

Mersey Region Epilepsy Association

Registered Charity Number: 404366



EPILEPSY -THE DIAGNOSIS

The first port of call is usually the GP who, if there is a suspicion of epilepsy, refers patients for the expert opinion of a hospital consultant. This specialist is likely to be a consultant neurologist but could be a consultant physician who may have a specialist interest in epilepsy.

If you think back to your first appointment, it is likely to have consisted of the specialist taking detailed notes of the events which have been happening, as described by either you or a reliable witness.

The consultant most likely asked you or your companion any or all of the following questions:

- Was there any warning immediately before the episode?
- Can any warning of the episode be described?
- Did any member of the family or close associate witness the event?
- What happened during the episode?
- How long did it last?
- What happened after the episode?
- How long was it before you felt back to normal?
- Was there only one type of episode or was there more than one type?
- Has there been any recent illness?
- Did you ever suffer any birth or early life illness/injury?
- Does anybody else in the family have a history of epilepsy?
- Do you have any other medical problems?
- Do you take prescribed or illicit drugs or drink alcohol to excess?

As you read on you will realise why the answers to these questions will have helped the doctor come to an accurate diagnosis and so make sure that the correct treatment is given to suit the type of epilepsy diagnosed.

During the consultation the doctor will have given you a physical examination, testing such things as heart rate, balance, eye control and reflexes.

The diagnosis of epilepsy is based on what you and a witness tell the doctor. There is no actual set test for epilepsy. You will probably have an EEG (electroencephalogram) and this may help the doctor decide

what type of epilepsy you have. Some people will have a CT (computerised tomography) or MRI (magnetic resonance imaging) brain scan, either of which may help identify a cause of epilepsy in some people.

At your follow up appointment when you were told that you had epilepsy and that you would be taking medicine as treatment, if you hold a driving licence, the doctor will have advised you to inform the driving licence authority of the diagnosis and to stop driving.

It must be realised that consultants will not have a lot of time to explain all about epilepsy and when you left the consulting room with the diagnosis, no doubt there were many questions you would have liked to have asked. The answer here lies in using the expertise of an Epilepsy Specialist Nurse. Where appointed these nurses are usually hospital based and help provide continuity of care. They act as a contact point, liaising between specialists and GPs. They can monitor seizure control, adverse effects of medication and advise on issues of day to day living.

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