

March 2022

# News from



EPILEPSY AND SEIZURE ASSOCIATION OF MANITOBA

# EPILEPSY EDUCATOR

March 26th, Purple Day is rapidly approaching! Read inside for our Purple Day news and for information on our Purple Day contests!

Wear purple on March 26th and show your support for the thousands of people in Manitoba living with epilepsy!

We'd love to see your pictures of Purple Day! Please feel free to tag us on social media so we can see all the Purple Day celebrations!

Facebook: @epilepsy.seizures

Twitter: @MBEpilepsy

Instagram: @epilepsyandseizuremb

March also means it is time to renew your membership! The membership renewal form is on the back of the newsletter.

# Purple Day Door Art Contest

**March 26th is Purple Day!**

Let's decorate our windows or doors to show support for Manitoba families!

**AWESOME PRIZES!**

- 2x 1st \$100.00 Walmart
- 2X 2nd \$75.00 Chapters
- 2x 3rd \$50.00 Michaels & Kite n Kaboodle
- 2 random \$25.00 Toys'R'Us

For contest details and rules please check out the posted:

Purple Day Window & Door Art Contest FAQ

# Purple Day Bunny Hop

---



There is still time to register your group for the Purple Day Bunny Hop!

Purple Day was an idea that began with Cassidy, a little nine years old girl in Nova Scotia who has epilepsy. She decided that there should be one special day each year so that kids (and grown-ups) with seizures wouldn't feel so alone. Since then, her idea has grown world-wide and on March 26th, people all over the globe will be holding special events and wearing purple to show they care. Cassidy is making a difference, and we know that the kids of Manitoba can too. So, we're holding the province-wide Purple Day Bunny Hop to show just how much even little kids can do!

Complete the form and return it to us to register your group and we will send you a Purple Day Bunny Hop Kit, containing Purple Day Awareness bracelets, sponsor sheets, colouring sheets, a book titled "The Great Katie Kate Explains Epilepsy" by M. Maitland DeLand and all the details on holding your Bunny Hop. **Make sure you register ASAP** so that we can get your kit to you in plenty of time.

Prior to Purple Day, children and staff alike can ask friends, family, and other community minded people to sponsor them in their Bunny Hop for Epilepsy. Then, either before or on Purple Day, have everyone wear purple, and set aside a little time to Bunny Hop for Epilepsy. One in every one hundred people will develop epilepsy, so we are suggesting that participants do one hundred hops, either all at once, or over the course of the whole day. However, feel free to modify this number to accommodate your specific group.

This year, we are pleased to offer prizes to the top 4 groups who raise the most funds. All entries are entered to win one of 3 gift cards through a random draw! That is a total of 7 prizes to be won!

To register, visit the website to download the form: <https://www.manitobaepilepsy.org/>, or contact ESAM offices at 204-783-0466 or [epilepsy.seizures@gmail.com](mailto:epilepsy.seizures@gmail.com)

## Purple Day News

---

ESAM staff and volunteers have been very busy contacting landmarks and organizations to light up purple in support of Purple Day 2022. This year we are pleased to share that the following places have offered to support Purple Day:

Mayor Brian Bowman will support Purple Day by lighting up the Winnipeg sign at The Forks purple on March 26th!

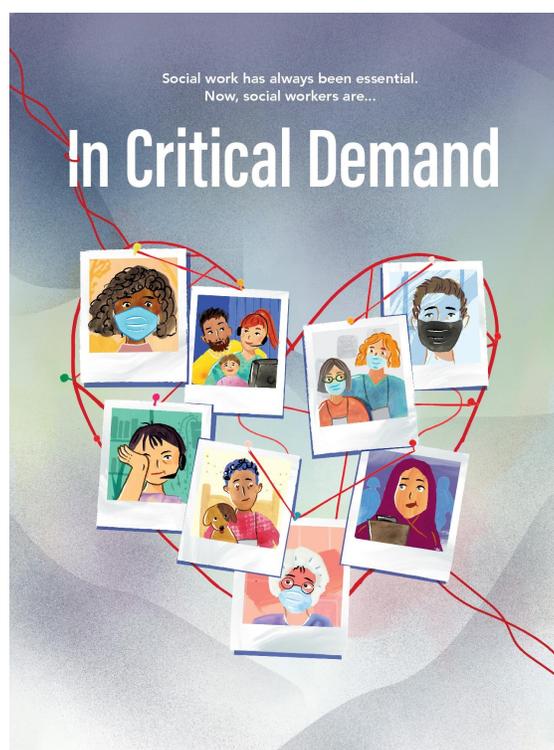
The Rotunda at the Manitoba Legislative Buildings will have a purple light shone on it for March 26th.

RBC Convention Centre will light up the South Ballroom and part of the York walkway purple.

Dakota Community Club will include a Purple Day message in their digital messaging for the day.

Brandon Sportsplex will include a Purple Day message on their digital board.

---



March is National Social Work Month. Social work was essential before the pandemic, crucial during the pandemic, and now more than ever, social workers are #InCriticalDemand.

#NationalSocialWorkMonth

Manitoba College  
of Social Workers



[casw-acts.ca](http://casw-acts.ca)

March is a busy month! Not only is it epilepsy awareness month and Purple Day, it is also National Social Work Month in Canada!

Social Work Month in March is a time to celebrate the great profession of social work.

During Social Work Month take time to learn more about the many positive contributions of the profession, and celebrate all the social workers you know.



**SOCIAL WORKERS**  
ARE ESSENTIAL

# Maurice Dumontier Memorial Golf Tournament

We need your support to help make the golf tournament a success! How can you help? Register to golf in the tournament, donate a prize for the golfer swag bags or silent auction, or consider sponsoring a hole at the event. We'd love for you to join us for a day of golfing, fun and prizes!

**30TH ANNUAL**

**MAURICE DUMONTIER  
MEMORIAL  
GOLF TOURNAMENT**

**WHEN?**  
**JUNE 18 2022**  
10:30 | TOURNAMENT START  
FOLLOWED BY DINNER AND  
SILENT AUCTION

**WHERE?**  
TRANSCONA GOLF CLUB  
2120 DUGALD ROAD

**\$140**  
PER PERSON

**TO REGISTER, CONTACT:**  
**204-783-0466**  
**epilepsy.seizures@gmail.com**

Golf cart included  
Supporting the  
Epilepsy and Seizure  
Association of  
Manitoba

# Anxiety in people with epilepsy affects seizure control and quality of life. Too often, it is overlooked.

21-Feb-2022 11:25 AM EST, by [International League Against Epilepsy](#)

Newswise — Olivia Gatlin usually knows when a seizure is coming: She starts to get anxious. The feeling starts in her feet and moves to her neck. Sometimes she's not sure if she's experiencing an aura, or anxiety. In either case, the 42-year-old uses self-taught breathing exercises to calm herself.

But until recently, Gatlin had never discussed anxiety with her neurologist.

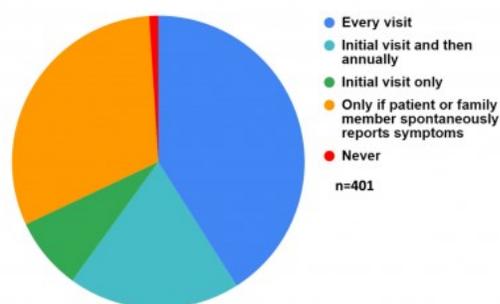
"I took it for granted that the anxiety was coming along with my seizures, and I was just going to have to deal with it," she said.

## The impact of anxiety

Studies estimate that some form of anxiety disorder affects [at least 25% of people with epilepsy](#), yet anxiety is underdiagnosed and undertreated. More attention often is paid to depression, possibly because of the risk for suicide. However, anxiety disorders [also can increase risk for suicide](#), said Coraline Hingray, Pôle Universitaire du Grand Nancy and Centre Psychothérapique de Nancy, France, during a session at the American Epilepsy Society (AES) Annual Meeting in 2021. Also, said Hingray, anxiety in people with epilepsy is a [stronger influence on quality of life](#) than either depression or seizure frequency. And it is associated with poorer epilepsy outcomes.

[A recent study](#) found that among people with newly diagnosed epilepsy, those screening positive for both anxiety and depression had 7 times the risk of recurrent seizures, despite treatment with anti-seizure medications (ASMs), compared with those who screened negative for both conditions.

ILAE Survey: When do you screen patients for anxiety?



Adapted from Gandy, M, Modi, AC, Wagner, JL, et al. *Epilepsia Open*. 2021; 6: <https://doi.org/10.1002/epi4.12455>

[A 2021 survey by the ILAE Psychology Task Force](#) found that only 41% of epilepsy care providers screened patients for anxiety at every visit. Another 1% never screened for anxiety, and 31% screened only if the patient or a family member spontaneously mentioned anxiety during a visit.

## Bidirectional relationship

"There is a bidirectional relationship between anxiety and epilepsy," said Heidi Munger Clary, Wake Forest University School of Medicine, USA, and co-chair of ILAE's Integrated Mental Health Care Pathways Task

Force. "People with anxiety are at greater risk for epilepsy, and people with epilepsy are more likely to develop anxiety. That is likely related to the same structures being involved in both conditions."

Addressing anxiety in people with epilepsy can make a major difference, said Munger Clary. "It's critical that we do what we can to address anxiety and depression. We talk about anxiety less, and the amount of expertise and comfort with managing it is lower," she said. "But there is a big opportunity for us to impact care and improve lives."

# Anxiety in people with epilepsy affects seizure control and quality of life. Too often, it is overlooked...page 2

---

## Screening for anxiety: A first step and a conversation starter

Many neurologists cite time constraints as a barrier to screening. The GAD-7 screening tool takes only a few minutes and can be completed in the waiting room. It's used in the general population to screen for anxiety and has been validated in people with epilepsy.

[GAD-7 is available online](#) in more than 50 languages.

GAD-2, a short version of GAD-7, appears just as effective in identifying anxiety in people with epilepsy. A score of 3 or more on the GAD-2 identifies generalized anxiety disorder at least 86% of the time.

The Epilepsy Anxiety Survey Instrument (EASI-18) and its briefer counterpart, brEASI, are also anxiety screeners designed and validated in people with epilepsy. They are [freely available in English](#) and currently being translated and validated in other languages.

Offering a screening tool before an office visit is an excellent way to start a conversation about anxiety,

said Munger Clary. If time or resource constraints prevent using a screener, she recommends asking a single question during the visit. "I might ask, 'Are you having any challenges with mood?' or 'Are you having challenges with depression or anxiety?'," she said. "Patients seem to respond well."

Over the last 2 weeks, how often have you been bothered by the following problems:	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3

GAD-2 score obtained by adding the score for each question. A score of 3 or more is the preferred cut-off for further evaluation.

## Barriers to anxiety management

More than 93% of respondents to the ILAE Psychology Task Force survey agreed that the management of depression and anxiety is integral to the care of people with epilepsy, but only 40% agreed that they had adequate resources.

Guidelines, or the lack thereof, are another concern. "I think everyone recognizes that anxiety is common and problematic, but there aren't integrated protocols on what to do," said Milena Gandy, School of Psychological Sciences, Macquarie University, Australia. These barriers should not deter epilepsy care providers, said Gandy. "The psychosocial factors are potentially modifiable, whereas many of the medical factors aren't. You can't change the type of epilepsy people have, but you can help people modify the way they think, what they do, and how they understand their epilepsy."

# Anxiety in people with epilepsy affects seizure control and quality of life. Too often, it is overlooked....page 3

## Types of anxiety

A 2011 consensus statement from the ILAE states that it's essential to establish the relationship, if any, between the anxiety and the epilepsy. Anxiety can be any of several types, and many people experience more than one type:

- An interictal (between-seizures) anxiety disorder is the most common and is independent of seizure occurrence. It includes generalized anxiety disorder, panic disorder, and others.
- A side effect of anti-seizure medication or a new development after epilepsy surgery
- Peri-ictal anxiety, which can occur up to 3 days before a seizure, during a seizure (aura), or up to 5 days after a seizure. This type is often underrecognized. Improved seizure control will reduce these anxiety symptoms.

Anxiety also can be associated with fear of seizure recurrence (seizure phobia), or a reaction to the diagnosis of epilepsy and the limitations associated with it.

## Medication and counseling

Gatlin, who lives in North Carolina, started medication after she began to have panic attacks in late 2021. The attacks started days after her first generalized tonic-clonic seizure. They come out of nowhere. "I get pressure on my chest and my hands go numb," she said. "You feel like you're having a heart attack, like you're going to die," she said. "The first time I really discussed anxiety with my doctor was when I started having these attacks."

Panic disorder may respond to any of several medications. Interictal anxiety often responds to medication or psychotherapy.

If the anxiety is pervasive and not seizure related, Munger Clary usually offers patients a selective serotonin reuptake inhibitor (SSRI) or selective norepinephrine uptake inhibitor (SNRI), if they aren't already taking one. "I can do that on my own, and it's pretty effective," she said.

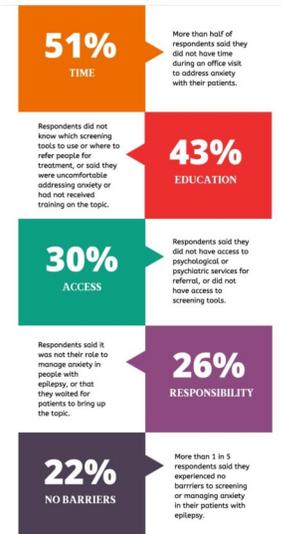
[A 2016 review article in \*Epileptic Disorders\*](#) discusses clinical, neurobiological, and pharmacological aspects of treating anxiety in people with epilepsy. The article includes recommendations for treatment of several anxiety disorders, including panic attacks, social anxiety, post-traumatic stress disorder, generalized anxiety disorder and obsessive-compulsive disorder.

When it comes to psychotherapy, finding counselors who specialize in people with epilepsy, or in people with chronic conditions, would be ideal but isn't necessary, said Munger Clary. "I think most people with epilepsy could benefit from a counselor with just general expertise," she said.

Gandy agreed. "Seeing a psychologist and getting care is more important than finding someone who specializes in epilepsy, though in an ideal world you would want someone who has a bit of understanding of epilepsy and can tailor treatment to some of the unique challenges of seizures, as well as the stigma people face and what they can and can't do."

### Barriers to Anxiety Screening and Management Among Epilepsy Health Professionals

Adapted from Gandy, M., Ph.D., et al., *Epilepsia*, 2021, 62(1): 138-146. [https://doi.org/10.1111/epi.15414](#)



# Anxiety in people with epilepsy affects seizure control and quality of life. Too often, it is overlooked...page 4

---

## Selecting treatment

Neurologists don't necessarily need a definitive answer for how to manage someone's anxiety, said Munger Clary. Often, the choice of treatment depends on what the person with epilepsy prefers.

Having a conversation about wellness—healthy eating, good sleep patterns, physical activity—can help people begin to address anxiety before (or instead of) medication or counseling. Munger Clary [published a study in 2021](#) in which 89% of participants were willing to try wellness options for their anxiety. Connecting patients with an epilepsy support group or asking if they have one or two supportive family member or friends also can make a big difference, said Munger Clary. And for people with epilepsy-related anxiety, an epilepsy action plan can ease fears and establish a protocol.

Other options include educational handouts about relaxation techniques, suggestions for apps or online materials, a referral to a psychologist or psychiatrist, and epilepsy support groups. "And then there are alternative medicine types of opportunities--relaxation training, yoga," said Munger Clary. "You can think through a lot of options and hopefully there's something that can be done, if the person is looking for help."

## Who is responsible?

In the ILAE survey, 64% of epilepsy care providers said they weren't responsible for managing anxiety in their epilepsy patients. This needs to change, said Adriana Bermeo Ovalle, Rush Medical Center, Chicago, USA. "Epilepsy providers should screen, diagnose, and pursue treatment of the psychiatric conditions that epilepsy patients face on a daily basis," she said in a 2021 AES Annual Meeting session on patient care. "We don't have the luxury of not making the diagnosis," she said.

Bermeo Ovalle recommends that neurologists become familiar with SSRIs and SNRIs for anxiety.

"There are some intriguing data showing an improvement in seizure frequency when people with epilepsy are treated with SSRIs," said Munger Clary. "There needs to be more research, of course, but it does raise the question—if the same brain structures are involved in both conditions, will we one day discover a drug that can treat both?" Gatlin urged neurologists to be upfront with their patients about anxiety and epilepsy. "Doctors need to cover any and every side effect or other experience we could have," she said. "People need to know that anxiety and panic could come along with the seizures, so they are prepared for it."

Her advice to people with epilepsy: Pay attention to yourself. "Epilepsy has made me much better at listening to my body and evaluating myself," said Gatlin. "There are ways to deal with anxiety, but first you have to be conscious of what's happening to you."

"The benefits of targeting mental health in people with epilepsy are wide reaching," said Gandy. "You can help people's quality of life as well as epilepsy outcomes." She said ILAE's Integrated Mental Health Care Pathways Task Force is studying what can be learned from other disciplines—such as oncology and cardiology—about integrating mental health care into epilepsy care.

"One in three patients that walks through your door are going to be anxious at some stage," she said. "We know that depression and anxiety predict poorer outcomes. It's not an easy thing to fix, but there's no reason not to focus on it."

# Membership Renewal Time!

---

**April 1 2022-March 31 2023**

## **Membership – Epilepsy and Seizure Association of Manitoba**

**4 – 1805 Main Street Winnipeg, Manitoba R2V 2A2**

**Name: (Please  
Print)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

---

\_\_\_\_\_ **I would like to renew my membership to the Epilepsy and Seizure Association of Manitoba for the year April 1 2022-March 31,2023. Cost is \$10.00.**

\_\_\_\_\_ **I am a new member and would like to join the Epilepsy and Seizure Association of Manitoba for the year April 1 2022-March 31 2023**

Please send my newsletter to me:

\_\_\_\_\_ By regular post, to the address I listed above

\_\_\_\_\_ By email. My email address is \_\_\_\_\_

\_\_\_\_\_ I would prefer not to receive a newsletter

---