

MAY - JUNE 2014



FOCUS ON EPILEPSY



THE NEWSLETTER OF THE EDMONTON EPILEPSY ASSOCIATION
The Epilepsy Association of Northern Alberta - Our 54th Year of Service

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

FREE

Member Outings & Activities

May

Live Play: "Mistakes Were Made"

Sunday, May 11, 1:45 - 3:30 pm
Shadow Theatre
10329 - 83 Avenue NW
(pre-registration required)

Collective Kitchen Session 5

Friday, May 16, 12:30 - 3:00 pm
EEA Office
(program registration required)

Fun BINGO for Prizes

Friday, May 30, 1:00 - 3:00 pm
EEA Office



June

Collective Kitchen Session 6

Friday, June 13, 12:30 - 3:00 pm
EEA Office
(program registration required)

Visit to Fort Edmonton Park

Sunday, June 22, 1:00 - 4:00 pm
Leaving EEA Office 12:30 sharp
(pre-registration required)

Fun BINGO for Prizes

Friday, June 27, 1:00 - 3:00 pm
EEA Office



FREE MEMBER ACTIVITIES



Live Play "Mistakes Were Made"

Sunday, May 11

1:45 - 3:30 pm

Meet at front entrance, Shadow Theatre



Visit to Fort Edmonton Park

Sunday, June 22

1:00 - 4:00 pm

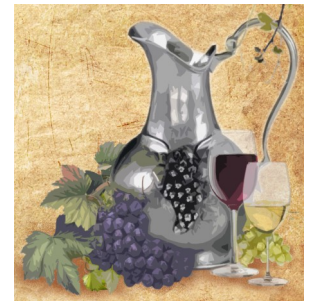
"Celebrate the Grape"

Thursday, September 11, 2014

A Celebration of Greek-Themed
Fine Food and Wine

In Support of Epilepsy Awareness

See [page 5](#) for details



Annual Members' BBQ, Games & Social

Sunday, August 23rd, 11 - 2 p.m.

"Social Room" in the ACT Centre, Rundle Park

Call the Office to register! 780-488-9600

More details to follow in the July/August Newsletter.



Adult Support Group Schedule

(Group meets from 4:00 - 6:00 p.m. in the EEA office.)

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

Wednesday, May 14, 2014

Wednesday, June 11, 2014

Edmonton Epilepsy Parent Group

Please go to eeparentgroup@gmail.com, or access "Edmonton Epilepsy Parent Group" on [Facebook](#), for more details on May's function and for the date, time, and location of the June function.





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 Wendy at our office or e-mail her at info@edmontonepilepsy.org

BOARD OF DIRECTORS

President...Don Risdon
Vice President...Ann Gillie
Treasurer...Yvonne Leonardis
Secretary...David Cowan
Executive Director...Gary Sampley

Directors-at-Large: Tammy Anast
Alex Dolan
Guy Doucette
Craig Heyland
Kim Mahe
Cheryl Renzenbrink
Joe Scalzo
Anna Tymoszejko
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

Wendy Sauve... Asst. to the Executive Director
info@edmontonepilepsy.org

Edmonton Epilepsy Association



EEA Partners with TD Canada Trust in Employability Program

Through the initiative of EEA member Tim McCallen, a Branch Manager with TD Canada Trust, members who are potentially interested in part-time positions as a bank customer service representative (Teller) or full-time positions such as a Financial Service Representative have an opportunity to submit a resume directly through TD's Prairie Region Human Resources Counsellor

For Further information contact EEA Executive Director, Gary Sampley, 488-9600 or gary@edmontonepilepsy.org

Edmonton Epilepsy Association The Epilepsy Association of Northern Alberta

11007-124th Street NW
Edmonton, AB T5M 0J5

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

info@edmontonepilepsy.org
www.edmontonepilepsy.org



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



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.





AGM 2014 Highlights



Anna Tymoszejko is EEA's 2014 Achiever of the Year!

Anna (centre) receives her award as EEA's Achiever of the Year from EEA President Don Risdon (right) and Executive Director Gary Sampley (left) at the March 20th EEA Annual General Meeting.

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.



Congratulations to Our 2014 Continuing Education Scholarship Recipients



Craig Martynuk,
Edmonton
\$1000



Nicolla Wawrzyniak,
Edmonton
\$1000



Jaydon Berg
Sexsmith
\$1000

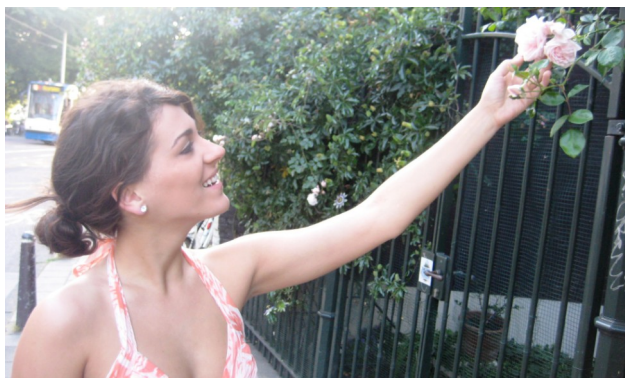
Craig and Jaydon's
Scholarships
Sponsored By The:



Nicolla's Scholarship
Sponsored By:

*The Christine Hachey
Legacy Fund*

The Christine Hachey Legacy Fund



Christine Angela Hachey
March 20, 1987 - January 22, 2014

Donations to Christine's Legacy Fund helped EEA provide a third Continuing Education Scholarship this year.



The Scholarship presentation in Christine's name to Nicolla Wawrzyniak.

L. to R, Christine's mother, Lucille, her sister, Rachelle, EEA Executive Director, Gary Sampley, Nicolla, and Christine's spouse, Rui Carvalho.





News from the EEA Office



Retiring Board Members Thanked for Service to EEA



On behalf of EEA's Members and Board of Directors, EEA President Don Risdon makes presentations to outgoing Board Director Anna Pagliuso (left) and Past President Laura Jurasek (right). Many thanks to Laura and Anna, both of whom served a full six years on EEA's Board!

Nominate your Employer as the EEA Employer of the Year



Application Deadline is September 1st

Do You Have Epilepsy???

Do you have a great, awesome and supportive Employer that recognizes and encourages the many contributions people with Epilepsy offer their fellow employees and workplace?

Nominate them for the 2014 Edmonton Epilepsy Association Employer of the Year Award

Contact us to find out how: 780-488-9600 or
gary@edmontonepilepsy.org

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

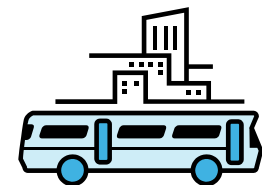


The **Garry Hannigan Memorial Life Enhancement Scholarships for Youth**, to a maximum of \$500 each, are available for Youths of any age, up to the age of 18, to assist them in participating in Sports, Cultural or Recreational Activities that will enhance their development as individuals.

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.

Bus Tickets Available for Members in Reduced Circumstances

Please note that we now have our 2014 allotment of tickets available in the EEA Office. These can be accessed by MEMBERS with limited financial resources who need help getting to medical appointments, EEA events, food shopping, etc., and who do not have an AISH bus pass. Call 780-488-9600 or drop by to pick them up.





More EEA Office News



Winter 2014 Computer Training Program

EEA Members (l-r) Robert Zazula, Victor Derkatz and David Walsh proudly display their Certificates upon completion of the Winter 2014 Computer Training Program. (Class participant Robert Nealy missing from photo.)

They are joined by EEA staff member and computer class instructor Wendy Sauve.

The next Computer Training Program will begin in September, 2014.

Celebrate the Grape 2014

Celebrate the Grape

A Celebration of Fine Food and Wine
in support of
Epilepsy Awareness

Thursday, September 11, 6:30 p.m.
Yiannis Taverna 10444 - 82 Avenue

Up-scale entertainment, numerous and diverse
silent auction items, 50/50 draw, wine-tasting
contest (winner takes home a case of wine)
and other attractions.

Tickets: \$125
No Minors

Tickets are available through Yiannis,
780-433-6768 or
Edmonton Epilepsy Association,
780-488-9600
info@edmontonepilepsy.org





EEA's 2014 Annual General Meeting & Volunteer Recognition Event





April Visit to Muttart Conservatory





Young People With Epilepsy Significantly More at Risk of Injury

Children and young adults with epilepsy are more likely to suffer broken bones, burns and poisonings compared to those without the neurological disorder, new research has found.

The study, led by academics at The University of Nottingham and funded by the National Institute for Health Research, shows that young people with the condition are at significantly greater risk of being poisoned by medication, leading the authors to call for further research into whether these poisonings are intentional.

The results, taken in tandem with previous research findings, highlight the need for further research into whether young people with the condition are at greater risk from an overdose, accidental or intentional, of their epilepsy drugs or other medication. And the researchers say that doctors and other healthcare professionals should use the results of the study to help warn epilepsy patients of the increased risk associated with their illness.

The study, published in the latest edition of the journal *Pediatrics*, found that young people with epilepsy were more than twice as likely to be poisoned by medication. This jumped to four times the risk in patients aged between 19 and 24 years old.

The patients, all aged between 12 months and 24 years old at the time of their diagnosis, were also almost one and a half times more likely to suffer a burn-related injury and almost 25 per cent more at risk of breaking an arm or leg.

Dr Vibhore Prasad, of the University's Division of Primary Care, said: "More research is needed to understand why people with epilepsy have a greater number of medicine-related poisonings and whether the poisonings are intentional or accidental. This is the first study in the UK population to estimate the risk of fractures, burns and poisonings. The risk of a poisoning in the next five years for 1,000 people with epilepsy is about 20 extra poisonings compared to people who do not have epilepsy."

Epilepsy is a chronic condition caused by a sudden burst of electrical activity in the brain, causing a temporary interruption in the way the brain normally works and resulting in a seizure. In the UK alone there are more than 600,000 people with epilepsy.

Previous studies into the condition have suggested that these seizures—and the side effects caused by some anti-epilepsy drugs—put patients at a greater risk of accidental injuries.

However, most research may have overestimated this risk because they focused primarily on people with more severe epilepsy, such as institutionalised adults or those being treated in epilepsy clinics.

This latest study is the first to investigate the potential risk of injury exclusively in children and young people with and without epilepsy.

The research, which was carried out in association with academics at the London School of Hygiene and Tropical Medicine, used GP records from almost 12,000 patients with epilepsy to study the incidence of injury over an average of two and a half years and compared it with the records of around 47,000 non-epileptic people.

The authors say that doctors and other healthcare professionals can use the findings of the research to make children and young adults diagnosed with epilepsy, and their parents, more aware of the risk of injury and to inform existing guidelines on treatment. In particular, they cite the need for more information relating to the safe storage of medicines and the supervision of children while taking their medication to be given by doctors at the time of prescribing and by pharmacists when dispensing prescriptions.

April 14, 2014

<http://medicalxpress.com/news/2014-04-young-people-epilepsy-significantly-injury.html>

Social Problems in Young People

A new Swedish study has explored the long-term social skills of children with epilepsy. Even children who were identified as 'well functioning' at the time of diagnosis went on to develop social, emotional and behavioural problems.

The study looked at the development of 31 children and young people with epilepsy. The study followed them for 10 years after they were diagnosed in 1997. At the time, all the children were classified as well functioning by medical professionals.

Of these 31 children, 32 per cent (around a third) still had active epilepsy a decade after their diagnosis. These children showed attention problems and somatic complaints (distressing physical or bodily symptoms, including pain). Of the youngsters aged under 18, over 85 per cent

were having some form of school problems.

Meanwhile, 16 per cent of the children and young people were taking more than one medicine for their epilepsy. The research team found that this increased the possible risk of attention problems and aggression.

The research team suggest more study in this area to learn more about epilepsy and its relationship with other social and psychological problems. According to the team, this should "decrease risk of low self-esteem, social anxiety and depression later in life". The study findings were published in an online edition of the [European Journal of Paediatric Neurology](#) dated 13 February 2014.

<https://www.epilepsy.org.uk/news/news/social-problems-young-people->





Patients with Autoimmune Disease Have 3.8-fold Increased Risk of Developing Epilepsy

Patients with an autoimmune disease have a 3.8-fold increased risk of developing epilepsy, according to a new population-level study from Boston Children's Hospital based on health insurance claim data. The study, published online March 31, 2014 in *JAMA Neurology*, is the largest to date to look at the association between autoimmune disease and epilepsy without a recognized neurological cause.

Epilepsy affects approximately 470,000 children and 2.3 million adults in the U.S. alone. While medical and surgical treatments can be effective in managing the disease, the results are mixed. A growing number of reports, based on small clinical or animal model studies, have begun to link specific autoimmune diseases to cases of epilepsy of previously unknown cause. Epilepsy therapy is largely directed at the symptoms of disease and in about two-thirds of patients, the specific underlying cause of the condition is never found.

"Autoimmunity is strongly linked to seizures. We may be overlooking a treatable mechanism in epilepsy patients," said the study's lead author Kenneth Mandl, MD, MPH, runs Boston Children's Informatics Program (CHIP)'s Intelligent Health Laboratory. "We need to change how we think about clinical management of these conditions."

Mandl and Mei-Sing Ong, PhD, first author of the study, looked at the autoimmunity-epilepsy connection at a population-level by analyzing de-identified claims data related to epilepsy and 12 autoimmune diseases from more than 2.5 million subscribers of a nationwide health insurance carrier.

The researchers found that there was a 3.8-fold increase in the risk of epilepsy for patients with an autoimmune disease and 17.5 percent of epilepsy patients also had an autoimmune disease. The increase in risk of epilepsy varied by form of autoimmunity, ranging from 1.9-fold for psoriasis to 9.4-fold for antiphospholipid syndrome. In addition, the increase in risk was greater among children (5.2-fold) than adults (4.3-fold).

Findings also revealed that autoimmunity patients on select immunosuppressing medications had a lower risk of developing epilepsy.

"These findings suggest a new approach to treating seizures, one based on quieting the immune system," Mandl said.

According to Mandl and Mark Gorman, MD, a Boston Children's neurologist involved with the study, the risk association between epilepsy and autoimmunity suggests that both rheumatologists and neurologists should consider screening their patients for signs of the associated condition.

"There are subtle signs of epilepsy that may suggest to an immunologist that a patient should be assessed by a neurologist," said Gorman. "Similarly, if you are a neurologist, a referral to an immunologist may be warranted if a patient shows subtle signs of autoimmunity."

The team's data did not allow them to explore possible mechanisms behind the association, but they hope to work with collaborators to look for biological links.

"There are many ways in which autoimmunity can affect the brain and cause seizures," said Gorman. "The next step is to find out what they are."

The study was supported by the National Institute for General Medical Sciences (grant number R01GM104303), the National Center for Biomedical Computing (grant number U54LM008748), the Conte Center for Computational System Genomics of Neuropsychiatric Phenotypes (National Institute of Mental Health grant number P50MH94267) and the Australian National Health and Medical Research Council.

Source: Boston Children's Hospital

April 1, 2014

<http://www.news-medical.net/news/20140401/Patients-with-autoimmune-disease-have-38-fold-increased-risk-of-developing-epilepsy.aspx>

New Brain Implant "could revolutionize epilepsy treatment"

An innovative brain implant is being developed by scientists in the UK that could help to deal with seizures more effectively.

The Newcastle University-led project will utilise an implant that uses light waves to try to counteract the disrupted brain activity that causes epileptic seizures. The device is the size of a drawing pin and will be inserted directly into the brain.

Bringing together the disciplines of engineering, basic neurosciences and clinical management, the implant will be developed over a seven-year period, supported by a ten million pound grant from the Wellcome Trust and the

Engineering and Physical Sciences Research Council.

By continually monitoring and interacting with brain activity to stabilise disrupted networks of neurons, it will be able to counteract seizures before they happen.

Dr. Andrew Jackson, a Wellcome Trust Fellow in neuroscience said: "Currently implants only kick in once the seizure has started, which is often too late. If our technique works, then it should be more effective and make a real difference to patients' lives."

April 3, 2014

<http://www.zenopa.com/news/801709696/new-brain-implant-could-revolutionise-epilepsy-treatment>





Designer Babies: Screened for Epilepsy

The US Food and Drug Administration (FDA) is deciding whether to allow human trials of a way of making 'designer babies'. That is, embryos made from selected genetic material and screened for conditions like epilepsy.

The FDA held a two-day meeting about this procedure. It allows an embryo to be created from the genetic material of three parents. This has been called 'three-parent IVF'. The procedure involves removing defective mitochondria from a mother's egg and replacing it with healthy mitochondria from another woman. [Mitochondria are tiny structures inside a cell that deal with some of the cell's chemical reactions.] This egg is then fertilised in the lab and implanted in the mother's womb, and carried to term as a regular pregnancy.

This procedure is designed for women who carry genetic mutations that result in blindness and epilepsy. The procedure would offer these women the choice of not passing those conditions to their children.

The meeting was announced several months ago and brought outrage from many scientists, ethicists and reli-

gious groups. The concerns appear to be that this procedure would 'open the door' to parents choosing things like eye colour and intelligence in their children.

A panel of scientific advisers has given information to the FDA, offering recommendations that are usually followed – but not always. Chairman of the panel, Evan Y Snyder, said "there was probably not enough data in either animals or in vitro to conclusively move on to human trials... without answering a few additional questions".

A similar procedure is being debated in the UK at the moment. A public consultation about regulations to control genetic modification has begun. If made law, these regulations would make Britain the first country in the world to actually offer three-parent IVF and similar procedures. These procedures are welcomed by many in the UK. Others – including campaign groups such as Human Genetics Alert – are less convinced.

April 11, 2014

<https://www.epilepsy.org.uk/news/news/designer-babies-screened-epilepsy-63897>

Paediatrics: Surgery in Stages Offers Positive Outcomes

News from Philadelphia in the US explores a new approach to epilepsy surgery in children. Offering surgery in two or three stages during one hospital admission has shown strong results in complex cases.

The study explored surgery cases over a 13-year period between 1996 and 2009. During that time, the idea of performing surgery in several stages was used in 161 children. This approach usually involves three stages.

The first stage is invasive electrode monitoring. This means a child's skull is opened up and electrodes are placed on the surface of the brain. The electrodes detect electrical activity and help surgeons pinpoint the source of the seizures.

The second stage is resection – where the surgeon removes the part of the brain where seizures start. The

third stage is removing the electrodes. All three stages are done during one hospital stay.

Over the 13-year period, it seemed that surgeons gained more experience with the staged surgery technique. This resulted in better outcomes for the children who had been operated on, most with complex epilepsies. Complications as a result of surgery happened in 30 per cent of the children at the beginning of the study period. This figure reduced to 15 per cent by the end.

The staged surgery method did not show any increased percentage of complications, but is still used less commonly than more traditional methods. It has also shown strong results – with a large reduction in seizures for most children with complex epilepsies.

February 16, 2014

<https://www.epilepsy.org.uk/news/news/paediatrics-surgery-stages-offers-positive-outcomes-63775>

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
780-469-7667



Central

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





Epilepsy and Inheritance



Introduction

If you have epilepsy, it means that you sometimes have seizures. Anybody can develop epilepsy, but some people have a higher risk of developing epilepsy than others.

Epilepsy is a very complex condition and there are many different types. There are also many different reasons why people develop it.

- Some people are born with epilepsy. It is thought that between two and five in every 100 children born to parents with epilepsy will inherit epilepsy.
- Some people have epilepsy that is caused by brain damage, which can be caused by a number of things. These include a difficult birth, a brain infection (such as meningitis), a stroke or a serious brain injury. Not everybody who has brain damage develops epilepsy.
- For around six out of 10 people with epilepsy, there is no obvious reason why they have developed the condition.

Reasons why you might inherit epilepsy

A certain type of epilepsy might run in your family.

Certain types of epilepsy seem to run in families. These could include childhood absence epilepsy, juvenile myoclonic epilepsy, photosensitive epilepsy or febrile seizures. However, it is more common for families to have different types of epilepsy in them.

More information about different types of epilepsy is available from Epilepsy Action.

You might inherit a low seizure threshold.

We all have something called a seizure threshold in our brain. People with a low seizure threshold are more likely to have seizures than people with a high seizure threshold. Low seizure thresholds may be inherited.

If you have epilepsy and your doctors have not found a cause for it, you may have inherited a low seizure threshold.

If you have brain damage, you have a higher risk of developing epilepsy if there is a history of epilepsy in your family. This is because you may have inherited a low seizure threshold.

You might inherit another medical condition that causes epilepsy

Two to three in every 100 people with epilepsy have epilepsy because they have inherited a different medical condition that also causes epilepsy. For example, [tuberous sclerosis](#) is a rare condition that is inherited. It causes benign (non-cancerous) tumours to develop in different parts of the body. It can cause other health conditions, including epilepsy, learning disabilities and autism.

The risks of inheriting epilepsy

Each type of epilepsy has a different level of risk for being inherited. However, even with the types of epilepsy that are most likely to be inherited, the risk that a child will inherit it is thought to be less than 15 in every 100.

Here is some information about the risks of a child developing epilepsy, when other family members have epilepsy.

Person in the family with epilepsy	Mother	Father	Mother and father	Other family members
Risk of child developing epilepsy	Higher than for any child in the general population.	Only slightly higher than for any child in the general population.	Higher than if just the mother has epilepsy. But even then it is more likely the child will not develop epilepsy. The risk of inheriting epilepsy is higher if the parents are related to each other (first cousins or a closer relation).	The more people with epilepsy there are in a family the higher is the risk that the child will inherit epilepsy.

Age at which parent developed epilepsy	Under 20	20 - 35	Over 35
Risk of child developing epilepsy	Higher than for any child in the general population.	Slightly higher than for any child in the general population.	No more than for any child in the general population.

Conclusion

Research into epilepsy and inheritance is being carried out all the time. In recent years, scientists have discovered lots of new information, but there is still a lot to learn.

Here is a summary of our understanding of epilepsy and inheritance.

The risk that a child will inherit epilepsy depends on:

- the type of epilepsy that is in the family
- which family members have epilepsy
- how old the family members were when they developed it.

Some types of epilepsy have a higher risk of being inherited than other types.

Some people don't inherit epilepsy itself, but they do inherit a low seizure threshold.

Between two and five in every 100 children born to parents with epilepsy will inherit epilepsy.

Click logo to link to source website

epilepsy action





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, and a bi-annual weekend specialized Educational Conference, all 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;
- ◆ A 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;
- ◆ A 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;
- ◆ Two group sessions a month, one geared toward Adults with Epilepsy and concerned family members, and one for Parents/ Caregivers of Children with Epilepsy, plus an Epilepsy Experiences Group;
- ◆ 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, and free “Donate-a-Ride” Program bus tickets for Members in need;
- ◆ An annual no-cost in-house Collective Kitchen Cooking Training Program and annual in-house Computer Training Programs 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
11007-124th Street NW
Edmonton, AB T5M 0J5

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...*