

TYPES OF SEIZURES

- **GENERALIZED SEIZURE** – Produced by electrical impulses from throughout the entire brain
 - **TONIC SEIZURE** - are characterized by stiffening of the muscles.
 - **CLONIC SEIZURE** - are repetitive, rhythmic jerks that involve both sides of the body at the same time.
 - **ATONIC SEIZURE** - consist of a sudden and general loss of muscle tone, particularly in the arms and legs, which often results in a fall.
 - **TONIC-CLONIC SEIZURE** – (FORMERLY: GRAND MAL) Characterized by loss of consciousness and usually collapses. The loss of consciousness is followed by generalized body stiffening (called the "tonic" phase of the seizure) for 30 to 60 seconds, then by violent jerking (the "clonic" phase) for 30 to 60 seconds, after which the patient goes into a deep sleep (the "postictal" or after-seizure phase). During grand-mal seizures, injuries and accidents may occur, such as tongue biting and urinary incontinence.
 - **ABSENCE SEIZURE** – (FORMERLY: PETIT MAL) A short loss of consciousness (just a few seconds) with few or no symptoms. The person typically interrupts an activity and stares blankly. These seizures begin and end abruptly and may occur several times a day. The person is usually not aware that they are having a seizure, except that they may be aware of "losing time."
 - **SIMPLE ABSENCE** - A person usually just stares into space for less than 10 seconds. Because they happen so quickly, it's very easy not to notice simple absence seizures — or to confuse them with daydreaming or not paying attention.
 - **COMPLEX ABSENCE** - A person will make some kind of movement in addition to staring into space. Movements may include blinking, chewing, or hand gestures. A complex absence seizure can last up to 20 seconds.
 - **ATYPICAL ABSENCE** - The person will stare (as they would in any absence seizure) but often is somewhat responsive. Eye blinking or slight jerking movements of the lips may occur. This behavior can be hard to distinguish from the person's usual behavior, especially in those with cognitive impairment. Unlike other absence seizures, these seizures usually cannot be produced by rapid breathing. These seizures usually last 5 to 30 seconds (commonly more than 10), with a gradual beginning and ending.
 - **MYOCLONIC SEIZURE** - Brief shock-like jerks of a muscle or group of muscles. Usually they don't last more than a second or two. There can be just one, but sometimes many will occur within a short time. Even people without epilepsy can experience myoclonus in hiccups or in a sudden jerk that may wake you up as you're just falling asleep.
 - **EYELID MYOCLONIA** - Jerking of the eyelids and often with jerky upward deviation of the eyeballs and the head (eyelid myoclonia without absences). This may be associated with or followed by mild impairment of consciousness (eyelid myoclonia with absences). The seizures are brief (3 to 6 sec) and occur mainly after eye closure and consistently many times per day. All patients are photosensitive.
 - **MYOCLONIC ATONIC** - (AKA MYOCLONIC ASTATIC) Characterized by myoclonic-atonic, absence, tonic-clonic, and eventually tonic seizures, appearing in previously normal children at ages 18-60 months.
 - **MYOCLONIC TONIC**
 - **MYOCLONIC ABSENCE** - Severe rhythmical jerking of both upper limbs (possibly one arm more than the other). There can often be a stiffening of the upper arms resulting in the arms being raised upwards. Sometimes jerking of the muscles around the chin and mouth, but not the eyes, may also happen. The seizure usually lasts for eight to 60 seconds.
- **SECONDARILY GENERALIZED SEIZURE** - They start in one area and spread to both sides of the brain. They happen when a burst of electrical activity in a limited area (the focal seizure) spreads throughout the brain. Sometimes the person does not recall the first part of the seizure. These seizures occur in more than 30% of people with partial epilepsy. They usually last 1 to 3 minutes, but it may take a lot longer for a person to recover. The generalized, convulsive phase of these seizures usually lasts no more than a few minutes, the same as primary generalized seizures. The preceding partial seizure is usually not very long. Sometimes this part is so brief that it is hard to detect.
- **FOCAL SEIZURE** – (FORMALLY: PARTIAL SEIZURE) produced (at least initially) by electrical impulses in a relatively small part of the brain. Consciousness is not lost during a simple focal seizure.
 - **SIMPLE FOCAL SEIZURES** - These seizures don't result in loss of consciousness. They may alter emotions or change the way things look, smell, feel, taste or sound. They may also result in involuntary jerking of a body part, such as an arm or leg, and spontaneous sensory symptoms such as tingling, dizziness and flashing lights.

Sources

<http://www.webmd.com/epilepsy/guide/types-of-seizures-their-symptoms>
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- **SIMPLE MOTOR** - These cause a change in muscle activity. For example, a person may have abnormal movements such as jerking of a finger or stiffening of part of the body. The movements may spread, either staying on one side of the body or extending to both sides. Other examples are weakness, which can even affect speech, and coordinated actions such as laughter or automatic hand movements.
- **SIMPLE SENSORY** - These cause changes in any one of the senses. People with sensory seizures may smell or taste things that aren't there; hear clicking, ringing, or a person's voice when there is no actual sound; or feel a sensation of "pins and needles" or numbness. Seizures may even be painful for some patients. They may feel as if they are floating or spinning in space. They may have visual hallucinations, seeing things that aren't there (a spot of light, a scene with people). They also may experience illusions—distortions of true sensations. For instance, they may believe that a parked car is moving farther away, or that a person's voice is muffled when it's actually clear.
- **SIMPLE AUTONOMIC** - Produces changes in the part of the nervous system that automatically controls bodily functions. These common seizures may include strange or unpleasant sensations in the stomach, chest, or head; changes in the heart rate or breathing; sweating; or goose bumps.
- **SIMPLE PSYCHOLOGICAL** - Change how one can think, feel, or experience things. They may have problems with memory, garbled speech, an inability to find the right word, or trouble understanding spoken or written language. They may suddenly feel emotions like fear, depression, or happiness with no outside reason. Some may feel as though they are outside their body or may have feelings of *déjà vu*.
- **DYSCOGNITIVE FOCAL SEIZURE** - These type alter consciousness or awareness and may cause you to lose awareness for a period of time. Dyscognitive focal seizures often result in staring and purposeless movements — such as hand rubbing, chewing, swallowing or walking in circles.
- **COMPLEX FOCAL** - These type include automatisms (such as lip smacking, picking at clothes, fumbling), unaware of surroundings or may wander. They can last between 1 to 2 minutes. These seizures may have an aura (or warning). Many treatment options are available including medicine, diet, surgery and devices.
- **OTHER**
 - **GELASTIC SEIZURE** - Called the “laughing seizure” because they may look like bouts of uncontrolled laughter or giggling. However, the laughter-like sounds are often forced and combined with a facial contraction similar to a smile or smirk. Not associated with any sense of well-being or delight for the individual, but instead can result in a feeling of fear or loss of control. It is not uncommon for this type of seizures to go undetected for years because of their unusual presentation. Often the seizures go unrecognized until some other seizure type appears.
 - **DACRYSTIC SEIZURE** – The vocalization has a crying quality and the facial contraction resembles a grimace. It is not uncommon for this type of seizures to go undetected for years because of their unusual presentation. Often the seizures go unrecognized until some other seizure type appears.
 - **FEBRILE SEIZURE** - Convulsions brought on by a fever in infants or small children. During a febrile seizure, a child often loses consciousness and shakes, moving limbs on both sides of the body. Less commonly, the child becomes rigid or has twitches in only a portion of the body, such as an arm or a leg, or on the right or the left side only. Most febrile seizures last a minute or two, although some can be as brief as a few seconds while others last for more than 15 minutes.
 - **NON-EPILEPTIC EVENTS (AKA NON-EPILEPTIC SEIZURE)** – Not caused by electrical activity in the brain. May be associated with psychological conditions or other physical problems. A common type is described as psychogenic, which means beginning in the mind. Psychogenic seizures are caused by subconscious thoughts, emotions or 'stress', not abnormal electrical activity in the brain. Doctors consider most of them psychological in nature, but not purposely produced. Usually the person is not aware that the spells are not "epileptic." The term "pseudoseizures" has also been used (mostly in the past) to refer to these events. It's important to know that some seizures that are not epilepsy could be caused by other physical problems. These are nonepilepsy seizures too, but not caused by a psychological condition. Further testing is needed to find the exact cause so they can be treated properly.

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