

# JANUARY – FEBRUARY 2018

## FOCUS ON EPILEPSY

THE NEWSLETTER OF THE EDMONTON EPILEPSY ASSOCIATION  
The Epilepsy Association of Northern Alberta - Our 58<sup>th</sup> Year of Service

(This Newsletter can be viewed in full colour [on our website.](#))

### Member Outings & Activities

#### January

##### Fun Bingo for Prizes

Friday, January 26th, 1:00—3:00 p.m.  
(Pre-register by Noon, January 24th)  
(Registration Limited to 12)

##### Collective Kitchen, Session 1

January 31st, 12:30—3:00 p.m.  
EEA Office, Pre-registration required



#### February

##### Annual General Meeting and Volunteer Recognition Event

Thursday, February 22nd, 5:45  
St. John's Ambulance Building  
12304-118th Avenue

##### Fun Bingo for Prizes

Friday, February 23rd, 1:00 – 3:00 pm  
EEA Office  
(Pre-register by Noon, February 21st)  
(Registration Limited to 12)

##### Collective Kitchen, Session 2

February 28th, 12:30 – 3:00 p.m.  
EEA Office, Pre-registration required



### FREE MEMBER ACTIVITY

#### 2018 EEA ANNUAL GENERAL MEETING and Volunteer Recognition Event

**When:** Thursday, February 22nd  
**Where:** Room 113/115  
St. John Ambulance Building  
12304-118th Ave.



**Timelines:**  
5:45 FREE Light Supper  
6:15 Annual General Meeting  
7:15 Volunteer recognition event  
8:00 Wrap-up

#### “Help Seize The Day !”

Thursday, March 22nd, 2018, During  
Epilepsy Awareness Month

A Celebration of  
Fine Food and Wine  
In Support of Epilepsy Awareness,  
**Further Details on [page 5!](#)**



Cassidy Megan

#### Canadian Founder of International Purple Day Coming to Edmonton

The young lady who established March 26th as “Purple Day” in Canada, which is now celebrated in numerous countries around the world will be our Keynote Speaker at our March 22nd Gala and will participate in several Epilepsy Awareness Events.

#### Adult Support Group Schedule

(Group meets from 1:00 - 3:00 p.m. in the EEA office.)  
Please call the Office to advise if you will be attending.

Tuesday, January 9th, 2018

Tuesday, February 13th, 2018



# Edmonton Epilepsy Association

The Epilepsy Association of Northern Alberta



**Focus on Epilepsy** is published 6 times annually by the **Edmonton Epilepsy Association**. Articles appearing in **Focus on Epilepsy** do not necessarily reflect the opinions of the Association.

## ***We welcome your contributions:***

Do you have a poem or maybe a short story (1/2 page) that you would like to share with others. Or maybe you have read a book from our library and want to share a review with others. If you would like to share your wisdom, please submit your items to Sharon at our office or e-mail her at [info@edmontonepilepsy.org](mailto:info@edmontonepilepsy.org)

## **BOARD OF DIRECTORS**

**President...**Cheryl Renzenbrink  
**Vice President...**Cameron Reid  
**Treasurer...**Doug Griffiths  
**Secretary...**Erin Duke  
**Executive Director...**Gary Sampley  
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Colleen Matvichuk	Tim McCallen
Anne Starreveld	Katrina Van Den Berg
Brian Wilkie	

## **STAFF**

**Gary Sampley...** Executive Director & Chief Operating Officer  
[gary@edmontonepilepsy.org](mailto:gary@edmontonepilepsy.org)

**Sharon Otto...** Program Manager & Education Coordinator  
[sharon@edmontonepilepsy.org](mailto:sharon@edmontonepilepsy.org)

**Dr. Sunny Kim...** Counsellor  
[sunny@edmontonepilepsy.org](mailto:sunny@edmontonepilepsy.org)

**Cam Reid...** Volunteer Coordinator  
[cam@edmontonepilepsy.org](mailto:cam@edmontonepilepsy.org)

## **Edmonton Epilepsy Association The Epilepsy Association of Northern Alberta**

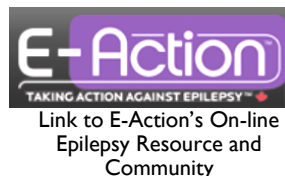
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1-866-EPILEPSY



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[www.edmontonepilepsy.org](http://www.edmontonepilepsy.org)



## ***Edmonton Epilepsy Association***

### **EEA Employabilities Programs**

- ⇒ Employment Counselling
  - ⇒ Assistance with Resumes
  - ⇒ In-office Skills Training
  - ⇒ Referrals to Select EEA Partners In Employability
- For Further Information contact EEA Executive Director,  
Gary Sampley, 488-9600 or [gary@edmontonepilepsy.org](mailto:gary@edmontonepilepsy.org)

### **Bus Tickets Available for Members in Reduced Circumstances**

Please note that our 2017 allotment of tickets is almost gone. Our 2018 allotment will be received in mid-April. These can be accessed by MEMBERS with limited financial resources who need help getting to medical appointments, EEA events, food shopping, etc., and who do not have an AISH bus pass.

Call 780-488-9600 or drop by to pick them up.



### **Now you can Donate to the EEA online!**

If you would like to make either a lump sum Donation or a monthly donation contribution to the Association by credit card, please visit our website, [www.edmontonepilepsy.org](http://www.edmontonepilepsy.org), and click on the [Canada Helps](#) Logo. This donation program gives you the ability to instantly print off a donation receipt.





## Tammy Anast is 2017 EEA Volunteer Of The Year

Tammy, two-term EEA Director and significant contributor to EEA Fundraising is presented with her “Keeper” plaque by EEA’s longest-serving EEA Volunteer Cam Reid (R), founder and funder of the award.

## **The Gilded Pear Salon is EEA’s 2017 Employer Of The Year**

Salon Stylist Jessica Matvichuk successfully nominated her employer, Bonnie Grimmon, Owner/Operator of the Gilded Pear Salon for the EEA Employer of the Year Award.

The Employer of the Year Award is presented annually to a deserving employer who shows exceptional ongoing support and encouragement of employees who live with epilepsy.

On the day of presentation, both Nominator Jessica and Recipient Bonnie were busy styling clients during the busy Christmas Holiday Rush. Pictured here is EEA President Cheryl Renzenbrink presenting the Keeper Plaque to Colleen Matvichuk, representing Bonnie and the Salon Staff.



## **Want To Help The EEA, But Money Is Tight?**

Many people who shop or gas at Canadian Tire still get Canadian Tire paper money from their purchases but rarely spend it. If you have an accumulation of Canadian Tire money, you can donate it the EEA and help us cut our costs.

We can use it for numerous items in maintaining the Association Office and Yard such as cleaning supplies, paper towels, toilet paper, yard maintenance supplies, etc.

You can mail your stash of Canadian Tire money to the EEA Office or drop it off anytime when visiting the Office.





# News from the EEA Office

## EEA Fall Education Forum Is Now Available On-Line

Our Fall Forum, "Sleep Problems and Epilepsy" presented by Dr. Atul Khullar, Medical Director of the Northern Alberta Sleep Clinic is now available on-line. [Click here](#) to go to our website, [www.edmontonepilepsy.org](http://www.edmontonepilepsy.org) to view this very informative video. As well, on [page 10](#) of this newsletter, we have an article on how treating sleep apnea may benefit epileptic seizures.

## Sleep and Epilepsy – a review

**Dr. Atul Khullar**

MD MSc FRCPC DABPN (Cert. Sleep Medicine)  
Fellow, American Academy of Sleep Medicine  
Medical Director, Northern Alberta Sleep Clinic

## Does Your Child or Teen Have Upcoming Sports, Arts, or Recreational Activities Costs?



The **Garry Hannigan Memorial Life Enhancement Scholarships for Youth**, to a maximum of \$500 each, are available for Youths of any age, up to the age of 18, to assist them in participating in Sports, Cultural or Recreational Activities that will enhance their development as individuals.

Scholarship criteria, eligibility details and the current Application Form can be downloaded from [www.edmontonepilepsy.org](http://www.edmontonepilepsy.org), or a hard-copy Application can be mailed to you on request to the EEA Office, 780-488-9600.

## 2018 EEA Scholarship Awards

The Edmonton Epilepsy Association will fund two \$1000 Scholarships in 2018, for the purpose of assisting students to advance to or continue with College or University studies. Application for these Scholarships is open to Greater-Edmonton area students aged 17-29 years of age who are currently under a Canadian physician's care for epilepsy and are Canadian Citizens or who have permanent resident status.

Visa students are not eligible for this award.

**Deadline for applications is March 1st, 2018**

To download an application, visit our website: [www.edmontonepilepsy.org](http://www.edmontonepilepsy.org), or call our Office at 780-488-9600 if you wish to receive one by mail.



## We're Looking for an Achiever!

Do you know someone living with Epilepsy who has accomplished significant success in life, inspiring others in the process?

If you would like to nominate someone for our 2018 "Achiever of the Year" Award, please do so, in writing, to the EEA office by **February 15th, 2018**.

If you have any questions about the criteria for the award, please contact EEA Executive Director Gary Sampley at 780-488-9600 or [gary@edmontonepilepsy.org](mailto:gary@edmontonepilepsy.org)







## *Help Seize the Day !*



In support of Epilepsy Awareness,  
Please Join Us In  
A Celebration of Fine Food and Wine

**Thursday, March 22nd, 2018,  
6:00 p.m.**

**Yiannis Taverna Restaurant,  
10444 - 82 Avenue**

**(Exclusive Event) Tickets: \$125**

**(Only 80 Tickets Available)**

A Charitable Donation Receipt will be issued for that portion of each ticket cost not directly used to cover the expenses of putting on this Event. (Receipt was 67% of ticket cost in 2017 event)

Up-scale entertainment, numerous and diverse silent auction items, 50/50 draw, wine-tree, mystery guests and other attractions.

### **Our Guest Speaker For The Evening:**



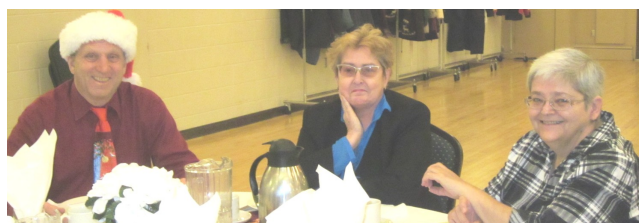
**Cassidy Megan  
Canadian Founder of International Purple Day**

Tickets through Yiannis, 780-433-6768 or Edmonton Epilepsy Association,  
11215 Groat Road, Edmonton, AB T5M 3K2  
780-488-9600, [info@edmontonepilepsy.org](mailto:info@edmontonepilepsy.org)  
Canada Revenue #119230951RR0001

In compliance with the Alberta Charitable Fundraising Act, we hope to raise \$15,000 gross from this event, to help fund ongoing programs of the Association, at a cost of \$5,000, net \$10,000.



# 2017 EEA German Themed Christmas Lunch & Social







# December 9th, Central Lions Centre





## Uncovering Epilepsy's Hidden Secrets

One in three people with epilepsy are not helped by today's medicines. Researchers in Oslo are pursuing new drugs that might change that. Thirty different medications are currently used to treat epilepsy. They may help prevent seizures or decrease the number of attacks. In many people, the drugs may control or inhibit seizures, or the seizures may simply go away. But for fully one-third of patients with epilepsy, these drugs don't work at all.

"The name anti-epileptic medicine suggests that the drugs actually prevent epilepsy, but there is no single medicine on the market that stops the disease itself. If we discover the mechanisms that drive the process, that could actually lead to the world's first real-world anti-epileptic," said Professor Erik Taubøll, Head of the Epilepsy Research Group at the Oslo University Hospital.

### "Support cells" may be key

Epilepsy results from a disturbance in the electrical signals from the neurons in the brain. In addition to nerve cells, the brain also contains large number of cells called glial cells. It was once thought that glial cells mainly played a support role, but in recent years it has become clear that they have a number of different functions in the brain.

"There has been a lot of focus on the synapses, which form the contact between brain cells. But researchers have overlooked glial cells," says Kjell Heuser, a physician and researcher at the University of Oslo. Heuser has studied these cells in connection with epilepsy, and believes there is evidence to suggest that they may play an important part in the development of the disease. "In people with epilepsy you see changes and increases in the number of glial cells," he said. "After a stroke, a person may develop what is called a glial scar, where there is an accumulation of glial cells. We can also see epileptic activity in this area. Glial scars are also found in other epilepsy forms that are typically difficult to treat with today's anti-epileptics, such as temporal-lobe epilepsy," Heuser said.

### When Terese disappears

Terese Thue Lund is 31 years old and has temporal-lobe epilepsy. This is a less well-known type of the disease, but it is not uncommon. It can cause unusual behaviour and intense emotions and feelings in the affected person. People with the disease may be completely unconscious during an attack or somewhat conscious. "Many people associate epilepsy with seizures, where you fall on the ground and lose consciousness. But I almost never have this kind of attack. I like to say that epilepsy cases are like personalities, they have many similarities, but they can be widely different from person to person," Lund said. Only about thirty per cent of people with epilepsy have seizures, the characteristic that is most strongly associated with the illness. The type of epileptic attack is determined by where in your brain the disturbance occurs. Terese had her first epileptic attack in 2008, when she was 22. She was on the bus on her way home. Suddenly, she got a far-away look in her eyes and repeatedly referred to the elderly woman sitting next to her as "mom." "She took my arm, I still remember the feeling, and then she said, 'Dear, I'm not your mother'," Terese said. This episode ended with Terese being transported to the hospital in an ambulance. "During an attack, I can often be very determined. For example, I can get very angry and keep on asking where a person is. That's when I'm not aware of who I am; 'Terese' is gone," she said. "I can act like a real jerk."

### Misdiagnosis can be a problem

It took some time before Terese got the correct diagnosis. She was first diagnosed as having a mental illness, but she knew, basically, that this was something different. Eventually the doctors found the epilepsy, deep inside her brain. Chief physician Kjell Heuser believes many patients do not get the right diagnosis or treatment. "There are probably a number of undiagnosed epilepsy patients who are in psychiatric departments. The signs can be subtle, and there are probably some patients that are not detected," he says.

### Peering into the brains of mice

Heuser and his research team are now investigating what happens to both nerve cells and glial cells during epileptic seizures in mice. They can study this by looking directly into the brain of mice during a seizure. In addition to these trials, Heuser and his team have a project in which the mouse brain is examined in a mini-MR machine made especially for rodents. This allows the researchers to study the development of epilepsy over time. He and his team will also test drugs that slow the development of epilepsy, and especially the development of glial scars.

Nancy Bazilchuk, based on an article by Elise Kjørstad

<http://sciencenordic.com/uncovering-epilepsy%E2%80%99s-hidden-secrets>

December 11, 2017







## Student To Commercialize Anti-Epilepsy Contact Lens Using 3-D Printing

New Zealand student Logan Williams has invented a set of 3D printed "Polar Optics" contact lenses that have the potential to protect sufferers of photosensitive epilepsy from seizures.

Williams, who is an MSc applied psychology student from the University of Canterbury, was inspired to create the Polar Optics lenses after learning about the adverse side-effects of epilepsy medication on a friend, and will now work to make his invention commercially available.

### Polar Optics

Polar Optics are concave medical-grade polarized contact lenses that refract the light entering the eye and dampen its intensity. The light waves are departmentalized, curbing their effect on the neurological system.

Wearers are given precious seconds to close their eyes or move away from the threat before suffering a seizure. Unlike sunglasses, which only dampen the effect of direct flashing lights, Polar Optics lenses also protect peripheral vision by covering the entire cornea.

"Polar Optics mitigates environmental threats, enabling sufferers to go about their daily lives without fear of a seizure," Williams explained, noting that seizures could be brought about by events ranging from strobe lighting to walking past the shadow of a line of trees.

"It has the potential to really make a difference to people all over the world with photosensitive epilepsy, and will also help anyone who suffers from headaches and migraines from bright light."

### Developing and 3D printing the lenses

Williams won an NZ\$5000 "Eureka!" scholarship from the New Zealand Ministry of Health in October for his initial lens designs, but 3D printing them was only an ambition.

"Polar Optics could offer varying degrees of polarization, in direct relation to light sensitivity, allowing general practitioners to prescribe them." Williams explained at the time, adding that "they could also be produced using 3D printing, making the lenses extremely cost-effective to mass produce for the global market."

The capacity to mass produce the Polar Optics contact lenses and customize them according to individual cornea shape or sensitivity to light has now been realized through 3D printing. The technology has already been used to 3D print enhanced lenses by Luxexcel and is now being adapted to create self-healing gels for phone screens.

"I am currently working with a manufacturing company in Europe to develop a wearable prototype for Polar Optics," Williams revealed having estimated the cost of a pair of lenses to be NZ\$20 (US\$14). "This is a novel, unique application of Polar Optics unlike anything currently implemented around the globe."

Rushabh Haria

December 15th, 2017

<https://3dprintingindustry.com/news/student-commercialize-anti-epilepsy-contact-lenses-using-3d-printing-126171/>

## Give Medical Marijuana To Cancer And Epilepsy Sufferers, Says World Health Organisation

The World Health Organisation (WHO) has announced that cannabidiol (CBD) - the relaxant found in medical marijuana - carries no health risks and can safely be used as a treatment for conditions including epilepsy. In findings published on Wednesday (13 December), researchers said: "Recent evidence from animal and human studies shows that its use could have some therapeutic value for seizures due to epilepsy and related conditions." They added that taking CBD would not lead to addiction to THC, the psychoactive substance in cannabis that leads to the high. The WHO said that the drug did not need to be regulated.

The non-psychoactive component of cannabidiol failed to show anything indicative of leading to abuse dependency, said the report. Any problematic side effects were put down to interactions between the drug and existing medication that patients were on.

"In general, clinical studies have reported that even high doses of oral CBD do not cause those effects that are characteristic for THC and for cannabis rich in THC.

"CBD has been found to have relatively low toxicity, although not all potential effects have been explored."

The organisation will run a more extensive study next year and explore more cannabis-related substances.

The report added: "There is increased interest from member states in the use of cannabis for medical indications including for palliative care.

"Responding to that interest and increase in use, WHO has in recent years gathered more robust scientific evidence on the therapeutic use and side effects of cannabis and cannabis components."

Ruchira Sharma

December 14th, 2017

<http://www.ibtimes.co.uk/give-medical-marijuana-cancer-sufferers-epileptics-says-world-health-organisation-1651530>





## Sleep Apnea Treatment May Benefit Epileptic Seizures

Sleep apnea patients use a CPAP device to improve symptoms of the sleep disorder. Continuous positive airway pressure (CPAP) treatment is delivered through the use of a mask worn while the individual sleeps. The mask provides continuous air through the nose or mouth to keep airways open for better sleeping. Research now suggests that this treatment may also benefit individuals with epilepsy.

For the study, of the 197 patients with epilepsy, only 75 of them did not have sleep apnea. Poor sleep is a risk factor for seizures and frequency of seizures tend to be higher among patients who suffer from poorer sleep.

**Lead investigator Dr. Thapanee Somboon explained**, "Sleep apnea is common in people with epilepsy, but few physicians screen for it. All patients with epilepsy should be checked for sleep disorders, including insomnia and sleep apnea because there are effective treatments."

A group of 122 patients had both epilepsy and sleep apnea and 72 of them used a CPAP device to treat sleep apnea.

After nearly a year, over 60 percent of those patients who used a CPAP device saw a 50 percent reduction in seizure frequency compared to when they did not treat sleep apnea. Those not using a CPAP only saw a 14 percent reduction. Furthermore, 85 percent of those undergoing sleep apnea treatment experienced "successful" measure of seizure control compared to only 55 percent of those who did not treat their sleep apnea.

Many patients with epilepsy are often not aware that they have sleep apnea as well so they may not be getting the proper treatment they need, not only to treat sleep apnea but as a means of reducing their seizures. If you are a patient with epilepsy or know someone who has it, it may be worth it to undergo a sleep test to uncover any possible sleep disorders or problems as a means of reducing the frequency of seizures.

Emily Lunardo

December 6th, 2017

[https://www.belmarrahealth.com/sleep-apnea-treatment-may-benefit-epileptics/?utm\\_campaign=shareaholic&utm\\_medium=email\\_this&utm\\_source=email](https://www.belmarrahealth.com/sleep-apnea-treatment-may-benefit-epileptics/?utm_campaign=shareaholic&utm_medium=email_this&utm_source=email)

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## Electronic 'Nose' Offers Rapid Epilepsy Diagnosis

WASHINGTON, DC — An electronic "nose" that measures various compounds in exhaled breath reliably distinguishes patients with epilepsy from controls, new research shows.

The non-invasive diagnostic tool is faster, less costly, and less invasive than electroencephalography (EEG) — the standard technique to diagnose epilepsy. Patients simply insert a small hand-held device into their mouth and breath into it for 5 minutes. "It's super quick, it's super cheap, and it's super easy to use," Cecile C. de Vos, PhD, Montreal Neurological Institute, McGill University, Quebec, Canada, and Department of Neurology and Neurosurgery, Medisch Spectrum Twente, Enschede, The Netherlands, told *Medscape Medical News*.

Although the technology has been used in other fields, this is the first application in a neurologic disorder, Dr de Vos added. The findings were presented here at the American Epilepsy Society (AES) 71st Annual Meeting 2017.

### Breath Print

The *Aeonose* (eNose Company) uses sensor arrays and learning algorithms to recognize complex exhaled breath mixtures from patients with epilepsy.

Such patients have a unique "breath print," said Dr de Vos. Research shows, for example, that they release inflammatory cytokines, as well as certain molecules that emit what could be "danger signals."

Pattern-recognition software was used to find the best model to distinguish between the breath prints of patients with epilepsy and healthy persons. This model was then used to evaluate sensitivity, specificity, and negative and positive predictive values.

The new study included 62 patients with epilepsy (mean age, about 47 years) who had had epilepsy for an average of 26 years and 44 healthy controls (mean age, about 43 years), all in the Netherlands.

The study also included 6 patients with epilepsy in whom, as part of a video/EEG epilepsy surgery protocol, antiepileptic drugs (AEDs) were temporarily tapered, and 4 patients using AEDs but without a diagnosis of epilepsy. However, these







## Electronic 'Nose' Offers Rapid Epilepsy Diagnosis (continued)

groups were too small to be included in the current analysis. To use Aeonose, patients simply breathe in and out through the device for 5 minutes. A disposable mouthpiece connected to the measuring instrument is placed in the patient's mouth and the nose is clipped to avoid entry of nonfiltered air.

"The computer detects all these different compounds and to what extent they are in the breath," said Dr de Vos, adding that different compounds have different "amplitudes. You get this really complicated pattern of all these spikes for all the different compounds," she said.

Breathing for 5 minutes through the device was generally well tolerated, although about 5% of study participants reported discomfort or shortness of breath. For that reason, 11 patients with epilepsy and 2 controls were excluded. Initial analyses showed that Aeonose can distinguish between patients with epilepsy and controls with 84% sensitivity and 76% specificity. The device had a positive predictive value of 81% and a negative predictive value of 80%.

Dr de Vos believes these results are likely similar to test characteristics of standard EEG, but this technique is much cheaper and faster. "When people arrive at the emergency department or at the monitoring unit, you often don't know what's wrong with them. If you could just have them breathe for 5 minutes using this tool, you would know if it is a seizure or whether it's something psychogenic." Having established the diagnosis, "you can then counsel the patient and can start treatment much more quickly."

Researchers are recruiting more patients with different types of epilepsy to add information and parameters on, for example, time of last seizure. "Now we can just distinguish epilepsy from non-epilepsy, but when we have enough data, enough subjects, we can fine-tune the diagnosis," said Dr de Vos. "This is work in progress." She hopes to eventually gather data from 200 participants. Breath print technology is being used to help detect lung and colorectal cancers, asthma, and tuberculosis, but so far, epilepsy is the only neurologic disorder for which it's being tested, said lead study author, Dieuwke van Dartel, Medisch Spectrum Twente. Dr de Vos predicts that "optimistically" the device could be available within 3 years.

### Worthwhile Research

Commenting on the study for *Medscape Medical News*, Eli M. Mizrahi, MD, AES president and chair, Department of Neurology, and professor of neurology and pediatrics, Baylor College of Medicine, Houston, Texas, said that "for a long time, people have wondered whether olfaction, the sense of smell, is a window into different kinds of brain disorders and whether it can be used to detect, for example, early dementias, changes in Parkinson's disease, and epilepsy." This is a "worthwhile area" to investigate. When you think about it, it's one of the few direct extensions from the brain out to an area that can be accessed," he said. Other researchers are investigating different means of detecting epilepsy. For example, some have developed a panel of inflammatory biomarkers from blood samples that can identify patients who have had recent seizures. Presented December 3, 2017—American Epilepsy Society (AES) 71st Annual Meeting 2017. Abstract 2.164.

Pauline Anderson  
December 06, 2017

<https://www.medscape.com/viewarticle/889666>

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## Presurgical Imaging May Predict Whether Epilepsy Surgery Will Work

Precise diagnosis of epilepsy and thorough analysis of the treatment options available for each individual is vital to achieve seizure freedom. Surgery may be an option for some people, but until now there has been no way of ascertaining whether or not the seizures will continue after surgery. Now statisticians at Rice University have developed a method for integrating neuroimaging scans to identify patients at high risk of continued seizures before surgery for epilepsy takes place.

Their hope is that this new technique will mean that patients with temporal lobe epilepsy (TLE) can avoid anterior temporal lobe resection surgery that may not help them, or can undergo other procedures that are more likely to benefit them.

December 11, 2017

[https://www.sciencedaily.com/releases/2017/12/171211140857.htm?utm\\_source=feedburner&utm\\_medium=email&utm\\_campaign=Feed%3A+sciencedaily%2Fmind\\_brain%2Fepilepsy+%28Epilepsy+News+---+ScienceDaily%29](https://www.sciencedaily.com/releases/2017/12/171211140857.htm?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+sciencedaily%2Fmind_brain%2Fepilepsy+%28Epilepsy+News+---+ScienceDaily%29)





# Our Programs and Services



- ◆ Free “Kids on the Block” puppet presentations that educate children (and their teachers, administrators, caregivers, and group leaders) about kids with Epilepsy in an entertaining manner;
- ◆ Free specially-tailored In-services about Epilepsy to schools, businesses, group homes, Public Service bodies, Colleges, etc. (includes annual training for NAIT EMT students and ETS Supervisors and Security Personnel, and on-line information about Epilepsy on the EPS Training System)
- ◆ Annual Epilepsy Educational Forums, both of interest to Health Care Professionals as well as the General Public;
- ◆ Free provision of our series of 12 Epilepsy Education Information booklets to Members, Hospitals, Clinics, Neurologists’ Offices and Pharmacies;
- ◆ Website, print and video information about Epilepsy, and a free lending library for members;
- ◆ Bi-monthly newsletter for Members that includes the latest current medical information available about Epilepsy, as well as current news about the Association and our services and events;
- ◆ Scholarship Program for Post-secondary Students with Epilepsy (minimum two scholarships a year);
- ◆ Garry Hannigan Memorial Life Enhancement Scholarships for Youth, to assist young people (up to the age of 18) to participate in sports, arts, cultural or recreational activities that will enhance their development as individuals;
- ◆ No-cost Counselling on Epilepsy-related problems for people with Epilepsy and families of people with Epilepsy, with referrals to other supporting Agencies as needed;
- ◆ Monthly group sessions geared toward Adults with Epilepsy and concerned family members;
- ◆ Information and support for Parents/Caregivers of Children with Epilepsy;
- ◆ No-cost provision of assistance/advice on diverse matters, including, but not limited to, finding employment, driving and Epilepsy, potential side-effects of medication, and dealing with the complexities of Government forms and applications (AISH, Disability, housing subsidy, etc);
- ◆ No-cost advocacy on behalf of people with Epilepsy experiencing discrimination or other problems;
- ◆ No-cost social and recreational activities for Members that help reduce social isolation, free ETS Bus Training, and free “Donate-a-Ride” Program bus tickets for Members in need;
- ◆ An annual no-cost in-house Collective Kitchen Cooking Training Program, An Annual Collective Gardening Program and an annual in-house Computer Training Program for Members;
- ◆ Ongoing recruitment and screening of quality Volunteers, annual recognition of all Volunteers, and annual award of Member-nominated Volunteer-, Achiever-, and Employer-of-the-Year Awards.

  
*Edmonton Epilepsy Association*

Edmonton Epilepsy Association  
11215 Groat Road NW  
Edmonton, AB T5M 3K2

*Place address label here*

*If you are planning to move in the near future please inform our office  
so that we can continue to ensure that you get your newsletter...*