lips, tongue, or face; or hives);
- a rash; hallucinations;
- loss of coordination or difficulty walking;
- unusual bleeding or bruising; or
- double vision or back-and-forth movements of the eyes.

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

- tremor (shaking); weight gain;
- menstrual changes; hair loss;
- drowsiness or weakness;
- depression or other psychiatric changes;
- headache; or low red blood cells (anemia).



## Announcements and Notices

### ENL Welcomes New Faces

Joining the office at ENL for the next few months is Fred McGrath. Fred comes to us through a pre-employment program with the Stella Burry Foundation and will be volunteering with the office throughout part of the summer and fall. Already he has been hard at work assisting with a great deal of research and office duties.

Additionally, through the Summer Career Placement Program we were fortunate enough to be able to hire Connie Linstead. Connie is a Social Work Student and has been assisting with both the Calendar campaign and Office Administration Duties.

Welcome aboard Fred and Connie!



### Upcoming Nursing Students Placement

Each year, ENL typically plays host to two third year nursing students who will work with our association to identify and address a need regarding epilepsy in the province.

This year I am opening it to you, our members. What do you see as something that should be addressed when it comes to the understanding and response to epilepsy and seizures in Newfoundland and Labrador?

Let me know, and we may use your concern as the basis of an action plan. Contact Pam at the office by email, fax, or phone.



*It takes a great deal of courage to stand up to your enemies,  
but even more to stand up to your friends.*

*J. K. Rowling*

*A man ninety years old was asked  
to what he attributed his longevity.*

*I reckon, he said, with a twinkle in his eye,  
it's because most nights I went to bed and slept  
when I should have sat up and worried.*



### Volunteers Still Needed

We are hoping to be able to put information and posters in various medical clinics, waiting rooms, hospitals, Health and Community Services offices and other public areas throughout the province. But as you can imagine, mailing a box of resources to each of these office in every community would be an enormous expense in postage.

We are looking for volunteers from across the province who would be willing to distribute posters and information throughout your hometown. This would save us lots in postage by only having to mail one box per community and keep donations going to programs and services instead of Canada Post.

This is your chance to help raise awareness in your town. The work will take only a short time, and the impact can be huge.

If you can help, please call Pam at the ENL office at 1-866-374-5377, or email [info@epilepsynl.com](mailto:info@epilepsynl.com).



### **Proof!**

*The human brain reaches its full size in adolescence and begins shrinking after the age of twenty. Recent research has shown that the male brain shrinks faster than the female one, which may explain why men are more prone to problems such as memory loss.*

## National Survey

# Take The Canada-Wide Epilepsy Matters Survey!

The Canadian Epilepsy Alliance, of which ENL is a proud member, is an alliance of community-based epilepsy organizations from across Canada, dedicated to improving the quality of life of people with epilepsy and their families. The CEA believes that all people have the right to live with dignity as full and equal participants in our communities.

As a result of a survey conducted in 2000 by The Canadian Epilepsy Alliance some major changes have been made. We have released a new public service announcement each of the last four years in March to help educate the public and reduce stigma. The Canadian Epilepsy Alliance has worked with provincial regulating bodies to make changes to driving regulations from an automatic one year suspension to reduced suspensions of six months, three months, or case by case in provinces Canada-wide.

We have recently released a new survey for 2006. This new survey is a coordinated effort of all members of the alliance to determine the national issue of greatest concern to people affected by epilepsy across the country. Your responses will be used to gear our efforts and resources to create a positive change for people living with epilepsy.

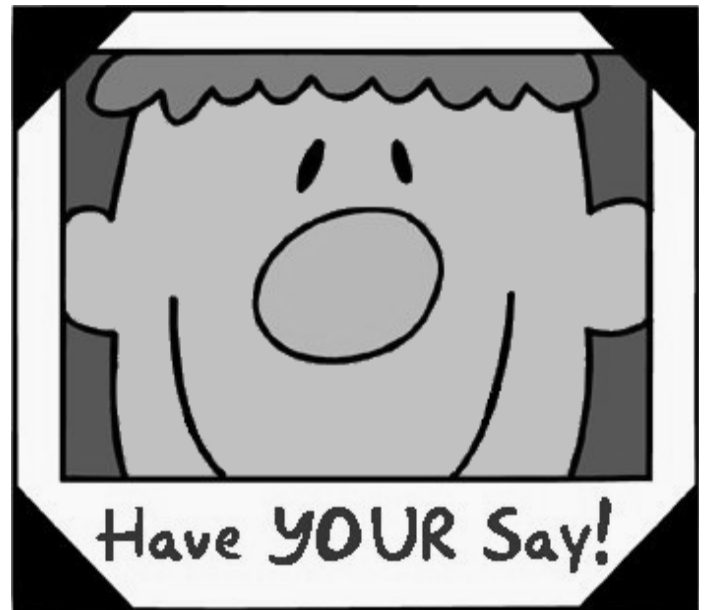
The survey has been included with this newsletter. Please take a moment or two and make your voice heard. It will only take about 10 minutes to complete.

When you are done, you may mail or fax it back to us at:

Survey Entry  
Epilepsy Newfoundland and Labrador  
26 O'Leary Avenue  
St. John's, NL A1B 2C7  
Fax: 709-722-0999

Alternatively, you may also complete the survey online at:  
[www.epilepsymatters.com](http://www.epilepsymatters.com)

If you have any questions, or need help to complete the survey, contact us by phone at 1-866-EPILEPSY (1-866-374-5377) or locally at 722-0502..



### *It's not a seizure, you're just falling off a cliff!*

We have all experienced it - one moment you're drifting off to la-la land, and the next instant whoa! you're dropping off a cliff. Sleep experts believe the brain sometimes gets the wrong message from the body during the transition into sleep, and associates the lack of muscle tension with being in midair. Arms and legs then jerk suddenly as they would to break a fall. Not yet realizing the body is simply at rest, the brain also instantaneously conjures a story to account for the sudden jump, and that's why we picture ourselves falling, slipping or missing a stair.



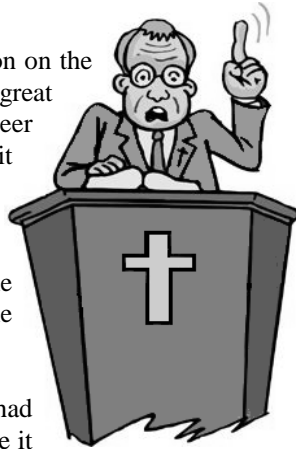
## A Little Time Out

### Sing Out Loud!

A minister was completing a sermon on the dangers of alcohol. With great expression he said, "If I had all the beer in the world, I'd take it and throw it into the river."

With even greater emphasis, he said, "And if I had all the wine in the world, I'd take it and throw it into the river."

And then, finally, he said, "And if I had all the whiskey in the world, I'd take it and throw it into the river." He sat down.



The choir leader then stood very cautiously and announced with a barely suppressed grin, "For our closing song, let us sing Hymn #365: 'Shall We Gather At the River.'"

### Huh?

Which word, if pronounced right, is wrong, but if pronounced wrong is right?

### You Can't Take it With You

A very rich gentleman dies, leaving his fortune to his only living friends, a Minister, a Doctor, and a Politician. But being a little eccentric, his will stipulated that each one must place their third of the money in his coffin before he is put in his final resting place. The funeral comes and each of the three tosses in a big brown envelope just before the casket is lowered.

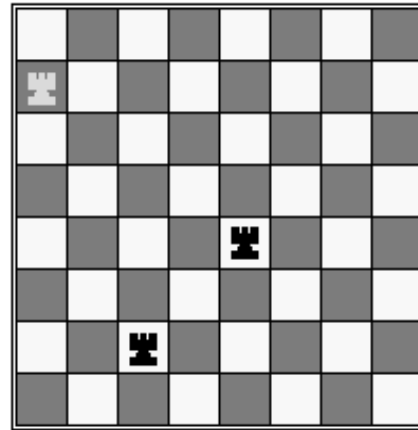
Over a year later the three friends are talking and the topic of the old man and his strange ways comes into the conversation.

The Minister says "I have a confession, I didn't place ALL of the money into his coffin. I kept some, to care for the orphans you know".

Then the Doctor states "Well, I have to admit that I too kept some of the cash, to help with the children's hospital."

The Politician glares at the other two quite shocked and says "I am so very ashamed of the two of you. How dare you disrespect our friends wishes like that. Why, I'll have you know that I wrote a personal cheque for the FULL amount."

### Squared!



How many squares, of any size, can you find on this chess board which do not contain a chess piece?

### How to Get Yourself in Deep Deep Trouble

WIFE: "If I died, would you get married again?"

HUSBAND: "Definitely not!"

WIFE: "Why not - don't you like being married?"

HUSBAND: "Of course I do."

WIFE: "Then why wouldn't you remarry?"

HUSBAND: "Okay, I'd get married again."

WIFE: "You would? (with a hurtful look on her face)."

HUSBAND: (makes audible groan).

WIFE: "Would you sleep with her in our bed?"

HUSBAND: "Where else would we sleep?"

WIFE: "Would you replace my pictures with hers?"

HUSBAND: "That would seem like the proper thing to do."

WIFE: "Would she wear my clothes?"

HUSBAND: "Don't be silly, they're way too big for her."



Any OTHER nagging pains?

## Bits and Pieces

### Epilepsy Awareness Wristbands

We're bringing epilepsy into the light with our new lavender wristband, with OUT OF THE SHADOWS on one side, and our national website, www.epilepsymatters.com on the other.

For too long people with epilepsy and their families have been hesitant to speak of the disorder publicly due to the myths and misconceptions that abound. Because no one spoke out, it was often difficult for the public to understand that individuals with epilepsy are no different than you or I.

Lavender is the internationally recognized colour associated with epilepsy and seizures, and the lavender flower is a symbol for things that are hidden or isolated, much like epilepsy. Because epilepsy is often controllable, it becomes invisible to most people, becoming something scary and unknown. It is by stepping out of the shadows that epilepsy will be understood, the stigma eliminated, and people who live with seizures more accepted.

**We only have a few wristbands left  
and when they are gone, there will be no more.**

**Get yours for only \$3.00 from Epilepsy Nf. & Lab.  
Every penny stays right here to help individuals and  
families dealing with epilepsy and seizures everyday.**

If you should happen to have any neat ideas for awareness or fundraising, we would love to hear them. Please drop us a line at the ENL office.

### Puzzle Answers

*Huh! - The word, 'wrong'*

*Squared! - There are 125 squares without a chess piece*

Philip...  
where are you?



Grant me the Senility  
to forget the people  
I never liked anyway,  
the good fortune  
to run into the ones I do,  
and the eyesight  
to tell the difference.



## 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 - 26 O'Leary Avenue, St. John's, NL A1B 2C7*