

Epilepsy Media Fact Sheet

What is epilepsy?

Epilepsy is the most common serious neurological condition. There are many different types of epilepsy, but the main characteristic is recurrent seizures.¹

What are the different types of seizure?

Depending on the pattern of onset, seizures are broadly classified into:¹

- **Partial (focal) seizures** that start in one part of the brain. They may be:
 - Simple partial seizures – not affecting consciousness
 - Complex partial seizures – affecting consciousness. These are the most common seizures in adults
 - Partial, evolving into secondary generalized seizures
- **Generalised seizures** are characterized by widespread involvement of the whole brain at the outset, and are usually accompanied by impairment of consciousness. They include:¹
 - Tonic-clonic seizures in which people fall to the ground and exhibit convulsive movements
 - Absence seizures with symptoms such as staring, impaired consciousness and lip smacking, which mainly affect children
 - Myoclonic seizures – brief muscle contractions, singly or in clusters, affecting any muscle group
 - Clonic seizures – rhythmic or semi-rhythmic muscle contractions, mainly affecting the upper body
 - Tonic seizures – sudden stiffening of muscles, usually with impaired consciousness and falling to the ground
 - Atonic seizures – sudden loss of muscle strength, with instant collapse often resulting in facial or other injuries

In addition to the classification of seizures, epilepsy syndromes are defined by clinical features related to age of onset, family history of epilepsy, seizure types and associated neurological signs and symptoms.

Who is affected by epilepsy?

Epilepsy affects nearly 70 million people worldwide. In high-income countries approximately 6 per 1000 people will develop epilepsy during their lifetime, and 45 per 100,000 will develop new onset epilepsy each year. These figures are nearly twice as high in low- and middle-income countries. Epilepsy is most common in early childhood and in people aged over 65 years, and it is now most likely to occur in old age.¹

How is epilepsy diagnosed?

The diagnosis of epilepsy is based on a detailed description of the events experienced by the patient before, during and after a seizure. Electroencephalography and other investigational technologies can support the clinical diagnosis of epilepsy and help with the classification of partial-onset or generalized seizures.¹

How is epilepsy treated?

The aim of treatment is to enable patients to lead as normal a life as possible, free from seizures and with minimal or no side effects. The choice of treatment needs to be carefully tailored to each patient and their type of seizure.¹

At the start of pharmacological treatment, a single antiepileptic drug (AED) is generally given (monotherapy). Overall, 60-70% of patients become seizure free after the start of treatment with AEDs. If seizures are not controlled with the first or second AED, additional AEDs are usually added.¹

Non-pharmacological treatments may also be considered for some patients.

Surgery may also be considered for patients with drug-resistant seizures.¹

How does epilepsy affect people?

There is a significant body of evidence detailing the stigma associated with epilepsy.² People with epilepsy report problems with schooling and employment and in social situations.² Global and local campaigns aim to assist stakeholders to ensure that the diagnosis, treatment, prevention and social acceptability of epilepsy are improved.²

References

1. Brodie MJ et al. Fast Facts: Epilepsy. Health Press, 5th edition, 2012
2. ILAE/IBE/WHO Global Campaign Against Epilepsy. Epilepsy in the WHO European Region. Fostering epilepsy care in Europe, 2010



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