

SEPTEMBER - OCTOBER 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

September

Fun BINGO for Prizes

Friday, September 29th, 1:00 - 3:00 p.m.
(Pre-register by Noon, September 27th)
(Registration Limited to 12)

Back to School!



October

Fun BINGO for Prizes

Friday, October 20th, 1:00 - 3:00 p.m.
(Pre-register by Noon, October 18th)
(Registration Limited to 12)

Halloween Lunch

Saturday, October 28th, 12:00 - 2:00 pm
Midnight Sun Restaurant
11003 124 St
Meet Inside Restaurant
(Pre-register by Noon, October 25th)

Happy Thanksgiving



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.

September 12th, 2017
October 10th, 2017

FREE MEMBER ACTIVITY

FREE MEMBER ACTIVITY FOR YOUNG ADULTS

MINI-GOLF - SEPTEMBER 22!

Join us for a fun night of mini golfing with friends with epilepsy. If you are 18 -29 years old and have epilepsy, come on your own or bring a friend for some golfing fun. No cost for golfing, but pre-registration is required by Sept.20th. Call 780-488-9600 or email info@edmontonepilepsy.org Sept. 22, 6:45—9:00 p.m. Professor WEM's Adventure Golf, West Edmonton Mall

No-Cost Halloween Luncheon

Midnight Sun Restaurant

11003—124th Street

Saturday, October 28

12:00 - 2:00 pm



ONE DAY ONLY

Out of the Garage
Behind the EEA Office at
11215 Groat Road
Sale Hours are:
Friday, September 15th,
10:00 a.m.—7:00 p.m.



Second Notice!

Annual Christmas Lunch and Social

Saturday, December 9th, 12 - 3 p.m.

Central Lions Senior Centre, 11113—113 Street, Edmonton

In keeping with our tradition of a different ethnic theme each year, this year will have a German theme.

\$15.00 per person (remainder EEA subsidized). Subsidies
available for those in need.

Call the EEA office, 780-488-9600, to book your seats (pre-registration required).



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
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Colleen Matvichuk	Tim McCallen
Anne Starreveld	Katrina Van Den Berg
Brian Wilkie	

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gary@edmontonepilepsy.org

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

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

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cam@edmontonepilepsy.org

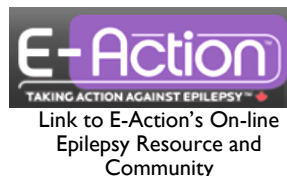
Edmonton Epilepsy Association The Epilepsy Association of Northern Alberta

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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

Please note that we now have our 2017 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.



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.





Our Newest “Garry Hannigan Memorial Life Enhancement Scholarship for Youth” Recipient

Pictured is Gabriella Carr, aged 4, whose scholarship was for a season of swimming lessons.

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

Next EEA Computer Training Program Begins in October 2017

EEA members who wish to learn the basics of how to use a computer and have the opportunity to obtain a free laptop computer are invited to register now.

- ♦ The training program will run for four consecutive Mondays, from 1:00-2:45 p.m., commencing October 2nd;
- ♦ Training will use laptop computers, which each participant will receive free of charge after successfully completing all 4 sessions.
- ♦ Registration is limited to 4 participants;
- ♦ Education Coordinator, Sharon Otto, will deliver the training;
- ♦ This program is a partnership of the EEA and the United Way InKind Exchange.



To register, call Sharon at 780-488-9600 or e-mail info@edmontonepilepsy.org

Nominate your Employer as the EEA Employer of the Year



Nomination Deadline is September 1st, 2017

Do You Have Epilepsy???

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

Nominate them for the 2017 Edmonton Epilepsy Association Employer of the Year Award. Contact us to find out how:

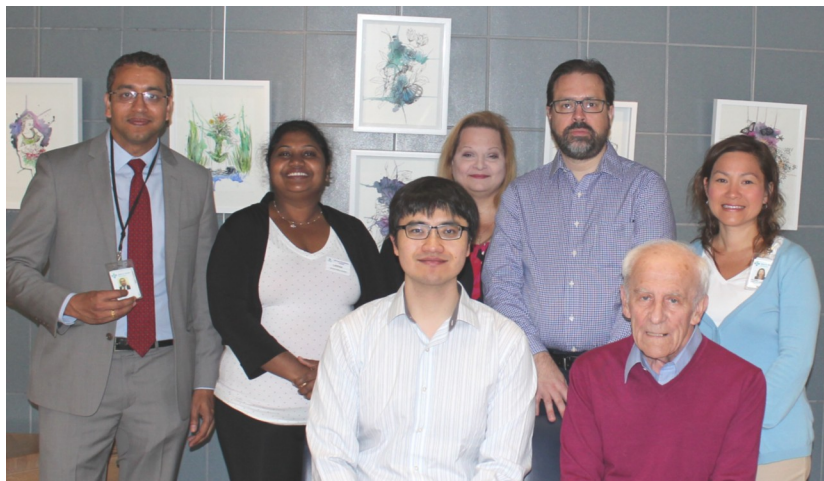
780-488-9600 or garry@edmontonepilepsy.org





News from the EEA Office

The Staff Team of the Adult Convulsive Disorder Clinic (ACDC) At Edmonton's Glenrose Hospital

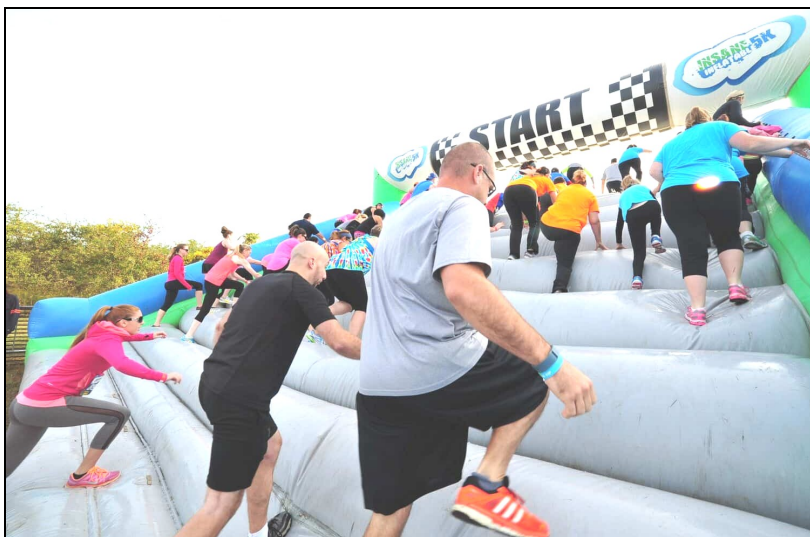


Rear Row, Left to Right: Dr. Yogesh Thakker, Staff Psychiatrist, Leena Arokia-Swarmy, RN, Staff Nurse, Kim Mahe, RN, Clinic Coordinator, Dr. Ken Makus, ACDC Director, Michelle Wallace, RN, Patient Care Manager
Front Row, Left to Right: Dr. Jack Wang, Staff Neurologist, Dr. Elout Starreveld, Recently Retired ACDC Director and Co-Founder of the Clinic



Support The Team Members Of “The EEA Purple Party”

as they compete in the Insane Inflatable 5K Obstacle Run at Capilano Park in Edmonton, Saturday, September 16th.



Our team of eight, captained by EEA Director Craig Heyland, will be competing against numerous other teams from the Edmonton Area. Craig's Purple Party Team wants to raise funds for EEA Programs and Services.

You can help them by going to the Donate Now through CanadaHelps Link on the EEA Website, or by using this link <https://www.canadahelps.org/dn/13822>. Make the donation of your choice and in the message for the EEA type “EEA Purple Party”. You will be able to print your charitable donation receipt right off the CanadaHelps website at the time of your donation. For more information on the Obstacle Run, click here, <https://insaneinflatable5k.com/event/edmonton-ab/>

In compliance with competition rules, all donations to participating teams should be received by midnight on Friday, September 15th.

You can, of course, donate the old fashioned way by mail or telephone to the EEA Office, and a receipt will be mailed out to you.





A BRIEF GUIDE INTRODUCING THE NEW CLASSIFICATION OF EPILEPSY

Classification systems used for animals, plants and diseases have led to an improved understanding while allowing more effective communication among caregivers, researchers, patients, and other interested parties. This also applies to the classification of seizures, epilepsy types, and epilepsy syndromes.

Hippocrates recognized that the cause of seizures was in the brain approximately 400 BC. He understood that seizures could result from severe brain trauma, and he observed that one-sided seizures resulted from trauma on the opposite side of the brain. He also reported the connection between seizures, alcohol, and genetic factors. Most seizures were considered to be idiopathic: a bad interaction between phlegm and black bile. Hippocrates wrote “On Sacred Disease”, but also asked: “why are seizures divine and other diseases not”.

In the middle of the 19th century, the terms ‘Grand Mal’, ‘Petit Mal’, and ‘Absence’ were being used in French hospitals, and the Western world followed. The most recent classification with which most of us are familiar, was drawn up 28 years ago by the Commission for Classification and Terminology of the International League Against Epilepsy (ILAE).

Early in 2017, this same Committee published a position paper in which a revised terminology framework was proposed. The epilepsy types recognized include focal, generalized, combined generalized and focal, and unknown. Terms such as ‘complex partial seizures’ will be simplified to ‘focal onset, impaired awareness’, ‘simple partial seizures’ become ‘focal onset, aware’.

Robert S Fisher MD, the Chairman of the Classification Committee, reported the ILAE approval of the new classification during the 70th Annual Meeting of the American Epilepsy Society.

Those interested in reading more about the new classification system may look up “The 2017 ILAE Classification of Seizures - Epilepsy Foundation” on the internet for a clear and concise review. Understandably, it will be a challenge for many to adjust to this new terminology after working with one system for 28 years.

Elout Starreveld MD

To familiarize the reader with the essential changes in the proposed terminology a partial list of old and new terms is provided.

OLD TERMINOLOGY	NEW TERMINOLOGY
Tonic Clonic Seizure, “Grand Mal”	Generalized Tonic Clonic of Unknown Onset
Absence / “Petit Mal”	Generalized Absence (typical, atypical, myoclonic, or with eyelid myoclonia)
Simple Partial Seizure	Focal Aware Seizure
Complex Partial Seizure	Focal Impaired Awareness Seizure
Psychomotor Seizure	Focal Impaired Awareness Seizure
Atonic / “Drop Attack”	Focal or Generalized Atonic
Secondary Generalized Tonic Clonic	Focal to Bilateral Tonic Clonic (onset can be aware or impaired aware)
Infantile Spasms	Focal, Generalized, Unknown Onset Epileptic Spasms
Arrest, Freeze, Pause	Behavior Arrest

Only some of the old terms have been listed, despite the fact that some of them appeal to the imagination. Simple Limbic Epilepsy, for example, is a Focal Impaired Awareness Seizure, similar to Gelastic Epilepsy (bouts of unnatural laughter) and Dacrystic Epilepsy (excessive tearing).



EEA BBQ & Members Social





August 12th, 2017





What Causes Seizures In Sleep? Nocturnal Epilepsy Explained.

Epilepsy is a serious condition that is characterized by uncontrollable limb twitching, jerking, and in many cases, loss of consciousness. Caused by abnormal activity in brain cells, seizures can affect brain processes and lead to symptoms such as confusion, a lack of awareness, staring into space and loss of bodily control such as bladder function. Symptoms vary according to the type of seizure, and some will only suffer from seizures while sleeping – this is called nocturnal epilepsy. Here is everything you need to know about the condition.

What is nocturnal epilepsy?

A seizure disorder where seizures only occur while sleeping. Epilepsy is categorised as nocturnal if it's triggered only while one is sleeping. However, if someone is awake during a time they're normally sleeping, a seizure can be had while awake.

What are the symptoms?

People who have nocturnal seizures may notice unusual conditions around them when they wake up, such as having a headache, bedwetting, discovering they've bitten their tongue, muscle strain, weakness or fatigue, lightheadedness, and bone or joint injuries. They may wake up on the floor, or find objects near their bed have been knocked to the ground.

When do the seizures happen?

Most nocturnal seizures take place during light sleep – either soon after falling asleep, before waking or during arousal over the course of a night. Early nocturnal seizures take place within the first or second hour of going to sleep, early morning seizures happen one or two hours before the usual time of awakening, and they can also occur an hour or two after waking up. They're not limited to just night time, either – nocturnal seizures can happen during an afternoon nap, too.

What causes nocturnal seizures?

The cause of seizures are often unknown, but can be linked to unusual brain development, stroke, brain tumours, serious head injury or reduced levels of oxygen reaching the brain. Certain seizure conditions are more likely to result in nocturnal seizures. These include frontal lobe epilepsy, awakening tonic-clonic seizures, juvenile myoclonic epilepsy, Landau-Kleffner syndrome and Benign Rolandic epilepsy.

How is it diagnosed?

Such a condition can be difficult to diagnose, purely because the symptoms take place while the patient is unconscious. Because of this, it can also be hard to know how long they've been present, or the average duration of each seizure.

Can it be treated?

When a patient suspects they have nocturnal epilepsy, a doctor can treat the condition with anticonvulsants. It's important to find the right type of medication, as anticonvulsants can disrupt a person's sleeping structure – and a regular sleep cycle is essential, as undisrupted sleep will lower the likeliness of symptoms appearing.

How can people with nocturnal seizures stay safe?

- Use a low bed with padded headboards
- Avoid sleeping in bunk beds, particularly the top bunk
- Don't use large and soft pillows, as these can increase the risk of smothering
- Keep heavy furniture away from the bedside to prevent injury if you fall out of bed
- Consider using safety mats if you fall out of bed during nocturnal seizures
- Use wall mounted lamps instead of table lamps or study lamps, to reduce risk of knocking them over
- Don't sleep in rooms with coarse carpets, as you could get friction burns if you have a seizure on the floor during the night

Why is it important to get enough sleep?

A good night of sleep results in people being able to think clearly, react more quickly and have more energy. Many people with epilepsy find that not getting enough sleep will increase the risk of seizure symptoms occurring.

Imogene Groome
July 29, 2017

<http://metro.co.uk/2017/07/29/what-causes-seizures-in-sleep-nocturnal-epilepsy-explained-6814950/>





Poll Shows Half of People With Epilepsy Forget To Take Epilepsy Medicines At Least Once a Month

Around half of people with epilepsy, surveyed in a recent poll by Epilepsy Research UK, said they forget to take their medicine at least once a month. The charity Epilepsy Research UK asked people who receive their newsletter to complete the poll. They wanted to see how well people stuck to their medicine routine. They had 125 people respond. The people were asked to estimate how many times in the last month they forgot to take their medicine or had taken it at a different time to usual.

Most people who responded (9 in 10) usually took their medicines two or more times a day. Half of the people were on one epilepsy medicine, with the rest taking 2 to 4 medicines a day. Around 2 in 5 people (20%) said they had forgotten to take their medicine once in the last month. A quarter of people (25%) said they had forgotten two times or more. Just under half of people said that they had taken their medicine at the wrong time at least once in the last month.

Epilepsy Research UK explained that not taking epilepsy medicines properly can mean there is a lower level of the medicine in a person's bloodstream. This can lead to breakthrough seizures or seizures worsening. Epilepsy Action offers some suggestions to help with taking your medicines properly. Ask for clear instructions from your doctor or pharmacist on how to take your medicines. Getting pill boxes can help you organise your medicines and make sure to take the right ones at the right time. You can also set alarms or leave reminders for yourself to make sure not to forget your medicines.

July 5, 2017

<https://www.epilepsy.org.uk/news/news/poll-shows-half-people-epilepsy-forget-take-epilepsy-medicines-least-once-month-67443>

Anti-Epilepsy Drug Restores Normal Brain Activity In Alzheimer's Patients

Scientists have found that doses of a drug designed to treat epilepsy, also has a benefit in restoring normal brain activity in those with mild Alzheimer's disease.

Anti-epilepsy drug 'Levetiracetam' is being tested by researchers as a way of tackling disrupted electrical activity in the brain, which has been seen in both epilepsy and dementia.

Over the last decade there has been mounting evidence that seizure-like activity in the brain, experienced by those who epilepsy, also occurs with dementia but is not necessarily always seen by doctors, as it is subclinical. This means it does not result in a physical seizure, and can only be seen on a brain scan.

Daniel Z. Press said: "If this abnormal electrical activity is leading to more damage [in Alzheimer's patients] then suppressing it could potentially slow the progression of the disease."

The study at Beth Israel Deaconess Medical Centre took a small group of patients in a three-stage trial. At each visit they were given a scan to measure electrical activity in the brain, before being injected with either an inactive placebo or the anti-seizure drug. The drug was administered in two quantities - the lower dose (2.5mg/kg) or higher dose (7.5 mg/kg). Neither patients nor medical professionals knew who was receiving which.

After this injection they underwent another ECG scan, then an MRI, and finally a cognitive test - all of which were able to test the functioning that is impaired with the onset of dementia. The found that in the patients who had been given the drug it did normalise abnormal brain waves and electrical activity, although were quick to add that they hadn't seen improved cognitive function.

Press said: "It's too early to use the drug widely, but we're preparing for a larger, longer study."

June 26, 2017

Sophie Gallagher

http://www.huffingtonpost.co.uk/entry/anti-epilepsy-drug-restores-normal-brain-activity-in-alzheimers-patients_uk_5950cf1ce4b0da2c731c9ad7





American Family Can't Stay in Canada Due To Child's Epilepsy, Developmental Delay

She's six years old, healthy, active and happy but Canadian immigration officials say she might be a burden on the system one day so her American family, who owns a tourist lodge and set down roots in Manitoba, has been ruled "inadmissible." Karalynn Warkentin was two years old when her parents, Jon and Karissa, bought Harvest Lodge on Waterhen River in 2013, planning to make it their permanent home.

In 2014, the little girl started having seizures and was diagnosed with epilepsy and global developmental delay.

She hasn't had a seizure in more than two years, but Karalynn's health condition was enough for the federal government to deny her and her family's application for permanent residency in Canada.

It "might reasonably be expected to cause excessive demand on health or social services," said the rejection letter from Immigration, Refugees and Citizenship Canada.

"Your dependant daughter, Karalynn Faith Warkentin, is a person whose health condition, Global Developmental Delay and ADHD might reasonably be expected to cause excessive demand on health or social services."

With her parents' work visas set to expire Nov. 24, the future of Karalynn and her family is now in limbo.

"It's been a lot of sleepless nights," said her mother Karissa in Waterhen, a four-hour drive north of Winnipeg. "What are we going to do?" They've invested in the lodge and the tiny northern community and the couple and their four children are part of its fabric year-round, she said.

"We specifically wanted to make a new life where we had the businesses," she said. "We're not taking our tax dollars with us and living in Florida in the winter," she said.

Child needs extra supervision, but is otherwise healthy

The Warkentins have been rejected by Canadian immigration officials because of a section of the Immigration and Refugee Protection Act that says a foreign national is inadmissible on health grounds if their health condition might reasonably be expected to cause excessive demand on health or social services.

"Look at our package as a whole - what we're bringing in and paying in taxes. Look at the benefit of having a rural economy supported by a business like ours - the benefits would outweigh the potential costs." -Karissa Warkentin

Their daughter isn't an excessive burden or drain on social spending and shouldn't be seen that way, said Karissa Warkentin. "At home and in school she needs extra supervision – she needs more direction," said her mom. "If a child needs to hear something seven times to make a memory, she may need to hear it more," said Warkentin. "She doesn't require any physical adaptation. She's a relatively healthy child and rarely gets sick with colds or anything. She doesn't have behavioral issues, which is a blessing. She enjoys her classmates."

The help she needs in school is covered in block funding allocated to the Frontier School Division. If she ever needed more care, the Warkentins say they can cover the cost.

"They have 10 years of our business and financial records. We have savings in our 401K and investment in our business – a business that brings in tourism dollars and residual dollars at the local store, with hunters buying groceries and liquor and (hunting and fishing) licences," Karissa Warkentin said.

Guests at their lodge often fly to Winnipeg, stay in a hotel then rent a vehicle for the four-hour drive to the Warkentin's lodge at Waterhen. In 2016, the taxes and fees they collected at the lodge were in excess of \$20,000, Jon Warkentin said in a letter to the Canadian immigration officer handling their file.

"Look at our package as a whole – what we're bringing in and paying in taxes. Look at the benefit of having a rural economy supported by a business like ours - the benefits would outweigh the potential costs."

Family well-liked in community: mayor

The family is actively involved year-round in the life of the northern community, said Warkentin, who has letters of support to prove it. "They are well-liked, friendly members of our community," wrote Waterhen Mayor Larry Chartrand. "They are always willing to help out within the community," said the mayor, noting the Warkentins provide an important service to the area: a restaurant and lodging.

Waterhen School principal Craig Park's letter said the Warkentins are contributing members to the community and actively involved in the school. Karissa is a member of the Waterhen and District Day Care Board. Park's letter said funding for Karalynn at school is covered by the province without any "significant impact."

The Warkentins have hired an immigration lawyer in Winnipeg to appeal the decision on their inadmissibility. She said the legislation as it stands now is discriminatory. "What we hope for most is for this policy to be reviewed and changed so other families aren't discriminated against this way," said Karissa. "Review the policy. It's not a good policy."

Immigration, Refugees and Citizenship Canada said it was not prepared to comment Tuesday.

July 25, 2017

Carol Sanders

<https://www.winnipegfreepress.com/local/american-family-cant-stay-in-canada-due-to-childs-epilepsy-developmental-delay-436601943.html>





An Exciting Breakthrough For Epilepsy Diagnosis

What would it mean if epilepsy could be diagnosed much earlier? More rapid treatment and fewer tests for sure, but it could also help reduce the incredible angst, frustration and general disruption that people often face whilst waiting for a diagnosis.

Researchers at University of Illinois at Chicago (UIC) have discovered that complex cellular process in epileptic brain tissue leave tell-tale signs that distinguish it from non-epileptic tissue. This can be detected using a non-invasive technique called magnetic resonance spectroscopy (MRS). Current non-invasive investigations can't detect epileptic tissue of less than 10 square centimetres, meaning that it can be missed and that people who need treatment do not receive it. Some people are referred for much more invasive tests that can be painful and carry risks. The MRS method used here was able to identify epileptic regions that were a lot smaller, which means that it could potentially help diagnose epilepsy a lot more efficiently.

The study

During the study, the team used a powerful MRS scanner (based at Wayne State University, Detroit) to analyse epileptic, 'less-epileptic' and non-epileptic brain tissue removed from nine people as part of epilepsy surgery. More specifically, they wanted to look at the levels of chemicals linked to metabolic processes in the tissues' cells (known as their metabolomic signature).

They found that tissue with a lot of epileptic activity had higher levels of compounds called creatine, phosphocreatine and choline, but lower levels of lactate, which is a strong indicator of abnormal metabolism. The researchers then examined the tissue more closely in the laboratory and saw that epileptic tissue had many more blood vessels than 'less epileptic' and non-epileptic tissue. Genetic analysis also showed that epileptic tissue had greater activation of genes linked to blood supply formation and changes in metabolism. The reason for the altered metabolomic signature in the epileptic tissue is not entirely clear, but Senior Author Dr Jeffrey Loeb says: "These are areas of the brain where large populations of neurons are firing often, and this uses up a lot of energy, so it's not surprising that we see an altered metabolic profile with a massive expansion of blood vessels."

What happens next?

Further studies involving UIC and Wayne State are already underway to fully translate these findings to the clinical setting, where people would undergo a non-invasive scan (very similar to an MRI) and the metabolomic signature of their brain tissue would be revealed. If successful, this could revolutionise the diagnosis, and the treatment, of epilepsy. It could even lead to therapies that prevent epilepsy from developing after a brain injury.

Dr Loeb comments: "The technology will allow us to diagnose epilepsy much earlier. This is critical if we are to develop new treatments to prevent epilepsy from developing after a head injury, stroke, or brain tumor."

July 21st, 2017

<https://www.epilepsyresearch.org.uk/an-exciting-breakthrough-for-epilepsy-diagnosis/#.WXJBuRfZtXY.email>

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





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
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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...*