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Complex Partial Seizures

Complex Partial Epilepsy is so called because it arises from one area within the brain rather than the entire brain. This type of epilepsy is often referred to as Temporal Lobe Epilepsy or Psychomotor Epilepsy as the seizures more commonly arise from the temporal lobes of the brain - however, they may arise from other lobes also.

Complex partial seizures from the temporal lobes result from excessive electrical activity beginning in the temporal lobes which control emotions, sensations, short term memory and sexual feelings.

This activity may remain confined to this area or spread to the rest of the brain to cause a secondarily generalised seizure.

How will I know if I am having a complex partial seizure?

During these seizures, awareness is affected to some extent. What you may feel varies from person to person. You may for instance experience vague unusual feelings which are difficult to describe in words. You may see "life like" dream pictures or be aware of more intense feelings of anxiety or exhilaration, familiar things may seem strange and vice versa, time may pass quickly or slowly, and surroundings may seem distorted or bizarre. Well known things may seem threatening or you may experience strange smells, tastes etc. You may feel confused and have difficulty remembering the episode. Whilst it is understandable that you may feel reluctant to discuss the episode afterwards it is important that you describe it as fully as you can in your seizure diary. In this way you can relay the description back to your doctor - with particular emphasis on any new features to the episode in order to make an accurate diagnosis.

How will others know if I am having a seizure?

People around you may witness you behaving in a different manner to usual. You may for instance pluck at your clothes, smack your lips, blink, swallow, perform repetitive movements, speak in a confused manner, wander in a compulsive manner. Sometimes it is possible to "lose time". You may go through certain motions or actions in an automatic way but have no recall afterwards for the event.

How long will the seizure last?

For some people the seizure may last a few seconds, for others it may go on for longer even up to 20 minutes. A period of confusion following the seizure itself is normal and may last for some time.

What can I do?

To help manage this kind of epilepsy effectively it is important to record and report seizures as accurately as possible and take your anti-epileptic medication as prescribed. Many forms of medication are potentially suitable for treating this kind of epilepsy but for a small number of those whose seizures are harder to control other options such as surgery may be appropriate.

Lifestyle issues such as regular sleep and meals, stress reduction, exercise and a sensible approach to alcohol help many people to manage seizures more effectively.

Identifying possible triggers and features of your seizure pattern will be beneficial also. Understanding your condition enables you to explain it more fully to those around you. When people around you are more aware they may then be more understanding and positive about your epilepsy. Carrying ID which explains epilepsy is helpful when out in public among strangers.

What should someone do to help during a seizure?

All persons who are likely to witness you having this kind of seizure should be made aware of your epilepsy and of appropriate first aid for such seizures. In the course of your seizure, if you put yourself in some danger then gentle guidance from that source of danger may be necessary but NOT forcible restraint. It is helpful if people speak quietly and reassuringly to you during the seizure. Follow the guidelines outlined above and in other information leaflets.

Watch out for any of the following possible signs:

The following may not always indicate seizures but where witnessed need to be assessed medically.

Staring episodes with failure to respond - trance like performance

Slight twitching or jerking of head, arm or leg

Confused states

Disjointed speech

Abrupt abandonment of task

Aimless wandering

Repetitive movements

Unexplained abdominal distress e.g. nausea, butterflies

Strange tastes, smells or odors

Asking for information to be repeated several times

Distorted perceptions (hearing sounds or seeing images, changes in shape or size of surroundings)

Agitated behaviour

Unprovoked irritability

Excessive blinking

Purposeful activity at inappropriate times

Sudden dramatic mood changes - e.g. anger to euphoria, emotional outbursts such as fear, laughter, crying, rage with no obvious cause

Sudden departure from a given setting

Plucking & pulling at clothing

Sudden blanching or flushing of face

Headaches, dizziness, blurred vision

Distorted sensations (tingling, numbness, heat, cold, touch, heavy or light)

Change in speech pattern e.g. stuttering or slurred speech, altered tone or volume

Lack of recall for recent activity

Responding to Non Convulsive Seizures - what you should do to help

Stay calm - if you react in panic the person may become agitated.

An ambulance is unnecessary unless the person is hurt or doesn't recover from the seizure.

Try to prevent onlookers from crowding around as this can upset the person in the seizure.

Never assume the person heard or understood instructions given even when apparently responsive. Repeat these until you are certain they have understood.

Never speak harshly to the person - use a gentle reassuring voice.

Never try to get the person's attention by grabbing or holding them as they may become startled.

If the person suddenly moves away accompany them until they can respond appropriately.

If the person wanders, gently guide them but do not shout or pull at them.

Never restrain the person unless there is immediate physical danger e.g. fire, water or traffic.

As there will be no recall of events inform the person of the episode when they have recovered fully. Help them record the episode in a diary to show their doctor.

Stay with the person until recovery is complete.

When recovery is complete the person may feel embarrassed or upset and need support and reassurance. Be as supportive as you can and try not to add to their distress by saying "what a fright you gave us" etc.