

The CCRI worked with the [Bazelon Center for Mental Health Law](#) to produce this Fact Sheet in 2017. Please note that this document only offers an overview and simply serves as a starting point in considering the impacts of a particular condition on an individual. This Fact Sheet does not provide the level of detail, citations, medical terminology, or full diagnostic criteria that an expert or medical professional would need to make a diagnosis or that a lawyer would need to have to advocate most effectively on behalf of her client.

## Epilepsy

Epilepsy is a neurological disease characterized by chronic seizures, or sudden surges of electrical activity in the brain that can temporarily affect how a person appears or acts. Epilepsy affects people of all ages, and seizures can range from short and mild to serious and prolonged. The cause of most epilepsy isn't known, although it has been linked in some cases to genetic mutations or injuries such as brain trauma and stroke. To diagnose epilepsy, a doctor will first evaluate a patient's symptoms to determine whether he or she is experiencing seizures. From that point, a patient's medical history, blood tests, CT and MRI scans can provide more information about the electrical activity in their brain. Most people are able to stop or control seizures with appropriate medication, diet modifications, or surgery.

### Signs of Epilepsy

Seizures take many forms, affecting people in different ways. Here are some ways that symptoms may manifest before, during, and after a seizure:

*What epilepsy may feel like:*

- Before the start of a seizure, warning symptoms such as blurring vision, racing thoughts, panic, 'strange' feelings, déjà vu, nausea, headache, dizziness or numbness.
- Loss of consciousness or awareness.
- Visual hallucinations, out of body sensations, distracted and confused feelings, pleasant sensations, or panic.
- Loss of vision or hearing, unusual smells and tastes, or body parts that look or feel differently.
- As a seizure finishes, common symptoms include sleepiness, confusion, memory loss, dizziness, slow response time and feelings of anxiety, fear or frustration.

*What epilepsy may look like:*

- Difficulty talking (may stop talking, talk without making sense, or make garbled noises.)
- Drooling and unable to swallow.
- Repeated blinking or staring. Eyes may move upward or to one side.
- Rigid and tense muscles, or drooping muscles and an inability to move.
- Repeated movements such as handwringing, lip-smacking, dressing or undressing.
- Tremors, convulsions, jerking or twitching movements in part or all of the body.
- Sweat, dilated pupils and change in skin color (flushed or pale).
- Racing heart and difficulty breathing.
- Lost control over urine or stool.

Seizures may occur unprovoked, or in reaction to different types of stimulation; this is called a 'reflex' seizure. Common stimuli that can trigger reflex seizures include flashing lights, loud noises, changes in temperature, sudden touch, or performing certain tasks such as typing or reading. Stress and lack of sleep can also increase seizure risk.

Seizures can go undetected when they occur extremely briefly. So-called absence seizures last only a few seconds, during which a person 'blanks out' or stares into space. Absence seizures may be mistaken for consistent daydreaming or inability to pay attention.

### **How Epilepsy Might Impact Behavior**

Certain health and behavioral problems occur more often in people with seizures than people without them. These related conditions could be caused by the seizures themselves, or result from the underlying conditions causing excess electrical activity in the brain. Common related conditions include:

- Problems sleeping.
- Unexplained injuries, falls or illnesses.
- Increased risk of motor vehicle accidents.
- Not doing well at home, school, work, or with friends.
- Cognitive or learning problems.
- Depression symptoms, anxiety symptoms or changes in mood and behavior.

During a seizure, individuals may occasionally become extremely agitated or be experiencing hallucinations; during post-seizure confusion, they may be easily frightened, have difficulty communicating and lash out at perceived threats such as physical restraint. Some individuals have been reported to have episodes of aggressive behavior between seizures (interictal aggression), or possibly during seizures may have movements that are perceived as violent. Some individuals with epilepsy may thus be at greater risk of charges like disorderly conduct or resisting arrest as a result of behaviors they cannot control.

Although people with epilepsy have sometimes been stereotyped as more violent and unstable than the average person, research has not born out this conclusion. Rather, individuals with epilepsy are no more likely than others to act aggressively or criminally when other factors, such as trauma and substance abuse, are controlled for.

### **Resources for More Information**

- Epilepsy Foundation, <http://www.epilepsy.com/>
- International League Against Epilepsy, <http://www.ilae.org/>
- Journal of Epilepsy and Behavior, <http://www.epilepsybehavior.com/content/aims>