

THE NEWSLETTER OF THE EDMONTON EPILEPSY ASSOCIATION

The Epilepsy Association of Northern Alberta - Our 59th Year of Service

(This Newsletter can be viewed in full colour on our website: www.edmontonepilepsy.org)

Member Outings & Activities

July

Fun Bingo for Prizes

Friday, July 26th, 1:00—3:00 p.m.
(Pre-register by Noon, July 24th)



August

Fun Bingo for Prizes

Friday, August 30th, 1:00 – 3:00 pm
(Pre-register by Noon, August 28th)
(Registration Limited to 12)

Annual Members' BBQ, Games & Social

Saturday, August 17th, 11:00-2:00 pm
Transportation
leave EEA Office
@10:40 a.m. SHARP
(Preregistration
deadline August
14th)



Adult Support Group Schedule

(Group meets from 10:00 - 1200 p.m. in the
EEA office.)
Please call the Office to advise if you will
be attending.
July 9th, 2019
August 13th, 2019

FREE MEMBER ACTIVITY

Annual Members' BBQ, Games & Social



Saturday, August 17th, 11– 2 p.m.
(Pre-registration required by Wednesday,
August 14th)

“Social Room” in the ACT Centre, Rundle Park

- ★ Games
 - ★ Paddle Boat Rides
 - ★ Excellent Kids' Playground just out the door
 - ★ A free toy/gift of their choice for every child
- (FREE transportation for those who do not drive leaves the EEA office at
10:40 a.m. SHARP)
Call the Office to register! 780-488-9600

Annual EEA Fall Garage Sale

Sale Hours are:

Friday, September 20th,
10:00 a.m.—7:00 p.m.

Saturday, September 21st,
9:00 a.m.—5:00 p.m.



The EEA will be having its Annual Fall Garage Sale out of the garage
behind the Office at 11215 Groat Road on Friday and Saturday,
September 20th and 21st. Donations of clean, saleable goods for the sale will be much
appreciated. If you wish to donate, please contact us. No clothing or books please.



First Notice!

Annual Christmas Lunch and Social

Sunday, December 8th, 12 – 3 p.m.
Chateau Louis Conference Centre, 11727 Kingsway
Avenue

This year's dinner will be roast turkey with all the fixings, finished off with apple pie
and ice cream. Again this year, we have been lucky to have a donor provide enough
gifts so that all attendees at this year's event will receive one. These gifts will take up
a lot of space and we have obtained a large, bright and beautiful room to handle
both us and the gifts.

\$15.00 per person (remainder EEA subsidized). Call the EEA office, 780-488-
9600, to book your seats (**Pre-registration required by December 1st.**)



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

BOARD OF DIRECTORS

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Vice President...Cameron Reid
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Canadian
epilepsy
Alliance

Alliance
canadienne de
l'épilepsie



Link to E-Action's On-line
Epilepsy Resource and
Community

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

Bus Tickets Available for Members in Reduced Circumstances

Our 2019 allotment of Donate-A-Ride bus tickets has just been received. 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 qualify for an ETS low-cost 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, and click on the [Canada Helps](#) Logo. This donation program gives you the ability to instantly print off a donation receipt.





Their Aptiom®: Once daily



Aptiom®
(eslicarbazepine acetate) tablets
200 mg • 400 mg • 600 mg • 800 mg

APTIOM IS NOW INDICATED AS MONOTHERAPY

in the management of partial-onset seizures in adult patients with epilepsy. All patients who participated in the monotherapy trial were newly or recently diagnosed with epilepsy.

Their Aptiom®: Once daily



Aptiom®
(eslicarbazepine acetate) tablets
200 mg • 400 mg • 600 mg • 800 mg

APTIOM is now indicated as adjunctive therapy in the management of partial-onset seizures in adolescents and children above 6 years of age who are not satisfactorily controlled with conventional therapy.

Please consult the product monograph for complete dosing recommendations.

2019 Collective Garden

The 2019 Collective Garden Program kicked off on May 27th with four individuals and one family planting their plots. The Gardens are coming along very well. Due to the rain we have had over the last few weeks, seed germination has been excellent and the plants are flourishing.





2019 EEA Gala Donors & Volunteers



Alex Skilton, Insurance Angels	Epic Beauty Boutique	Maureen Werlin
Alicia Marangoni, Mister Frame, St. Albert	Gail Milliken-Meier, Stixx Construction	Meghan Dunsmore, Gracie Rose Interiors
Andy & Sherrill Geddes	Garage Eyes Optical	Miranda deHaan, Petwell Navigation
Angela Olson, McKenzie Seeds	Gary & Jetske Husing	Montana's, Sherwood Park
Anne Starreveld	Gary Sampley	Nitza's, Sherwood Park
Cam Reid	Gerry Vercammen, Auctioneer	North Central Co-op, Stony Plain
Canadian Tire, 9909—178th Street	Guy Doucette	Pierre Beauchemin, The Links at Spruce Grove
Chateau Lacombe, Ike Janacek	Hank Renzenbrink, Sunrise Bakery	Premier Jason Kenney
Chateau Louis Hotel	Holiday Inn Express, Spruce Grove	Rachelle Langlois, Sun Life Financial
Cheryl Gillie	Home Depot, 17404—99th Avenue	Rene Dunger, Vienna Intention Floral & Event Design
Cheryl Renzenbrink	Home Depot, Strathcona	Rick Bronson's The Comedy Strip
Chris Otto	IHOP, Sherwood Park	Sarah Hoffman, MLA Glenora
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Cookies By George	Jillian Bledsoe, doTerra Health and Well	Stacey Berger Coaching
Cori Fraser, Stella & Dot Jewellery	Jim Otto, Motion Canada, Nisku	Tai-Monique Kristjansen, Arbonne
Costco, 91st Street	Joe Scalzo	Tai-Monique Kristjansen, Sacred Awakenings
Costco, Sherwood Park	Katrina Breau, Neurological Nutrition Inc.	Terry Mahon
Councillor Aaron Paquette	Kellen Colthorp	Tiffany Walter, Build-A-Bear
Councillor Ben Henderson	Kelly Davis, Photo Glow	Tim McCallen
Councillor Michael Walters	Lewis Lavoie, Artist	Tom Schreiber, McKinley & Taylor Production Centre
Councillor Scott McKeen	Lexus of Edmonton	Trevor Simkins, Bootleg Gap Golf, Kimberley, B.C.
Councillor Rocco Caterina	Linda White	Vines, 23rd Avenue & Rabbit Hill Rd.
Craig Heyland	Lori Persaud, P3 Connect Ltd.	Wholesale Club, 6904— 99th Street
Daria Zuk, Easter Seals Alberta	Luanne Climenhaga	Windsor Plywood
Darren & Christine Maul	Luci and Roger Roy	Your Holistic Health
David Shkolny, Caricaturist	Mandi Cullis Lauman, Charmed Floral Design	
Denise Deacey, Hershey Canada	Marie Renaud, MLA St. Albert	
Dennis & Lana Vant Erve	Mark M. Olivieri Prof. Corp.	
Desaulniers Family	Marlin Schmidt, MLA Goldbar	



2019 EEA GALA Results



EDMONTON EPILEPSY ASSOCIATION
Fundraising Gala
6th ANNUAL

Thursday, May 30th, 2019

This year, the EEA Board decided to take some calculated chances, spend some more money than usual to make more money than usual and introduce new and different types of entertainment for Event guests.

We introduced an hour –long comedienne entertainer, live landscape painter painting a picture from scratch during the Gala and a fascinating on-site caricaturist.

Our new centralized location for the Gala, the Chateau Louis Convention Centre, with large amounts of adjacent free parking, worked well for us.

Our Budgetary gross expectations for this year's event was a net \$20,000. (2018—\$14,000). Our combined gross revenues from all sources for this year's event were \$22,896 (2018-\$17451).

A very well-deserved thank you to all of our Volunteers and Silent Auction Item Donors.

A Second Life Enhancement Scholarship Program Is Now Available For Youths



The **Brittany Hughes 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 Arts, Music, Dance and/or Ethnic Identity Cultural Programs that will enhance their development as individuals.

Scholarship criteria, eligibility details and the current Application Form can be downloaded

Does Your Child or Teen Have Upcoming Sports 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 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, or a hard-copy Application can be mailed to you on request to the EEA Office, 780-488-9600.



Visit to the Alberta Aviation Museum





Sunday, June 30th, 2019





World Health Organization Calls For Action To Reduce Global Issues Around Epilepsy

The World Health Organization (WHO) has released a 2019 report highlighting global concerns about epilepsy treatment. The report, *Epilepsy, a public health imperative*, was released on Thursday 20 June, calling for action to improve healthcare and reduce stigma and discrimination. The findings of the report show risk of premature deaths in epilepsy is higher in low- and middle-income countries, compared to high-income countries.

Reasons given by the report include a lack of access to healthcare, leading to problems with continuing seizures and resulting injuries. Dr Tarun Dua from the Department of Mental Health and Substance Abuse at WHO called the treatment gap for epilepsy "unacceptably high".

Within the UK, Public Health England found a similar link between deprived areas and a higher risk of premature deaths in a 2018 report. Stigma was also highlighted by the WHO report as a global issue in epilepsy. President of the International Bureau for Epilepsy, Prof Martin Brodie, said this is a factor "preventing people from seeking treatment". The report suggests that public information campaigns can help reduce stigma, and putting laws in place to protect people's rights can decrease discrimination. To reduce treatment gaps, WHO suggests epilepsy treatment from primary care doctors, like family doctors and GPs, may improve access to healthcare and medicines in poorer areas.

Also covered in the report are strategies to reduce preventable cases of epilepsy – which represent about a quarter of all epilepsy cases. These are ones where epilepsy is caused by things like brain injuries, infections of the brain, and stroke. Screening, immunizations and better healthcare are suggested as ways to tackle this.

Dr Samuel Wiebe, president of the International League Against Epilepsy, said action is needed to introduce the necessary measures to make a difference. The report concludes that urgent actions needed include investment in healthcare systems, more priority given to epilepsy research and improving public attitudes towards epilepsy.

June 27th, 2019

<https://www.epilepsy.org.uk/news/news/world-health-organization-calls-action-reduce-global-issues-around-epilepsy-70088>

Common Drugs Including Anti-depressants Could Increase Dementia Risk By Up To 50 Per Cent

Common drugs including anti-depressants could increase the risk of dementia by up to 50 per cent, a major study has found. Experts said the findings had "enormous implications" for millions of Britons, with half of middle-aged people taking one of the medications.

The class of drugs - which are also prescribed to treat bladder conditions, Parkinson's disease and epilepsy- are called anti-cholinergic medication.

Scientists said they could be responsible for as many as one in 10 cases of dementia.

The study by Nottingham University, published in JAMA Internal Medicine, involved more than 280,000 UK patients over the age of 55 - including around 59,000 with a diagnosis of dementia.

Among both groups, more than half were taking some kind of anti-cholinergic drugs, which help to relax muscles, and work by blocking acetylcholine, a chemical that transmits messages in the nervous system.

Their findings showed an almost 50 per cent increased risk of dementia among patients aged 55 and over who had used strong anti-cholinergic medication daily for three years or more.

The NHS advises that these drugs should be avoided for frail older people because of their impact on memory and thinking. But experts said the new findings suggested caution should be taken in prescribing them to anyone who is middle aged or older.

Professor Tom Denning, Head of the Centre for Dementia at Nottingham University, said: "This study provides further evidence that doctors should be careful when prescribing certain drugs that have anti-cholinergic properties.

"However, it's important that patients taking medications of this kind don't just stop them abruptly as this may be much more harmful. "If patients have concerns, then they should discuss them with their doctor to consider the pros and cons of the treatment they are receiving."

The study was observational, so could not prove that the drugs cause dementia.

Experts said that many of the conditions the drugs are prescribed for - such as depression and Parkinson's disease - are risk factors for dementia, which could also explain the link.

But researchers said that the findings could mean around 10 per cent of dementia diagnoses are attributable to the drugs. This equates to around 20,000 of the 209,600 new cases of dementia per year in the UK.

Study leader Prof Carol Coupland said: "Our study adds further evidence of the potential risks associated with strong anti-cholinergic drugs, particularly anti-depressants, bladder anti-muscarinic drugs, anti-Parkinson drugs and epilepsy drugs.

"The risks of this type of medication should be carefully considered by healthcare professionals alongside the benefits when the drugs are prescribed and alternative treatments should be considered where possible, such as other types of anti-depressants or alternative types of treatment for bladder conditions."





Common Drugs Increase Dementia Risk (Cont'd)

She added: "We found a greater risk for people diagnosed with dementia before the age of 80 which indicates that anti-cholinergic drugs should be prescribed with caution in middle-aged people as well as in older people."

Prof Clive Ballard, Professor of Age-Related Diseases at the University of Exeter Medical School, said: "This is a very important finding with enormous and very practical implications that could improve brain health."

But he said it was important to note that some of the drugs might be more likely to be prescribed to those with problems such as psychiatric symptoms and urinary incontinence which could be clues to increased risks of cognitive decline.

Dr James Pickett, Head of Research at the Alzheimer's Society, said of the findings: "Our own researchers have already shown a strong link between anticholinergic drugs and risk of dementia."

"This study builds on this information, showing that long-term, high-dose use increases risk of dementia, particularly vascular dementia."

The charity said the study could not show whether dementia might have already begun in the brains of those involved in the study, before they started taking the drugs.

An ongoing study at the University of East Anglia is trying to establish this.

Dr Pickett added: "Current guidelines for doctors say that anticholinergic drugs should be avoided for frail older people because of their impact on memory and thinking, but doctors should consider these new findings for all middle aged and older people as long-term use could raise the risk of dementia."

Dr Jana Voigt, Head of Research at Alzheimer's Research UK, said the findings were part of a "growing body of evidence" linking the drugs to an increased risk of dementia.

"Anticholinergics can have beneficial effects that doctors need to carefully weigh against any potential side effects," she warned.

"Anyone who is worried about their medication should seek advice from their GP before stopping any course of treatment."

Laura Donnelly, Health Editor

June 24th, 2019

https://www.telegraph.co.uk/news/2019/06/24/common-drugs-including-antidepressants-could-increase-dementia/?WT.mc_id=tmg_share_em

Shadows share their experiences about the 'Me and My Shadow' scheme

Budding politician Sydney Joyce, recently shadowed Paula Sherriff MP as part of our 'Me and My Shadow' scheme. Paula is the MP for Dewsbury in Yorkshire and the Chair of the All Party Parliamentary Group on Epilepsy. Our 'Me and My Shadow' scheme aims to build confidence and ambition in women with epilepsy and encourages them to think big.

The scheme provide opportunities for women with epilepsy to shadow women in a range of different careers for a day. Sydney was diagnosed with temporal lobe epilepsy a year and a half ago. Her seizures make her heart stop, so she's had a pacemaker fitted as a result. Her seizures are still not fully under control, but they are less frequent than they used to be. Sydney says: "I had an incredible day shadowing Paula Sherriff MP whilst she went about her duties."

Sydney Joyce and Paula Sherriff MP

Sydney saw Paula in action as Shadow Minister for Mental Health during Health and Social Care Oral questions; she sat in on a meeting with the Chief Executive of a mental health charity; and she attended an event as part of Children's Hospice Week.

Sydney even got to see Theresa May and her team as they passed her in one of the corridors in the House of Commons.

"Paula and her team were incredibly welcoming. She has a personal link to epilepsy and was obviously genuinely interested in what it's like living with the condition. She asked lots of questions about my personal experience of managing my condition" she continued. Sydney said: "I came away from the day having had lots of fun and built up an incredible step count from walking all over the House of Commons!"

She felt positive and optimistic that people from all different backgrounds, including those with disabilities and conditions, could work in politics.

Reach for the sky

Clare Pelham, Chief Executive at Epilepsy Society, said: "So many times we hear from people with epilepsy how their condition limits their opportunities and, often, their ambitions. But we want women with epilepsy to think big and think bold. We want them to be inspired to reach for the sky and not let their seizures hold them back. We want women to explore the career paths that appeal to them, to get the experience that will help them decide 'Is this for me? How can I achieve the goals than I want to realise in my life?'"

"Achievement can be on so many different levels and can be both big and small. But it all starts with exploring the possibilities, getting a foot in the door, meeting the people who have already journeyed along a path you may be considering. And that is where we are so grateful to our hosts who are welcoming our 'shadows' to join them for the day to see what life is really like at the coal front.

"It is amazing to see how the shared experiences benefit both sides; we have got some really positive feedback from all who have taken part. I would like to thank our hosts and our shadows and hope that we will be able to build on this year's experience by expanding the scheme even further next year".

We wish the best of luck to all of the shadows who have yet to yet to complete their placements.

July 2nd, 2019, Rhia Arden

<https://www.epilepsysociety.org.uk/shadows-share-their-experiences-about-me-and-my-shadow-scheme#.XRzhwZFzWN>





The FDA Has Approved the First Nasal Spray to Treat Seizure Clusters in Epilepsy

For most people with epilepsy, seizures can be completely controlled by taking daily medication. However, some people still experience seizures despite taking daily medication. If these seizures recur repetitively in a cluster, additional emergency treatment may be required. Health care professionals can give emergency medication intravenously, but home-based treatment requires a different approach. For many years, a drug to stop seizure clusters, called diazepam (dye AYZ uh pam), has been available for rectal use, almost like a liquid suppository. This option is especially favorable for children, but it may pose some physical and social challenges for teens and adults.

In May, the U.S. Food and Drug Administration approved a nasal spray treatment for seizure clusters in patients ages 13 and older. The drug, called midazolam (mi DAZ oh lam), comes in pre-measured doses inside a single-use nozzle and plunger device. Midazolam has long been used in hospitals and emergency rooms to treat seizure clusters by intravenous injection, but now that a nasal spray (intranasal) form is available, the drug can be given anywhere without the assistance of a health care professional.

In clinical trials, most patients experienced no side effects with intranasal midazolam. However, as with all medications, some side effects are possible, and your doctor will discuss these with you in advance. The most common side effects are sleepiness and nasal discomfort, but the most serious effects occur when midazolam is used in combination with certain other medications. Most importantly, patients and their loved ones should be aware that the combined use of midazolam and opioids may cause potentially fatal effects. Risks for reduced breathing and heart function are also increased if intranasal midazolam is taken in combination with alcohol or other sedative drugs.

Some people ask why oral medications are not usually used to stop seizures in progress. One reason is that a person experiencing a seizure may not have the reflexes in play to protect their airway from a medicine given by mouth. Another is that absorption of the drug may be inconsistent if there is excessive salivation and drooling. These issues are not a concern if the medicine is given in the rectum or nasal passages.

Intranasal midazolam was specifically approved for immediate treatment of a cluster of repeated seizures in patients 12 or older. The seizures in the cluster should be typical of the person's usual seizures, and the clustering should stand out as different from the person's usual seizure pattern. Patients and families may wonder about intranasal midazolam for treatment of seizure emergencies other than clusters, such as a prolonged convulsion lasting more than 3 to 5 minutes. While physicians can legally prescribe FDA-approved drugs for conditions other than those studied in the clinical trials, such "off-label" uses of medication require careful consideration and specialized medical expertise.

Most people experiencing epilepsy never require on-the-spot treatment to interrupt a cluster of repetitive seizures, but for the loved ones of people who do, the new nasal spray treatment is a welcome addition.

By [Prakash Kotagal, M.D.](#) and [Elaine Wyllie, M.D.](#)
June 28th, 2019

<https://health.usnews.com/health-care/for-better/articles/first-approved-nasal-spray-to-treat-seizure-clusters>

Study Shows Seizure Freedom for Most Epilepsy Patients with Minimally Invasive Laser Ablation Procedure

Physicians from 11 hospitals across the United States performed minimally invasive laser ablation on 234 epilepsy patients and found that the majority were seizure-free, according to a recently published study.

The study, published in *Epilepsia*, is the largest cohort to date of the laser procedure. The patients ranged in age from 7 to 82, and retrospective review demonstrated the persistence of the outcomes: 58 percent of patients were classified as Engel 1 on the Epilepsy Surgery Outcome Scale, meaning they are free of disabling seizures, at both one and two years post-procedure. Eighty percent of patients were classified as Engel 1 or 2, meaning they were seizure-free or almost seizure-free at two years.

"Surgery offers a clear benefit to patients whose epilepsy is not controlled by medication but continues to be underutilized. This study adds to the clinical evidence that demonstrates the benefit from this minimally invasive approach, which may be more attractive to patients than a standard craniotomy and surgical resection," said Dr. Joseph Neimat, chairman of the Department of Neurological Surgery at the University of Louisville School of Medicine, and an investigator on the study. "Epilepsy can compromise the quality of life for many people, and my experience working with these patients is that achieving seizure freedom, or even near-freedom, can be absolutely life-changing."





Nearly one million people in the United States are estimated to suffer from epileptic seizures that are not controlled by anti-epileptic drugs. "It has long been medical practice that surgery should be assessed for this patient population," said Dr. Neimat, "but the invasive nature of the traditional, open surgical procedure has prevented many patients from moving forward with this surgical option."

Patients with epilepsy have a mortality rate that is three times higher than the general population, and may experience significant side effects from medication. "People who fail two or three medications may be candidates for epilepsy surgery, and yet only one or two percent are being considered. Patients with drug resistant epilepsy benefit from surgery while also reducing their risk of sudden unexpected death in epilepsy (SUDEP)," said Dr. Patrick Landazuri, an epileptologist at The University of Kansas Health System's Level 4 Epilepsy Center and an associate professor with the Department of Neurology at the University of Kansas Medical Center. "Minimally invasive surgical techniques can expand patients' choices as they consider what treatments they would prefer for their drug resistant epilepsy."

The study is also the first to assess impact of the surgical technique of laser ablation on outcomes in these patients, using a unique imaging approach. "We hope that the model we developed can help advise surgeons in their surgical planning and approach, thereby improving results for these patients even further," said Pierre-François D'Haese, research assistant professor of electrical engineering at Vanderbilt University. D'Haese is also the chief executive officer of Neurotargeting, LLC, which led the development of CranialCloud. CranialCloud is a unique HIPAA-compliant, social-network-like platform that allowed each of the members of this study to share clinical data in a virtual, de-identified environment to conduct the study.

Monteris Medical
June 24th, 2019

<https://www.prnewswire.com/news-releases/study-shows-seizure-freedom-for-most-epilepsy-patients-with-minimally-invasive-laser-ablation-procedure-300873376.html>

Improved Counseling Needed for Safe, Effective Contraception in Women With Epilepsy

Despite the elevated risk of having offspring with congenital malformations, a large proportion of women with epilepsy do not use highly effective contraception, according to a study published in *Neurology*. In this cross-sectional study, investigators analyzed data from the Epilepsy Birth Control Registry online survey data collected in 2017 by women with epilepsy aged between 18 and 47 years (n=311). Data included demographics, epilepsy classification, antiepileptic drug use, reproductive status, and contraceptive habits.

Participants were asked to characterize their seizures as generalized convulsive, complex partial, and simple partial and provide the names and daily dosages of antiepileptic drugs. Investigators grouped antiepileptic drugs into 6 categories: none, enzyme-inducing, glucuronidated, non-enzyme-inducing, enzyme-inhibiting, and mixed. If there was a combination of categories that affected enzymes and a non-enzyme-inducing antiepileptic drug, the combination was listed by the antiepileptic drug category that affected enzymes. If there were more than 2 categories that affected enzymes, they were listed as mixed. Current contraception use was categorized as none, withdrawal, barrier method, hormonal, intrauterine device, tubal ligation, or partner with vasectomy.

Women with epilepsy considered to be at risk for unintended pregnancy (n=186) were the primary focus of analysis. Results show in the year prior the survey, 31.2% of women with epilepsy (n=58) reported having a generalized convulsive seizure, and 68.8% (n=128) reported having a partial seizure. Of these women, 70.4% (n=131) used a highly effective contraceptive category, including hormonal (37.6% [n=70]), intrauterine device (30.6% [n=57]), tubal ligation (1.1% [n=2]), or partner vasectomy (1.1% [n=2]). Among women with epilepsy at risk for pregnancy 29.6% used no highly effective contraceptive (n=55), including no birth control (2.2% [n=4]), withdrawal method (4.3% [n=8]), or barrier only (23.1% [n=43]).

In sum, 36.6% of women with epilepsy (n=68; 95% CI, 30%-43.7%) were not using highly effective contraception. No significant difference between the use (or lack of use) of highly effective contraceptives was found.

Of note, only 50% of women with epilepsy at risk for unintended pregnancy (regardless of contraception use) were taking a prenatal folic acid supplement as part of their treatment regimen, despite practice guidelines emphasizing its importance in maximizing maternal and fetal outcomes. The investigators concluded that "there is a need for more readily available information and counseling on safe and effective contraception and [folic acid] use for this community."

Neurology Advisor Contributing Writer
July 1st, 2019

<https://www.neurologyadvisor.com/topics/epilepsy/improved-counseling-needed-for-safe-effective-contraception-in-women-with-epilepsy/>





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...*