

MARCH—APRIL 2019



FOCUS ON EPILEPSY



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

March

Fun Bingo for Prizes

Friday, March 29th, 1:00—3:00 p.m.

(Pre-register by Noon, March 27th)

(Registration Limited to 12)



April

Visit to the New Royal Alberta Museum

Sunday, April 7th, 1:30—4:30 p.m.

Meet in the Lobby @ 1:15 p.m.

EEA Office staff will be happy to assist you with planning travel by public transit.

(Pre-registration required by Thursday, April 4th)

Fun Bingo for Prizes

Friday, April 26th, 1:00 – 3:00 pm

(Pre-register by Noon, April 24th)

(Registration Limited to 12)



EDMONTON EPILEPSY ASSOCIATION Fundraising 6th ANNUAL Gala

Thursday, May 30th, 2019

See Page 5 for more details.

FREE MEMBER ACTIVITY

Visit to the New Royal Alberta Museum

Sunday, April 7th, 2019

1:30—4:30 p.m.

Meet in the lobby of the Museum

1:15 P.M.

9810—103A Avenue



ROYAL ALBERTA
MUSEUM

Adult Support Group Schedule

(Group meets from 10:00 a.m. —12:00 p.m. in the EEA office, second Tuesday of each month)

Please call the Office to advise if you will be attending.

April 9th, 2019





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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Canadian
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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 2018 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 next 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 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.





PROCLAMATION

WHEREAS, epilepsy is a condition of the brain that results in recurring seizures;

AND WHEREAS, epilepsy is the second-most common chronic neurological condition in Canada, affecting more than 19,000 people in the Edmonton region;

AND WHEREAS, each year more than 5,000 children, youth and adults benefit from the services of the Edmonton Epilepsy Association (EEA);

AND WHEREAS, the City of Edmonton is proud to support the EEA in their efforts to improve public education and awareness about the condition of epilepsy;

THEREFORE I, MAYOR DON IVESON, DO HEREBY PROCLAIM
MARCH 2019, "EPILEPSY AWARENESS MONTH"
IN EDMONTON, ALBERTA'S CAPITAL CITY.

Dated this 15th day of March, 2019

Don Iveson
Mayor of the City of Edmonton



Lighting Edmonton's High Level Bridge

We're turning the High Level Bridge purple to celebrate Purple Day, Tuesday, March 26th, 2019! 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.



Come check out our Epilepsy Awareness booth at the Old Strathcona Farmers Market, 10310 - 83 Avenue, from 8 a.m. to 3 p.m on Purple Day, Saturday, March 23rd, the closest weekend to Purple Day.

The EEA will be having a Fundraising Garage Sale out of the garage behind the Office at 11215 Groat Road on Friday and Saturday, June 14th and 15th. Donations of clean, saleable goods for the sale will be much appreciated.



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.



EEA Fundraising Gala



 <p><i>Thursday, May 30th, 2019</i></p> <p>Cocktails/Silent Auction 6:00pm Dinner 7:00pm</p> <p>Chateau Louis Hotel 11727 Kingsway Avenue, Edmonton, AB (In the Convention Centre behind the hotel)</p> <p>Free Parking</p>	 <p>EVENING HOST DOUG GRIFFITHS</p> <p>COMEDIC ENTERTAINMENT ZANDRA BELL AS SHIRLEY BEST</p> <p>LIVE AND SILENT AUCTIONS</p> <p>LIVE PERFORMANCE ART CREATION LEWIS LAVOIE</p> <p>ONSITE HAND-DRAWN CARICATURES AND MORE!</p>
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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 45.6% of ticket cost in 2018 event)

**Tickets Still \$125, Tables of 8—\$875, To order Call 780-488-9600
or email info@edmontonepilepsy.org**

VNS Presentation Available From March 7th Educational Forum

The LivaNova power point Presentation on the New Vagus Nerve Stimulator delivered at our recent March 7th Forum is now available for free download from the EEA Website. [Click here to view.](#)

If you don't have internet access, please contact the EEA Office and we will be happy to mail you a copy.

Reminder—EEA Lending Library

EEA has a free lending library of both books and video material about epilepsy. A full list of available material is available on the "News" link on the home page of the EEA website. All resources can be viewed in the EEA Office or can be loaned out for up to two weeks. Out of town members can receive their loans by mail.



Terry Mahon—Receives Life Membership

As a token of our appreciation, Terry Mahon was given a Life Membership with the EEA. Over the last few years, Terry has generously gifted the EEA over \$250,000. This has been used to help buy our office and subsequently paid off our remaining mortgage. It has also been used to fund the “Kids on the Block” puppet programme for 10 years. During his acceptance speech, Terry mentioned that his son Terrence who had epilepsy would have benefitted greatly from having the “Kids” available when he was in school.

Thank You Terry!

EEA 2018 Volunteer Of The Year is Kay Wannamaker!

EEA Executive Director Gary Sampley and Cam Reid, EEA’s longest serving volunteer and originator of the Volunteer of the Year Award present the Volunteer of the Year Award to Kay Wannamaker.



Craig Heyland is EEA 2018 Achiever Of The Year!

Craig receives his award as EEA’s Achiever of the Year from EEA Executive Director Gary Sampley and Vice-President Cameron Reid.

The Achiever of the Year Award is presented annually to an individual living with epilepsy who has achieved significant success in life, inspiring others in the process.





EEA AGM—February 28th, 2019





Is the Keto Diet Safe For Dancers?

Boundless energy. A more "toned" feeling. Decreased inflammation. When Patricia Zhou (then dancing with the Staatsballett Berlin in Germany) heard a friend rave about the ketogenic diet's supposed effects over two years ago, she knew she had to give it a try. Zhou, who's now with L.A. Dance Project, stuck with the ultra-restrictive diet longer than most, but has since returned to eating normally. Why? And what can you learn from her experiences? *DS* spoke with Zhou and two nutritionists to find out.

What's the Science Behind Keto?

The ketogenic diet, which is low-carb and high-fat, has been around since the 1920s, when it was developed to treat people with epilepsy who didn't respond to medication. "When the body is deprived of carbohydrates, it instead makes energy by turning the fat in foods you eat into acidic chemicals called ketones," explains Jennifer Medina, MS, RDN, CDN, CDE, who has counseled families about the ketogenic diet through the NYU Langone Epilepsy Center. This extreme state, in which your body burns ketones instead of glucose for energy, is called ketosis.

What Do You Eat on a Typical Day?

When Zhou was on the ketogenic diet, she might have two eggs cooked in butter and a coffee with coconut oil for breakfast, with a snack of macadamia nuts after morning class. Lunch would be a salad with lots of feta cheese, along with half an avocado with olive oil and apple cider vinegar dressing. Dinner was fatty meat or salmon, plus cauliflower puréed with heavy cream, parmesan, and spices.

In a diet where 70 percent of calories come from fat, where are the healthy complex-carbohydrates that dancers need? Well, exactly. "Keto limits carbs to just 20 to 50 grams a day—and that's for an adult," Medina says. "The micronutrients we get from fruits, veggies, and grains just don't occur in keto-compatible food categories." Zhou had to take magnesium and potassium every day and drastically up her salt intake, because ketosis makes it hard to stay hydrated and retain essential electrolytes. Even with supplementation, "I always got muscle cramps and charley horses because I wasn't eating bananas," she says.

How Does It Feel to Be in Ketosis?

"I'd wake up really early, and not get tired during the day," remembers Zhou. "But I was hungrier than I needed to be a lot of the time, because I couldn't find keto snacks on the go." And as your body switches to using ketones for fuel, you can look forward to at least two to three days of the dreaded "keto flu": "You just feel really unwell," Zhou recalls. "I remember being in rehearsals and feeling so terrible that I didn't know if I could dance."

Are There Risks?

"Constipation due to lack of fiber, stunted growth, loss of menstrual periods, hormonal imbalances, depression, anxiety, elevated cholesterol that harms your arteries, and disordered eating behaviors have all been linked to the ketogenic diet," says Lisa Brown, MS, RDN, CDN, who specializes in eating disorders. "To do keto, I had to record every single thing I ate, take supplements, and cook every meal at home," Zhou adds. "It began to feel very restrictive and stressful in that I saw my friends way less because I 'couldn't' go out to dinner or have a slice of cake at a birthday party." Medina says that even severely epileptic patients on the ketogenic diet "have to be closely medically monitored because it's not the safest, especially for a young person."

So, What's the Bottom Line on Keto?

"Social-media influencers rave about keto, but ketogenic dieting is not sports nutrition," Brown says. Zhou did a lot of her own research before going keto: "Definitely consult a nutritionist, and even then I would proceed with caution—especially if you're still growing. If you're already a perfectionist, it can be very easy to spiral into craziness." Adds Medina, "We work with dancers from major companies here in NYC, and they all run out of steam if they don't eat carbs. To be your best self as an artist and as an athlete, keto is the antithesis of what you should be doing."

Helen Rolfe, March 6th, 2019

<https://www.dancespirit.com/is-the-keto-diet-safe-for-dancers-2630828731.html>

ADHD Meds Safe With Epilepsy, Study Finds

TUESDAY, March 12, 2019 (HealthDay News) -- Attention-deficit/hyperactivity disorder (ADHD) often occurs in people with epilepsy. Now, new research provides reassurance that taking ADHD medications won't raise their risk of seizures. For the study, researchers analyzed data from thousands of epilepsy patients in Sweden. Taking ADHD medications such as Ritalin (methylphenidate), was associated with a 27 percent reduction in seizures, compared with not taking the medications, the investigators found.

"When you compare risk between individuals, there's a lot of factors that might explain associations that have nothing to do with the medication itself," said study author Kelsey Wiggs, a Ph.D. candidate at Indiana University, in Bloomington.

Robert Preidt

<https://www.webmd.com/add-adhd/news/20190312/adhd-meds-safe-with-epilepsy-study-finds>





Study Researchers Link Low Endocannabinoids To Autism Disorders

Autism spectrum disorders, which can be diagnosed in children as young as 18 months, can affect people in a host of ways: sensitivity to noise, gastrointestinal disorders, seizures, sleep disorders, anxiety, depression, and attention issues. In the U.S., about one in 59 children are affected by some form of autism, according to the Centers for Disease Control.

In a new study published in the January 2019 issue of *Molecular Autism*, a group of Israeli-based researchers found that some levels of endocannabinoids among children with ASD were lower than those without.

Why does this matter?

An impaired endocannabinoid system has been associated with the development of epilepsy, and cannabidiol (CBD) is being used in clinical trials to treat ongoing epilepsy, according to the study. A CBD-derived medicine is now permitted by the U.S. Food and Drug Administration to treat severe forms of epilepsy, such as Lennox-Gastaut syndrome and Dravet syndrome. These findings are significant in the autism community because 10 to 30 percent of people with ASD also have comorbid epilepsy. The findings also suggest that CBD may help correct an impaired endocannabinoid system in those with autism spectrum disorders.

Who conducted the study?

The study was done by authors associated with three Israeli-based institutions: the Neuropediatric Unit at Shaare Zedek Medical Center, The Hebrew University of Jerusalem, and the Department of Nutritional Sciences at Tel Hai Academic College.

What were their methods?

The study involved 186 children and young adults with ASD ranging from 5 1/2 to 21 years old. About 93 were recruited for an ongoing randomized clinical trial that looked at how safe, tolerable, and effective two cannabidiol compounds were in those with ASD and behavioral problems. The legal guardians of the study's 93 participants consented to have their children's serum endocannabinoids evaluated at baseline levels. The remaining half of the participants, the control group, was found through local advertisements. Researchers assessed behavior to confirm ASD diagnosis. They also collected blood from the participants and separated and measured their serum endocannabinoids to study.

Were there any limitations?

The differing ages of the children and the adaptive levels of those with ASD (i.e. the degree of one's ability and willingness to interact and adjust to a situation) were wide-ranging and could not be controlled. Another limitation is that most ASD participants take medication to control the effects of one or more ASD-related conditions, and some medications could affect the outcomes. The study also didn't evaluate genetic and other biomarkers.

What were the conclusions?

The 93 participants with ASD showed lower levels of endocannabinoids *N*-arachidonylethanolamine (AEA), and some of its related compounds *N*-oleylethanolamine (OEA), and *N*-palmitoylethanolamine (PEA). This appears to be the case across age, gender, and body mass index levels.

What are the possible implications?

This study offers proof that serum levels of certain endocannabinoids are significantly lower in people with ASD and supports the rationale in using CBD in ASD in clinical trials.

AEA and 2-arachidonoylglycerol (2-AG) are the most looked at molecules of CB1 and CB2 receptors. The study found lowered serum concentrations of AEA and its structurally related compounds OEA and PEA. There were no major differences in serum 2-AG and its breakdown molecule, arachidonic acid.

While they are widely distributed in the central nervous system, OEA's and PEA's classifications as endocannabinoids are up for debate, the study's authors noted, since they lack affinity for the CB1R and CB2R molecules. CBD may also activate PPARs (nuclear receptor proteins) and the receptor channel TRPV1, inhibit the enzyme FAAH and may raise the levels of endocannabinoids AEA, OEA, and PEA.

More studies are needed to find out whether circulating endocannabinoid levels can be used to identify those within the autism spectrum and whether they show lower endocannabinoid levels in the brain, similar to previous models with ASD animals.

Karen Robes-Meeks
March 8th, 2018

<https://news.weedmaps.com/2019/03/study-researchers-link-low-endocannabinoids-to-autism-disorders/>





Less-invasive Procedure Helps Surgeons Pinpoint Epilepsy Surgical Candidates

A minimally invasive procedure to determine whether patients with drug-resistant epilepsy are candidates for brain surgery is safer, more efficient, and leads to better outcomes than the traditional method, according to new research by The University of Texas Health Science Center at Houston (UTHealth). The study, published this week in *JAMA Neurology*, revealed that patients who had the minimally invasive evaluation procedure experienced fewer complications, and those who went on to have brain surgery were more likely to be seizure-free than patients who had the more invasive evaluation procedure.

"We expected the results to show patients who had the minimally invasive procedure to have a more favorable experience. But we also found those patients who had the new evaluation procedure, and then underwent surgery, had significantly more positive outcomes, which was quite surprising," said lead author Nitin Tandon, MD, professor in the Vivian L. Smith Department of Neurosurgery at McGovern Medical School at UTHealth. "The findings give new hope to epilepsy patients who may previously have ruled out surgery for various reasons."

The study reviewed 239 patients with medically intractable epilepsy who had a total of 260 procedures between 2004 and 2017 to locate the source of their seizures and determine their suitability for surgery. All procedures were performed by Tandon at Memorial Hermann-Texas Medical Center. Of those 260 procedures, 139 cases involved traditional subdural electrode (SDE) implantation, which includes a large opening of the skull, known as a craniotomy. A sheet of electrodes is placed on the outside of the brain to pinpoint the seizure source before the skull closed back up for an observation period, which usually lasts around a week. When the electrodes are removed, any surgery to treat the seizures is done at the same time to avoid having a separate craniotomy.

Another 121 cases involved robotic stereoelectroencephalography (SEEG), where electrodes are implanted via fine probes, which results in minimal blood loss and less pain. The probes, thinner than raw spaghetti, are threaded inside the brain through small holes in the skull and patients undergo a similar observation period. Following the electrode removal, patients are typically discharged from hospital and, if they are candidates, will return in a few weeks for surgery. Of the patients who underwent resection or laser ablation to remove the lesion causing their seizures, more than three-fourths (76 percent) of SEEG cases were either free of disabling seizures or had them rarely at the one-year mark, compared to just over half (55 percent) of SDE cases. The minimally invasive technique also produced more favorable outcomes among patients with nonlesional epilepsy, for which surgery tends to be less successful. Nearly 7 of 10 of SEEG cases (69.2 percent) had good outcomes at the one-year mark compared to just over a third (34.6 percent) of SDE cases. A greater proportion of SEEG cases were nonlesional epilepsy - 56.2 percent, as opposed to 28.8 percent of SDE cases.

"This makes the case for SEEG even stronger. There are two main reasons why it can achieve better results. First, the technique does not constrain where the electrodes can be implanted, enabling us to study brain networks in a much more comprehensive fashion to pinpoint the seizure source," Tandon said. "Second, it is best to think of the electrode placement as a test. The absence of time pressure, and the fact that no craniotomy has been done, allows us to pick out patients likely to do well, fully consider various options, and implement the most optimal plan."

In addition, results showed SEEG patients required significantly less narcotic medication than SDE patients (356 and 201 milligrams of morphine equivalents, respectively). Results also showed the minimally invasive procedure was more than twice as fast, with the average time in surgery at just over two hours (121.3 minutes) for SEEG cases compared to more than five hours (308.2 minutes) for SDE cases.

"Epilepsy surgery in the U.S. is now at a better place, and we have been at the forefront of this journey, using robotics for minimally invasive techniques that are much better tolerated by patients and more likely to be effective," Tandon said. "Around a third of epilepsy cases cannot be controlled by medication. These findings will give more of these patients the confidence to consider surgery, and help other institutions transition more quickly to providing this minimally invasive procedure."

University of Texas Health Science Center at Houston

March 7th, 2019

https://www.eurekalert.org/pub_releases/2019-03/uth-lph030719.php#.Xlpr10nqlME.mailto





Six-Year-Old's Video About Living With Epilepsy Goes Viral

STV 6 March 2019

Ellie Bruce filmed the video after being bullied over her condition.

Ellie Bruce, from Montrose, Angus, suffered from seizures for years before being diagnosed with epilepsy in January. The youngster has faced bullying at school and, after an incident at a local playpark, decided to film a video explaining what her condition is and how she deals with it.

Mum Katie McGowan explained: "She had been at the park and had a seizure and she'd peed herself and the other children had found it funny."

Ellie added: "That's not nice, is it? It made me sad."

The video has now gone viral, with thousands of views worldwide. It will also be used as part of a lecture at Oxford University later this month.

Ellie and her mum have now learned to identify the warning signs of a seizure.

"It makes me feel dizzy and I get sore heads and sore belly," she said.

Kate added: "I was relieved she is medicated, and we're hopefully going to get these under control, and she's got an epilepsy nurse now."

The family is planning to continue to raise awareness of the condition and Ellie has a message for other people with epilepsy.

She said: "It's ok. I've got epilepsy too. It's nothing really to worry about."

STV News Scotland

March 6th, 2019

<https://stv.tv/news/north/1436074-six-year-old-s-video-about-living-with-epilepsy-goes-viral/>

Boy Kisses Mom For First Time In 2 Years After Surgery

William "Liam" Renihan is only 3 years old, but he's been through a lot. He started having seizures and was diagnosed with epilepsy when he was 15 months old. He was having up to a 100 seizures a day, according to his mother.

"When he had a seizure his whole upper body fell to the floor. So he would hit his head, his face, collarbone," Kimberly Renihan, Liam's mother, explained.

His parents, Kimberly and Matthew Renihan, had nearly lost hope before they met Dr. Juan Ochoa, a Neurologist with USA Physicians Group and Director of SouthCEP Comprehensive Epilepsy Center.

Liam had been on five seizure medications, and had seen three neurologists; none of whom reportedly believed Liam was a candidate for epilepsy surgery.

However, Dr. Ochoa offered the Renihan's a different opinion. "The technology we used to localize the seizure is called EEG source imaging," said Dr. Juan Ochoa, USA Health.

Using EEG source imaging technology, doctors at USA Health were able to map Liam's brain and define a focal point for surgery. He ended up having a hippocampectomy to remove the part of the brain where the seizures were occurring.

"Our surgical goal is to stop the seizures – the second is to plan an approach without causing any neurological deficits...Our hope is we stop the seizures and we improve function," said USA Health Neurosurgeon, Dr. George Rusyniak.

The results were amazing. Days after surgery, Liam was talking and showing affection, giving his parents kisses for the first time in nearly two years.

"What is remarkable in William is that right after surgery he completely changed. He kissed his mom for the first time in two years. He was able to interact," Dr. Ochoa described.

His parents say, the doctors not only restored their hope...but gave them back their son. They say the doctors are true heroes.

"Everything we've done led us to where we needed to be and we had the best outcome that we could have hoped for."

Lenise Ligon

February 26th, 2019

https://www.fox10tv.com/news/boy-kisses-mom-for-first-time-in-years-after-surgery/article_5d1dc3a2-3a31-11e9-b522-b7ed3ab71013.html?utm_medium=social&utm_source=email&utm_campaign=user-share





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

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*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...*