

## Myths & Facts About Epilepsy

**MYTH** ✕

If you have had a seizure, you have epilepsy.

**FACT**



In general, you must have 2 or more unprovoked seizures more than 24 hours apart to be diagnosed. With the newest definition of epilepsy, a diagnosis can be made after one seizure, if you have an abnormal EEG and/or brain MRI that suggest a higher chance of future seizures.

**MYTH** ✕

People with epilepsy are mentally ill or unstable.

**FACT**



Epilepsy is a functional, physical problem, not a mental one.

**MYTH** ✕

People with epilepsy aren't as smart as other people.

**FACT**



Epilepsy has no effect on a person's ability to think except during some seizures, but some patients with repeated seizures can have effects on their memory over time.

**MYTH** ✕

People who have seizures can't have high-pressure, demanding jobs.

**FACT**



They often can and do. Most professions including those in the highest tiers of business, government, sports and medicine can be good choices for a person with epilepsy.

**MYTH** ✕

It's easy to tell when a seizure is about to happen.

**FACT**



While we can't predict when one happens, some patients say they feel a brief stereotyped sensation within seconds or minutes of a seizure called an aura. There is hope though and research ongoing, including training dogs, to detect the onset of seizures.

**MYTH X**

Seizures hurt.

**FACT**



A person is unconscious and not in pain during most seizures. There may be discomfort afterwards if they fall, have muscle aches, or bite their tongue.

**MYTH X**

You are diagnosed with epilepsy as a kid.

**FACT**



Epilepsy is most common in both the young and old, but can develop at any age.

**MYTH X**

During a seizure, a person could swallow or choke on his or her tongue.

**FACT**



This does not happen, the worst thing that could happen is that a person might bite their tongue.

**MYTH X**

You should force something into the mouth of someone having a seizure.

**FACT**



Never put anything into a person's mouth if they are having a seizure. This could actually injure them or the person attempting to do so. Roll the person on one side, keep him or her a safe distance from any nearby objects, and let the seizure run its course. If you see any signs of distress or if the seizure persists for more than a couple of minutes, call 9-1-1.

**MYTH X**

Epilepsy can't be controlled effectively.

**FACT**



There are many ways to treat, minimize, control and even – under the right conditions – eliminate epilepsy. With anti-epileptic medications, it's possible to control epileptic seizures adequately in almost 70% of patients.

The remaining 30% are possible candidates for [surgery](#) or device placement, depending on where the epilepsy originates in the brain.

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**MYTH X**

**Women with epilepsy can't or shouldn't get pregnant.**

**FACT**



**Epilepsy does not generally affect a woman's ability to conceive and typically has minimal effect on a child's development.**

**However, if women are taking anti-epileptic drugs, the risk of birth defects ranges from 2% to 10%, depending on which medication, the dosage of medication, and whether the mother is taking more than one medication. People can minimize the risk by working closely with a neurologist and OB/GYN to safely plan pregnancies.**

**MYTH X**

**People with epilepsy will pass it on to their kids.**

**FACT**



**Children of parents with some forms of epilepsy are at higher risk of developing it, but the risk is very low because a single gene problem rarely causes genetic epilepsy; it usually involves a combination of multiple gene defects, although in over half of cases we do not know the cause of a patient's epilepsy.**

**MYTH X**

**There is no way to treat epilepsy.**

**FACT**



**About two-thirds of patients who are diagnosed and treated for epilepsy with anti-seizure medications no longer experience seizures.**

**Most people can control their condition with medication.**

**Patients who don't respond to medication might be able to have surgery or device placement to treat epilepsy.**

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## FACT



Devices are being developed to monitor seizures.

New techniques to help monitor seizures have been developed in the past few years, including wearable devices, which can detect shaking movements that occur with some seizures, with the goal of identifying when a major seizure is happening. Certain devices also send an alert to a caregiver or a parent when a seizure is detected so they can intervene.

Some devices may also store data about when seizures occur that may help guide a patient's ongoing treatment. There is no evidence that current devices can detect more subtle seizures, prevent or treat seizures, or prevent sudden unexpected death in epilepsy, though these are all goals for future device development.

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