

epilepsy  
society

# your epilepsy – now and next

A guide for young people



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 Further information is available.

You can find any further updates at [epilepsysociety.org.uk/young-people-and-epilepsy](https://epilepsysociety.org.uk/young-people-and-epilepsy)

Call us for a large print version

This booklet was reviewed by Professor Matthias Koepp, Professor of Neurology, University College London and Epilepsy Society. Epilepsy Society is also grateful to the young people who helped develop this guide.

## helpline

**01494 601 400**

Monday and Tuesday 9am to 4pm,  
Wednesday 9am to 7.30pm. National call rate.

# a guide for young people

## What is epilepsy?

Epilepsy is the tendency to have seizures that start in the brain. The brain uses electrical signals to pass messages between brain cells. If these signals are disrupted, this can lead to a seizure.

Epilepsy is usually diagnosed when someone has had more than one seizure. Seizures can affect your feelings, awareness or movement. Different types of seizures involve different things. These may include confusion, strange feelings, repetitive movements, 'blank' moments (when you are briefly unresponsive), muscle jerks, sudden falls, or jerking movements (while you are unconscious).

Sometimes other conditions can look like an epileptic seizure, for example fainting. Doctors will check for other conditions as well as epilepsy before you are diagnosed.



**See our information pack *just diagnosed* and our leaflet *seizures*.**

If you have epilepsy, you may feel OK about it, or you may have questions or worries. Your epilepsy and your choices in life may feel like big issues.

This booklet looks briefly at what epilepsy is, medication, sports and leisure, sex, drugs and social life. There is also information about education, driving, getting work, how you might feel about your epilepsy, getting support and how friends can help if you have a seizure.

You may want to look at some sections now, and other sections another time. You can find more information about all these topics on our website or by calling our confidential helpline.



**See opposite for contact details.**

# treatment for epilepsy

The most common treatment for epilepsy is medication. Anti-epileptic drugs (AEDs) aim to stop seizures from happening, but they don't cure epilepsy. For AEDs to work well, it is important to take them regularly, at the same time every day.

You may adjust well to your AEDs, or you may have side effects, like feeling tired or unsteady. Some side effects go away once your body gets used to the drug. If you have concerns about side effects you can talk to your doctor about this.



**See our booklet and chart *medication for epilepsy*.**

## **It's my treatment, but who's in charge?**

How you get on with the doctors you see for your epilepsy can make a big difference to how you feel about your treatment. Asking questions or making decisions with your doctor can help you to feel more involved.

At around age 16 to 18, you may start seeing a specialist for adults; usually a neurologist. This is called 'transition'. It can be a good time for you and your new specialist to talk about your epilepsy and adjust your treatment if necessary.

## **Do I really need AEDs?**

Doctors are not likely to prescribe AEDs unless they feel you need them. Although many people can have a seizure and be fine afterwards, having seizures can be risky. Seizures can really disrupt someone's life; they can cause injuries, and in some rare cases, it is possible to die from a seizure.

This sounds very scary, but for most people with epilepsy, the risk of dying from a seizure is very low. Taking AEDs regularly can help to stop seizures happening, or reduce the number of seizures to keep this risk low.

If you are unhappy about taking your AEDs, you can talk to your doctor or specialist. They may be able to suggest a different AED or change the dose. They may also be able to tell you more about any possible risks around *your specific epilepsy* so you and your family can keep the risks of having seizures in perspective and not worry unnecessarily.

## sports, spare time and seizures

Going out and having fun is important to us all – so does epilepsy have to get in the way? Epilepsy is a very individual condition; how it affects you can be quite different from how it affects someone else.

Knowing how your epilepsy affects you can help you to make your own decisions about what you can and can't do.

### **Can I still play football and go swimming?**

Most people with epilepsy can do most sports, but it does depend on how your epilepsy affects you. Playing team sports like football can be fine, but, with all sports that involve other people, there is a risk of injuries if you collide with someone.

Some sports and leisure activities may be risky if you still have seizures, particularly swimming and other water sports or being at heights, but safety measures can reduce the risks in most cases.

Be realistic about what you want to do, what the possible risks could be for you, and how you can reduce those risks. For example, have a friend with you who knows what to do if you have a seizure.

Telling other people about your epilepsy, like your team coach or a lifeguard at the pool, means they can help you if you have a seizure.



**See our leaflet *leisure*.**

## TV and computer games

Most people with epilepsy can watch TV and play computer games without any problem. However, some people have photosensitive epilepsy which means their seizures can be triggered (set off) by flashing or flickering lights, or by seeing moving patterns like stripes or checks. This is not common – it affects up to 5% (1 in 20) of people with epilepsy. This means that 95% of people with epilepsy do not have seizures that are set off by flashing lights or patterns. You may be tested for photosensitive epilepsy when you have an EEG – a test that can help with diagnosing epilepsy.

If you do have photosensitive epilepsy, some kinds of flashing images, lights or patterns on computer games could trigger seizures for you. This will depend on what the images are, how close you are to the screen, how dark the room is, and whether you have any triggers for seizures that are specific to you. If you're not sure whether you have photosensitive epilepsy, ask your GP or specialist.

Computer games that have flashing images may carry a warning on the packaging. Modern TVs and computer screens have a very high flicker frequency and, generally, are not likely in themselves to be a trigger for people with photosensitive epilepsy.



[See our factsheet \*photosensitive epilepsy\*.](#)

## What about going to theme parks, festivals or gigs?

Rides at theme parks, noise, loud music, crowds and late nights can raise your excitement or stress levels or can be tiring.

For some people these situations could trigger a seizure.

For other people they won't. Learning if your epilepsy has any triggers like these can help you make decisions about what you want to do.

# sex, drugs and social life

## Sex and relationships

It's not unusual for people to worry about their sex life, whether they have epilepsy or not. Getting close to someone else can be great, but it can also leave you feeling vulnerable. What if they go off me? What if something embarrassing happens? Do I tell them about my epilepsy?

You may worry about having a seizure during sex but, usually, this is no more likely than having a seizure at any other time.

Going out with someone who you can really talk to, and who understands your epilepsy, can be great. Sometimes it can be helpful for you to find out how they feel about your epilepsy too.



See our factsheet *relationships and sex*.

## Contraception

Having safe sex protects against unwanted pregnancy and sexually transmitted infections (STIs). There are lots of different contraceptive methods available.

For girls and women with epilepsy, some AEDs can affect how well 'the pill' works and can increase the risk of getting pregnant. And 'the pill' can affect how well some AEDs work. You can talk to your epilepsy doctor or a family planning advisor about the combination of AEDs and contraception that is best for you.

**If you are taking sodium valproate (Epilim, Episenta, Epival) it is especially important that you talk to your epilepsy doctor, and that you have effective contraception.**



See our leaflet *women*.



Visit [fpa.org.uk](http://fpa.org.uk) for more information about contraception.

## **Epilepsy and alcohol – do they mix?**

Drinking alcohol is a personal choice, but for some people with epilepsy, alcohol makes their seizures worse. Having epilepsy doesn't necessarily mean you can't have a drink, but it is important to be careful with alcohol for the following reasons:

- Alcohol disrupts sleep. Seizures can be triggered by tiredness for many people, so poor sleep may make seizures more likely.
- Drinking alcohol can trigger seizures for some people, but not always while they're actually drinking. Often it's later, during a hangover, when your brain is dehydrated that seizures happen. Drinking water in between alcoholic drinks can help reduce the chances of a hangover.
- Vomiting (being sick) may reduce the level of AEDs in your system, so they may not work so well to control your seizures.
- AEDs can increase the effects of alcohol and alcohol can make some of the side effects of AEDs worse. The leaflet that comes with your drugs should say if alcohol is not recommended. You can ask your doctor or pharmacist if you are not sure.

## **Drugs**

Just because you're young it doesn't mean that you are interested in taking illegal drugs. But maybe you're more likely to think about it at this age. You might already know quite a bit about drugs and the risks of taking them, or you may have made a decision about what you'll do if you're offered drugs.

Taking cannabis, ecstasy, speed, cocaine and other recreational drugs can all increase your chances of having a seizure.



**Visit [talktofrank.com](https://www.talktofrank.com) for more information about drugs or call their confidential helpline on 0300 123 6600.**

## Going out

Having a good time when you go out is important. But for some people, a party lifestyle can make seizures more likely to happen.

Seizures can be triggered by being tired from late nights, alcohol or drugs. Finding a balance, and working out what affects your epilepsy can be helpful. Friends can also help you have a great time, if they know what you can handle.

*“Once my friends knew what to do when I had a seizure, I could relax more when I went out. They felt better about it too.”*

## school, college or university

If you are at school, college or university, and you have epilepsy, a law called the Equality Act 2010 aims to make sure you are treated fairly by everyone involved in your education. This includes lessons, trips out, practical subjects and exams.



**To find out more about what the Equality Act 2010 means for you, call Disability Rights UK Student Helpline on 0800 328 5050 or visit [disabilityrightsuk.org](http://disabilityrightsuk.org)**

Wherever you are studying, it might be useful for other people to know about your epilepsy. This means they can help you if you have a seizure at school or college. But you may want to choose who you tell about your epilepsy. The important thing is to find a balance that you are happy with.

For some people, having epilepsy won't affect how well they get on at school, college or university. However, it may be worth thinking about the following:

- If you take AEDs, and they make you feel sleepy or tired, it may be more difficult to concentrate or learn new information.
- After a seizure you might feel confused or tired, so it's important that you have time to fully recover. Your teacher or lecturer might go back over key information for you if you ask them. Or a friend might be able to explain what you missed.
- Schools, colleges and universities are required to give you support if you need it. If your epilepsy affects your school or college work, talking to a teacher or to the college about ways they can support you may be helpful.



**For more about epilepsy and education at school see our leaflet *children*, or visit [epilepsysociety.org.uk/university-and-epilepsy](http://epilepsysociety.org.uk/university-and-epilepsy) for more about epilepsy and the practicalities of going to university.**

## getting around

### Learning to drive

If you have had no seizures for at least one year, you can learn to drive a car or motorbike at 17. When you apply for your provisional driving licence, the Driver and Vehicle Licensing Agency (DVLA) will need to know about your epilepsy, even if you are not currently having seizures. The DVLA will ask you to fill in some forms, and they may contact your doctor to ask about your epilepsy before they send you your Group 1 licence.



## **If you have a driving licence and have a seizure**

If you have a seizure, by law you must stop driving, and tell the DVLA. This means all types of seizures, including those where you are conscious. This is the case whether you are on AEDs or not. The DVLA will ask you to return your licence to them. This can be a tough thing to face, especially if it affects your freedom and independence. When you can reapply to get your new licence again depends on the number and type of seizures that you have. Giving up your licence voluntarily can make it quicker for the DVLA to give you a new one later.



**See our leaflet *driving and travel*.**

## **If you have a seizure in your sleep**

If you have a seizure which starts when you're asleep (an 'asleep seizure') you must stop driving, as above. But if in the next year, you only have seizures while you're asleep, then you can apply for a new licence, even though you are still having seizures while asleep. This is the case whether you are on AEDs or not.

If you have ever had a seizure which started while you were awake, but are now having seizures while asleep, you may be able to apply for a new Group 1 licence after three years of having only asleep seizures.



**Visit [epilepsysociety.org.uk/driving-and-epilepsy-interactive-guide](https://www.epilepsysociety.org.uk/driving-and-epilepsy-interactive-guide)**

*“Once I accepted I had epilepsy, I was able to get on with my life, making slight changes where necessary. I’m in my third year of Uni, get lots of help and support, and have a part-time job.”*

## Public transport and help with travel costs

If you do not drive because of your epilepsy, you may be able to apply for help with travel costs, including free bus travel and reduced fares on trains using a Disabled Person's Railcard.



**Visit [gov.uk/apply-for-disabled-bus-pass](https://www.gov.uk/apply-for-disabled-bus-pass) and [disabledpersons-railcard.co.uk](https://www.disabledpersons-railcard.co.uk) for more information.**

## Travelling abroad

Having epilepsy does not usually stop people travelling by air. However, long journeys, 'jet lag', or a change in sleeping pattern can trigger seizures for some people. You might want to talk to your GP or specialist about when to take medication if you are planning long distance travel.

It is a good idea to take enough medication for the whole trip, as some drugs may not be available or may have a different name in other countries. Your GP or the drug company that makes your medication may be able to tell you more about this.

It is recommended that you keep all your medication (in its original containers) in your hand luggage. Airport security regulations allow you to carry medication liquids up to 100ml in your hand luggage.

You will only be able to take liquid medication in a container larger than 100ml if you have a letter from your GP or specialist explaining about your epilepsy and the medication you take, and a copy of your prescription. Airport security staff may open the container to screen the liquids at the security point.



**See our leaflet *leisure*.**

# getting work

## **Jobs, epilepsy and the law**

If you are employed (full-time or part-time) and have epilepsy, the Equality Act 2010 protects you from being treated unfairly. The Equality Act covers you from when you apply for a job, through the interview, to getting the job, and continues to cover you once you are working.

The Equality Act means that most employers can't refuse you a job *just* because you have epilepsy. However, by law, they must also ensure the safety of all their employees.

To do this, an employer may need to find out more about your epilepsy, and how it actually affects you. For example, whether you still have seizures and, if so, whether your seizures could be a safety risk to you or others at work, or if they could affect your ability to do the job.

An employer can ask you for permission to contact your doctor if they feel they need more information about your epilepsy.

## **What jobs can I do?**

If you have the right qualifications or experience, and your seizures don't put you or the people you work with at risk, then you should be able to apply for most jobs.

If you have seizures, you may not be able to do jobs that risk your safety or the safety of other people. These include jobs that involve driving, working at heights, near open water or fire, or working with unguarded machinery.

Whether or not you can work on active service in the Armed Forces (Army, Royal Air Force and Royal Navy) depends on your epilepsy.

For example, if you *have* epilepsy you would not be able to join the Armed Forces, but if you *had* epilepsy as a child (under five years old) or a single seizure more than ten years ago, you may be able to join.

 **Visit [army.mod.uk](http://army.mod.uk) for more information.**

### **If I'm applying for a job do I have to mention my epilepsy?**

No you don't have to, but, for safety reasons, it can be a good idea to tell an employer about your epilepsy (see page 13).

Employers can only ask you questions about your health to help keep you and others safe at work and to help you to be able to do your job. An exception to this is that they can ask you whether you need any special requirements to help you get the job, for example to help you attend an interview. Some people decide they will tell an employer about their epilepsy when they are offered the job. If you do tell your employer, you can talk to them about how your epilepsy affects you so that they can treat you fairly and support you at work.

 **See our leaflet *employment*.**

### **If I'm already working, do I have to tell my colleagues?**

You don't have to tell anyone at work about your epilepsy, but there are reasons why it can be helpful.

- You can tell your colleagues how you would like them to help you if you have a seizure at work.
- If you feel something at work is making your epilepsy worse, you may want to talk to colleagues about it.

- If you need to take time off work for medical appointments, these might be recorded separately from sick leave.
- If you need to stop driving (see page 11), work colleagues may ask you why.

If you develop epilepsy, or if epilepsy is making your work difficult, the Equality Act 2010 means that your employer is expected to make 'reasonable adjustments' so that you can continue to work. For example, they might be able to change your working hours to be more flexible if a seizure leaves you too tired to come in to work at your usual time.



**Visit [equalityadvisoryservice.com](https://www.equalityadvisoryservice.com) for more details.**

## feelings and stuff

Let's be honest, you probably don't want to have epilepsy. Whether you've had epilepsy for a long time, or if it's something that's new, you might have questions or concerns about it.

If you do feel down or worried about your epilepsy, you're not alone. Many young people with epilepsy may have the same worries that you have. Some people find that talking about their concerns can help. There are lots of ways you can connect with other people and get support (see page 16).

It doesn't matter who you decide to talk to, as long as you feel you can trust them and you think that they are good at listening. It could be a friend, a family member or your GP. Some people find it helpful to talk to a counsellor. Or you might like to call a helpline.

Whoever you talk to, it's OK to be unsure of what you want to say. Sometimes just having the time and space to say what you want can help you feel better or get your thoughts in order.

# getting support

## Epilepsy Society helpline

If you want to know more about epilepsy, or talk to someone about your epilepsy, our confidential helpline offers information and emotional support.

 **See back page for contact details.**

## Epilepsy Society app

Download our app for smartphones for facts about seizures, information about medication and first aid, a guide to the recovery position and an interactive seizure diary.

 **Visit [epilepsysociety.org.uk/app](https://epilepsysociety.org.uk/app)**

## How do other young people deal with their epilepsy?

Visit [healthtalk.org/young-peoples-experiences/epilepsy](https://healthtalk.org/young-peoples-experiences/epilepsy) to see videos, audio and text clips of young people talking about their experiences of epilepsy.

 **Visit [epilepsysociety.org.uk/personal-stories](https://epilepsysociety.org.uk/personal-stories) to read other people's experiences of living with epilepsy.**

## Join our digital community

There are lots of ways that you can find out about epilepsy while keeping in touch.



Find us on facebook: [facebook.com/epilepsysociety](https://facebook.com/epilepsysociety)



Follow us on twitter: [@epilepsysociety](https://twitter.com/epilepsysociety)



Follow us on instagram: [@epilepsysociety](https://instagram.com/epilepsysociety)

# how friends can help if you have a seizure

Telling your friends about your epilepsy and the type of seizures you have means they can help you if you have a seizure.

If you have seizures where you become confused or go blank, you might want a friend to stay with you, talk calmly and quietly and gently guide you away from any danger.

If you have convulsive (tonic clonic) seizures, where you collapse and shake, they can help you by:

- keeping calm;
- timing your seizure;
- moving objects away from you that may cause an injury;
- putting something soft under your head to protect it;
- not holding you down;
- not putting anything in your mouth;
- not moving you, unless you are in direct danger;
- gently putting you into the recovery position, after the shaking has stopped;
- staying with you until you have recovered; or
- calling for an ambulance, if the seizure doesn't stop after five minutes.



**See our leaflet *first aid* and our factsheet *the recovery position*, or call us for first aid cards to give to your friends or family. (See back page for contact details).**

## further information

### **Epilepsy Society information**

Children

Driving and travel

Employment

First aid

Just diagnosed

Leisure

Medication for epilepsy (booklet and chart)

Photosensitive epilepsy

Seizures

The recovery position

Women

University and epilepsy

## **other organisations**

### **FPA (Family Planning Association)**

0345 122 8687 (Northern Ireland only)

**fpa.org.uk**

Information about sexual health and contraception.

### **Frank**

Helpline 0300 123 6600

**talktofrank.com**

Confidential helpline providing information and counselling about drugs.



## Equality and Human Rights Commission

Equality Advisory Support Service (EASS)

0808 800 0082

**equalityadvisoryservice.com**

Information on education and the Equality Act 2010.

## Disability Rights UK

Disability Rights UK Student Helpline: 0800 328 5050 (Tuesday and Thursday 11am to 1pm)

**disabilityrightsuk.org**

Provides advice and support to disabled students over 16 who are studying in England, their parents or carers and professionals working with disabled students.

Provides general information on the Equality Act, welfare benefits and access to higher education for students studying in Scotland or Wales.

Every effort is made to ensure that all information is correct. Please note that information is intended for a UK audience and may change after printing. This information is not a substitute for advice from your own doctors. Epilepsy Society is not responsible for any actions taken as a result of using this information.

A full life for everyone affected by epilepsy.

## research

Pioneering medical research.

## treatment and care

Individualised medical and care services.

## information

Website, apps, leaflets, DVDs.  
Call 01494 601 392.

## education

Awareness, training for professionals.

## connect with us



Volunteer, become a member, fundraise.

## helpline 01494 601 400

Monday and Tuesday 9am to 4pm,  
Wednesday 9am to 7.30pm.  
Confidential, national call rate.  
Information and emotional support.

Epilepsy Society

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