

MARCH - APRIL 2017



FOCUS ON EPILEPSY



THE NEWSLETTER OF THE EDMONTON EPILEPSY ASSOCIATION
The Epilepsy Association of Northern Alberta - Our 57th Year of Service

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

Member Outings & Activities

March

Purple Day Display @ Strathcona Farmer's Market

Saturday, March 25th, 8:00—3:00 p.m.
10310—83 Avenue

Fun BINGO for Prizes

Friday, March 31st, 1:00—3:00 p.m.
(Pre-register by Noon, Mar. 29th)



April

Bowling at Bonnie Doon Lanes

Sunday, April 22nd, 1:00—3:30 p.m.
Bonnie Doon Lanes,
8330 — 82nd Avenue
(Pre-register by April 19th)

Fun BINGO for Prizes

Friday, April 28th, 1:00—3:00 p.m.
(Pre-register by
Noon, April 26th)



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.

March 14th, 2017
April 11th, 2017

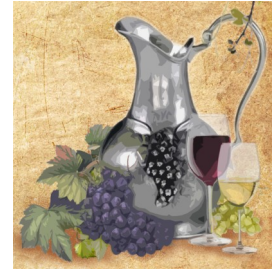
FREE MEMBER ACTIVITY

"Help Seize The Day !"

Thursday, March 23rd, 2017,

In Support of Epilepsy Awareness,
A Celebration of Greek-Themed
Fine Food and Wine

Further Details on page 5!



Cam Reid Is EEA 2017 Achiever Of The Year!



L. TO R.: Former EEA Executive Director Martin Sharren, Cam, EEA Vice-President Anne Gillie and Current EEA Executive Director Gary Sampley; the inscription on Cam's plaque reads as follows:

PRESENTED ON FEBRUARY 23rd, 2017

TO

CAMERON (CAM) REID

BY

EDMONTON EPILEPSY ASSOCIATION

IN PERMANENT RECOGNITION OF YOUR THIRTY-FIVE CONSECUTIVE
YEARS OF VOLUNTEER SERVICE TO OUR ASSOCIATION.

OVER THOSE THIRTY-FIVE YEARS, YOU HAVE CONSISTENTLY GONE OVER
AND ABOVE WHAT IS EXPECTED OF A VOLUNTEER. YOUR INDIVIDUAL
FUNDRAISING EFFORTS ON OUR BEHALF ALONE HAVE TO DATE RAISED
OVER FORTY THOUSAND DOLLARS FOR US TO PROVIDE PROGRAMS AND
SERVICES FOR PEOPLE LIKE YOU WHO LIVE WITH EPILEPSY.

WE ARE HONOURED TODAY, IN FRONT OF OUR MEMBERSHIP,
TO RECOGNIZE YOU AGAIN AS THE LONGEST-SERVING VOLUNTEER IN
OUR FIFTY-SEVEN YEAR HISTORY.

CONGRATULATIONS CAM

YOU ARE AN INSPIRATION TO EVERYONE WHO KNOWS YOU.





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

President...Cheryl Renzenbrink
Vice President...Cameron Reid
Treasurer...Doug Griffiths
Secretary...Anne Gillie
Executive Director...Gary Sampley
Directors-at-Large:

Tammy Anast	Szymon Bamburak
Erin Duke	Craig Heyland
Colleen Matvichuk	Tim McCallen
Anne Starreveld	Katrina Van Den Berg
Brian Wilkie	

STAFF

Gary Sampley... Executive Director & Chief Operating Officer
gary@edmontonepilepsy.org

Sharon Otto... Program Manager & Education Coordinator
sharon@edmontonepilepsy.org

Dr. Sunny Kim... Counsellor
sunny@edmontonepilepsy.org

Cam Reid... Volunteer Coordinator
cam@edmontonepilepsy.org

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

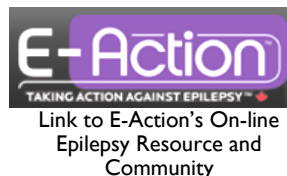
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Edmonton, AB T5M 3K2



(780) 488-9600
(780) 447-5486 fax
1-866-EPILEPSY



info@edmontonepilepsy.org
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

Bus Tickets Available for Members in Reduced Circumstances

Our 2016 allotment of Donate-A-Ride bus tickets is now depleted. However, Alberta Blue Cross has very kindly donated a number of adult ticket packs to us to hopefully get us through till April 2017. 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 AISH bus pass.

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



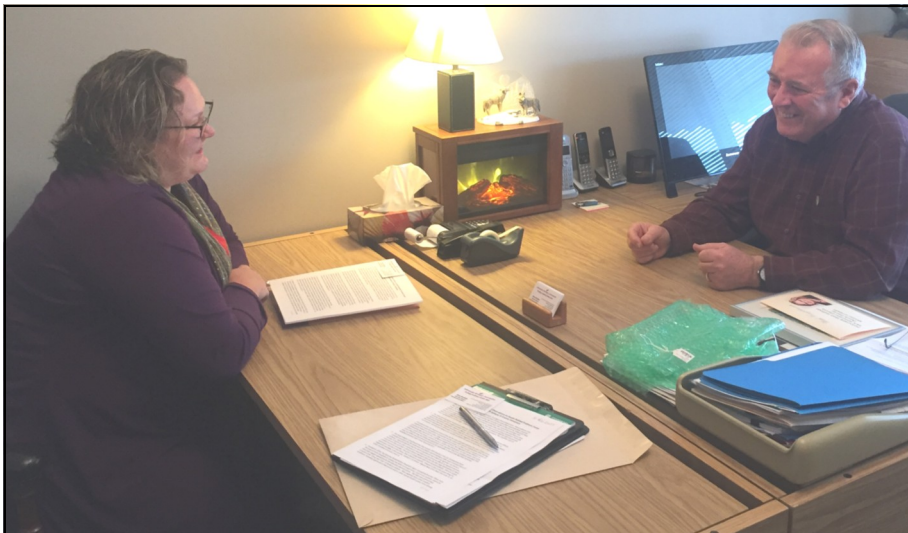
Now you can Donate to the EEA online!

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, and click on the [Canada Helps](#) Logo. This donation program gives you the ability to instantly print off a donation receipt.





Alberta Health Minister Visits EEA



The Honourable Sarah Hoffman, Alberta Minister of Health, visited the EEA Office on February 10th and spent considerable time discussing several current issues relevant to epilepsy with EEA Executive Director Gary Sampley.

Province To Announce Ministerial Declaration for Purple Day

On Thursday, March 23rd, at approximately 1:30 p.m., the Alberta Legislature will announce Purple Day, March 26th as Epilepsy Awareness Day in Alberta. The Declaration was initiated by the Honourable Sarah Hoffman. If further information is desired, please call the EEA Office.



And In The City

Mayor Don Iveson, has again proclaimed March as Epilepsy Awareness Month in Edmonton. Many years ago, Edmonton was the first city in Canada to recognize Epilepsy Awareness. As well as numerous Epilepsy Awareness events occurring during the month, come check out our Purple Day booth at the Old Strathcona Farmers Market, 10310 - 83 Avenue, from 8 a.m. to 3 p.m on Purple Day, Saturday, March 25th.

Lighting Edmonton's High Level Bridge

We're turning the High Level Bridge purple to celebrate Purple Day 2017! Thanks to an EEA initiative, the bridge will be lit up in purple, the colour representing epilepsy. Let us know about your Purple Day or Epilepsy Awareness Month activity and you could be featured in our next newsletter.





News from the EEA Office



Bowling at Bonnie Doon Lanes

Saturday, April 22nd

1:00 - 3:30 pm

8330-82nd Avenue

Member Activities

(Pre-registration is required by Noontime on the Wednesday immediately preceding the event.)

Date/Time	Activity
March 31st Friday, 1:00 – 3:00 pm	Fun BINGO
April 22nd Saturday, 1:00 – 3:30 pm	Bowling Bonnie Doon Lanes
April 28th Friday, 1:00 – 3:00 pm	Fun BINGO
May 26th Friday, 1:00 – 3:00 pm	Fun BINGO
June 11th Sunday, 2:00 - 5:00 pm	Visit to the Valley Zoo
June 30th Friday, 1:00 – 3:00 pm	Fun BINGO
July 28th Friday, 1:00 – 3:00 pm	Fun BINGO
August 12th Sat., 11:00 - 2:00 pm	Annual Family BBQ & Social ACT Centre, Rundle Park
August 25th Friday, 1:00 – 3:00 pm	Fun BINGO
September 29th Friday, 1:00 – 3:00 pm	Fun BINGO
October 20th Friday, 1:00 – 3:00 pm	Fun BINGO
October 28th Saturday, 11:00-2:00 pm	Halloween Lunch Location: TBD
November 24th Friday, 1:00 - 3:00 pm	Fun BINGO
December 9th Saturday, 12:00 - 3:00 pm	Annual Christmas Lunch & Social Central Lions Seniors Centre, 11113—113th Street
December 22nd Friday, 1:00 – 3:00 pm	Fun BINGO

Collective Gardening Program



In May, the Collective Gardening Program will commence again.

Interested members will be allotted their own raised plot for vegetable planting,

ongoing maintenance and harvesting and will keep the vegetables they harvest to augment their food needs.

The EEA will provide the raised plots, seeds or plant stock and gardening tools. There will be 6 plots available on a first-come, first-registered basis, with priority given to low-income members. To register for a plot, please contact Sharon at the EEA Office.



The EEA will be having a Fundraising Garage Sale out of the garage behind the Office at 11215 Groat Road on Friday and Saturday, May 26th and 27th. Donations of clean, saleable goods for the sale will be much appreciated.



Help Seize the Day!

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

Thursday, March 23rd, 2017, 6:00 p.m.

Yiannis Taverna Restaurant

10444 - 82 Avenue

Tickets: \$125

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

Our M.C. for the evening:



Doug Griffiths
Author, EEA Director,
Former Alberta Cabinet Minister

Tickets through Yiannis, 780-433-6768 or
Edmonton Epilepsy Association,

11215 Groat Road, Edmonton, AB T5M 3K2

780-488-9600, 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.



Retiring Board Members Thanked for Service to EEA



On behalf of EEA's Members and Board of Directors, EEA Vice-President Ann Gillie made a presentation to outgoing Board Member Guy Doucette and EEA Executive Director, Gary Sampley presented Anna Tymoszejko with a similar plaque. Guy and Anna served a full six years of service on the Board. Both were warmly thanked for their years of service.







Epilepsy Treatment Often Delayed In Older Adults

A new study published in *Epilepsia*¹ found that although most newly diagnosed cases of epilepsy in older adults are treated appropriately with monotherapy, only half of those patients receive treatment within the recommended time frame, and a substantial portion were prescribed older antiepileptic drugs (AEDs) despite recommendations to use newer AEDs in this population. Investigators from the University of Birmingham in Alabama and Emory University in Atlanta, Georgia, conducted a retrospective analysis of Medicare claims filed in 2009 to assemble a cohort of 3706 probable cases of [epilepsy](#) in 3 age categories: 67 to 74 years (34.9%), 75 to 84 years (37.3%), and 85 years and older (27.8%). The majority of patients were female (64.9%) and from the south (49.2%). The original random 5% sample of the Medicare database was racially enhanced (61.2% African American, 18.0% white, 12.3% Hispanic, 6.6% Asian, and 2.0% American Indian/Alaskan Native) to evaluate treatment patterns across minority groups. The vast majority of the Medicare sample (95%) was given monotherapy in accordance with Quality Indicators for Epilepsy Treatment 6 (QUIET 6) recommendations.² Divergence from recommendations occurred, however, in the choice of first-line therapy. Although levetiracetam was appropriately chosen for initial monotherapy in 45.5% of the cohort, older, less desirable agents such as phenytoin, divalproex, and carbamazepine were prescribed for 30.6%, 9.5%, and 2.4% of patients, respectively. Gabapentin, which was recommended in previous studies^{3,4} for older patients because of a more favorable adverse effect profile and reduced interactions with other drugs, was only prescribed to 6.1% of the total Medicare cohort. Variations by race in choice of AEDs were observed in the study. Levetiracetam was the most commonly prescribed agent for Asian, white, African American, and Hispanic patients (55.0%, 48.8%, 45.6%, and 38.8%, respectively). Phenytoin was the most commonly prescribed agent among American Indian/Alaskan Native patients (43.1%) and the second most common among all other groups. In cases in which patients received 2 agents, Asian and white patients (37.0% and 35.4%) were most likely to receive levetiracetam first, whereas African American and Hispanic patients (40.4% and 32.5%) were most likely to receive phenytoin as the first agent. Levetiracetam was the most common second AED in all groups receiving 2 or more drugs, chosen twice as often as phenytoin, divalproex, and gabapentin in all groups except for American Indian/Alaskan Native patients, where it was chosen equally as often as phenytoin (29.6%). Lamotrigine was the least-chosen agent overall (chosen by 3.4% as a first agent and 7.0% as a second), although its use also varied by race. The data also revealed a delay in the initiation of treatment in this population. The investigators reported that only 50% of the patients evaluated filled an AED prescription within 30 days of diagnosis, with the average being 60.1 days. Although African American and white patients had the longest time to initiation of therapy compared with American Indian/Alaskan Native patients, who had the least (61.3, 60.2, and 56.8 days, respectively), differences among the groups were not considered statistically significant.

Linda Peckel

February 15th, 2017

<http://www.neurologyadvisor.com/epilepsy/epilepsy-treatment-trends-in-elderly-patients/article/638308/>

TCD Geneticists In Breakthrough On Autism and Epilepsy Move Could Open Up New Treatment Options For Difficult To Treat Conditions

Geneticists at [Trinity College Dublin](#) have found a faster new way to help identify genes associated with a number of medical conditions, including autism and epilepsy. Being able to pinpoint a gene's association with disease is important because it could open up new treatment options for difficult to treat conditions.

Professor in genetics and head of department Aoife McLysaght led the research which focused on neurodevelopmental disorders including ADHD, developmental delay, schizophrenia and intellectual disability. It involved a novel new way to look at disease-related DNA not by studying the genes as they are today but by watching their evolution over time, said Prof McLysaght, whose research is funded by the [European Research Council](#).

The researchers were interested in places where the DNA made multiple copies or deletions of itself. They also wanted to see what genes near these places were doing. Humans all have these duplicates and deletions that vary in size and seem random, but the Trinity team noticed a pattern when they were near a gene associated with a disease condition.

Goldilocks

The copies and deletions tended to be longer near these genes but there were fewer of them, something that encouraged Prof McLysaght to make a link with "Goldilocks". "Our idea was that there must be some genes within these regions with Goldilocks properties - too much or too little duplication and things don't work properly," she said. "The number of copies must be just right." The group looked back over our evolutionary history, searching for genes that did not seem to tolerate too much or too little variation.





It found that there was far less variation around genes associated with neurodevelopmental disorders compared to genes that had no association with disorders.

This held true for humans but was also true for other mammal species including sheep, dogs, rabbits and gorillas.

Details of the work were published on Wednesday in *Nature Communications*.

The research shows that our evolutionary history could be useful for understanding human disease, Prof McLysaght said.

It could also make it easier to identify genes linked with a developmental condition.

"These metrics also allow us to home in on a short list of genes as candidates for the diseases in question," she said.

Isolating disease-related genes will help explain why these conditions arise, provide better diagnostic tools and potentially help to develop new therapies, she said.

Dick Ahlstrom
February 8th, 2017

<http://www.irishtimes.com/news/science/tcd-geneticists-in-breakthrough-on-autism-and-epilepsy-1.2967817#.WLCtQTAMhYI.mailto>

Epilepsy Drug Discovered in Fish Model Shows Promise in Small Pediatric Clinical Trial on Dravets Syndrome

"Bench-to-bedside" describes research that has progressed from basic science in animal models that has led to therapies used in patients. Now, a study in the journal *Brain* describes what could be considered a direct "aquarium-to-bedside" approach, taking a drug discovered in a genetic zebrafish model of epilepsy and testing it, with promising results, in a small number of children with the disease. The study was supported by the National Institute of Neurological Disorders and Stroke (NINDS), part of the National Institutes of Health.

"This is the first time that scientists have taken a potential therapy discovered in a fish model directly into people in a clinical trial," said Vicky Whittemore, Ph.D., program director at the NINDS. "These findings suggest that it may be possible to treat neurological disorders caused by genetic mutations through an efficient and precision medicine-style approach."

Scott C. Baraban, Ph.D., the William K. Bowes Jr. Endowed Chair in Neuroscience Research and professor of neurological surgery at the University of California, San Francisco (UCSF), postdoctoral fellow Aliesha Griffin, Ph.D., and colleagues used a zebrafish model of Dravet syndrome to test the drug lorcaserin and found that it suppressed seizure activity in the fish. Dravet syndrome is a severe form of pediatric epilepsy characterized by frequent daily drug-resistant seizures and developmental delays. It is caused by a genetic mutation, which Dr. Baraban's group was able to introduce into the zebrafish to cause epilepsy.

Dr. Baraban and his colleague Kelly Knupp, M.D. at the University of Colorado, Denver, then tested lorcaserin in five children with Dravet syndrome. The children were resistant to other anti-epileptic drugs and participated in this study through a compassionate use, off-label program. Lorcaserin was initially associated with decreased seizure frequency in all of the children. For example, during the first three months of treatment, one of the patients who had been experiencing multiple seizures every day, became seizure-free for two weeks. After three months, however, seizure activity had increased, but the frequency was less than had been reported at the start of the trial. None of the children experienced severe side effects, although some reported a decreased appetite.

This builds on work from a 2013 study in which Dr. Baraban and his team at UCSF used an automated drug screening method to identify potential anti-epileptic therapies and discovered that the compound clemizole decreased seizure activity in the zebrafish. In the current study, Dr. Baraban's team discovered that clemizole may have its anti-seizure effects by acting on the serotonin system. Serotonin is a brain chemical that plays a role in various functions, including mood, appetite and memory. The researchers next identified a comparable drug, lorcaserin, which also affects the serotonin system and is available for clinical use.

"Using zebrafish, we can greatly reduce the time between identification of a potential treatment and getting it to individuals who desperately need help," said Dr. Baraban.

Dr. Baraban's group is currently developing clemizole and its derivatives, for use in clinical trials. In addition, the researchers at UCSF are conducting experiments to learn more about the role of specific serotonin receptors in epilepsy in hopes of generating more effective treatments for children suffering from Dravet syndrome.

February 14th, 2017

<http://www.dddmag.com/news/2017/02/epilepsy-drug-discovered-fish-model-shows-promise-small-pediatric-clinical-trial#.WLhR2acgzMM.email>





How a Gene Defect In Dogs Could Help Treat Epilepsy In Humans

The discovery of a gene in Rhodesian ridgebacks that is linked to epilepsy could also impact how the disorder is treated in some human patients. An international team, which included University of Guelph Ontario Veterinary College professor Dr. Fiona James as a co-investigator, discovered a defect in the gene, *DIRAS1*, causes epileptic seizures in dogs. "This gene hasn't been associated with epilepsy before in humans or dogs," James said in an interview on CBC K-W's *The Morning Edition* with host Craig Norris. "So we have an exciting new pathway to explore in terms of new treatments and new ways of investigating it."

Backpacks track brainwaves

Researchers from the University of Helsinki in Finland and Ludwig Maximilian of the University of Munich in Germany led the study, which attached backpacks to dogs that were known to have jerking motions when drowsy, sleeping or just standing quietly.

In the past, to record brainwaves, researchers had to confine dogs or use drugs to have the animal go to sleep. The backpacks – which James developed before this study – allowed the researchers to attach electrodes to the dogs' heads while the dogs were awake, and then the dogs were able to roam free, which gave them a better idea of what was regularly happening in the brain, James said. Once the backpack and electrodes were attached, they would watch as the dog settled down.

"Suddenly, the activity on the screen went from normal and relatively flat to just sort of jerking up and down. We said, 'Hang on a second.' We look at the dog and it's twitching and the owner said, 'That's what she does,'" James said.



Dr. Fiona James of the Ontario Veterinary College at the University of Guelph sits with a dog that is outfitted with one of the backpacks she designed to capture the brainwaves of dogs while they are awake.

Like a stadium of people

James likened watching the brainwaves of a dog having an epileptic seizure to a stadium full of people. The brain is the stadium and all of the neurons are people. If someone puts microphones into the stadium, there's a hum from the crowd. The electrodes on the dog's head are those microphones.

"A normal crowd doesn't say one word all together unless they're really stoked and something special's happening," James said.

"What happens when there's a seizure is the whole crowd – all the neurons – are saying the same thing at once, or at least a good portion of them are saying the same thing at once. And that's a really unusual and rare event."

The type of pattern – the "word" the brain is saying – is similar to what happens in humans, she said.

Research 'meaningful' for many species

The study looked at more than 600 Rhodesian ridgebacks as well as 1,000 epileptic dogs in other breeds. The epilepsy linked to this gene is canine myoclonic epilepsy, which Helsinki researcher Hannes Lohi said resembles human juvenile myoclonic syndrome.

"The study has therefore meaningful implications for epilepsy research across species," he said in a release about the study.

"Myoclonic epilepsies are one of the most common forms of epilepsy in humans and the canine findings will not only help in diagnostics but also provide a novel entry point to understand the pathophysiology of the disease." It is estimated 260,000 Canadians have some form of epilepsy. James said the seizures begin at about the same age in the dogs as well as people, and both the dogs and humans showed similar clinical signs of the disorder and responded to drugs similarly.

The study was published in *Proceedings of the National Academy of Sciences* on Feb. 20.

Kate Bueckert

February 27th, 2017

<http://www.cbc.ca/news/canada/kitchener-waterloo/dog-epilepsy-gene-defect-human-treatments-guelph-1.4001168>

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, or a hard-copy Application can be mailed to you on request to the EEA Office, 780-488-9600.





Researchers Use Cannabis To Treat Epileptic Children In University of Alberta Study

As desperate parents of children with severe epilepsy turn to alternative therapies, researchers are launching a study examining the efficacy and safety of treating seizures with medical marijuana products.

"Parents are becoming more aware of the use of cannabis to treat epilepsy from social media and parent support groups," said Richard Tang-Wai, a pediatric epileptologist at the University of Alberta. "Because there is little scientific evidence regarding the use of cannabis products in children, most physicians are reluctant to prescribe them, resulting in parents trying to make their own preparations at home or turning to suppliers who cannot verify the quality of their product. This adds to the urgency of doing studies like this."

Tang-Wai is partnering with Richard Huntsman, a pediatric neurologist at the University of Saskatchewan, to lead a study to determine how cannabidiol (CBD), a chemical compound found in marijuana, could change the quality of life for children suffering from severe epilepsy and what interactions CBD oils could have with other approved treatments for epilepsy. Researchers at the University of Saskatchewan, University of Alberta, the University of British Columbia, McGill University and the Université de Montréal are recruiting 30 children up to age 10 who suffer from epilepsy severe enough to cause cognitive impairment that can't be controlled with existing medical treatments.

"Many of these children have adverse reactions to any of the treatments that we offer and they suffer significant side effects from them," Huntsman said. "I believe we owe it to these children and their families to look at all potential treatment options, including cannabis-based products, if they can offer any hope of helping." Tang-Wai said he knows some of his patients' parents are already turning to unapproved CBD treatments to ease their child's symptoms when approved therapies fail. "These are good parents, but they have children with hard to control epilepsy," said Tang-Wai. "They were desperate."

While controversial, Tang-Wai said there has been some evidence in animal studies that suggests CBD could have some positive effect on epileptic seizures and anecdotal evidence from small studies suggesting children suffering multiple seizures a day could benefit from CBD therapies. But there is little quality data available on appropriate doses, potential side effects or interactions with other drugs. Just because something is derived from a plant and considered natural doesn't necessarily make it safe, said Tang-Wai. As researchers learned as they tried to secure a supply of oil with consistently high levels of CBD and low levels of tetrahydrocannabinol, or THC — the cannabis compound that makes recreational users high — suitable for a clinical trial, CBD products from growers may not be manufactured to a pharmaceutical standard, making doses inconsistent.

Tang-Wai is hoping this study will put scientific evidence behind anecdotal claims of benefits of treating children with epilepsy with CBD and establish what doses might be safe or appropriate as they continue their search for ways to improve the quality of life for children with severe epilepsy.

Claire Theobald
February 2nd, 2017

<http://edmontonjournal.com/news/local-news/university-of-alberta-part-of-study-treating-epileptic-children-with-cannabis>

Need Prescriptions Filled?

We recommend the following Pharmacists, who support the programs of the EEA. For all your Pharmacy needs, visit their friendly, helpful staff today.

Southside

G & E Pharmacy
7326-82nd Avenue



Central

Royal Pharmacy
Ground Floor, 11010-101 Street
780-426-0872





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)
- ◆ Twice-yearly no-cost 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...*