

Aging Lifestyles: Epilepsy no respecter of age

by Joe_Volz

Muriel is 76 and lives alone. One day at lunch, her daughter catches her staring off into space for a few minutes. Both women think nothing of it and soon forget it ever happened.

David is 64 and considered healthy, despite experiencing some confusion and losing track of time on occasion. He, too, assumes this is a natural condition of growing older.

In fact, both may have epilepsy, a disease that is a stepchild among ailments that can strike older adults. It's seldom discussed unless you or someone you know is diagnosed with the disease.

Epilepsy among those 65 and older is on the rise. More than a half-million older people have the disease, and this group has the most rapidly growing incidence, according to a 2006 report published by the American Society on Aging. Some researchers estimate that, by 2020, half the patients with epilepsy will be 65 and older.

"There are many myths surrounding epilepsy, such as the widespread belief that only children and young adults can get it. Yet, it's as likely to begin in the 60s, 70s or 80s as it is during the first 10 years of life," reports the Epilepsy Foundation.

Another reason it's easy to miss epilepsy in older people is because it's often identified with its most obvious symptom - dramatic convulsions.

"Ninety percent of the time, seizures are presented that way on television," says Dr. Steven Schachter, a Harvard Medical School professor, in a report for the Centers for Disease Control and Prevention.

Instead of seizures, older adults may experience milder symptoms of epilepsy, such as strange feelings, memory blanks, staring and an unaccountable loss of time.

The Mayo Clinic defines epilepsy as "a sudden change in the normal way your brain cells communicate through electrical signals. Some cells send abnormal signals, which stop other cells from working properly."

The disease is difficult to diagnose in older people because these symptoms can mimic several other

diseases, such as stroke and heart disease. Older people in general also take more medications than younger people, and their symptoms may be caused by medicines that interact with each other.

Not recognizing epilepsy can have serious consequences. Older Americans could become afraid to live alone, or well-meaning relatives might not be willing to have them live alone. Another result may be taking away the driver's licenses of older adults.

Yet, if diagnosed and treated, many older adults can continue to live alone, or with some help. They can also drive once they are under treatment and have had no seizures for a period of months, depending on state law.

So what can older people and families do if they suspect epilepsy?

Knowledge is the first step. Learn about epilepsy and its symptoms in older people. If you worry that a relative or friend has epilepsy symptoms, encourage him or her to seek medical attention. Offer to go along if necessary. If the doctor doesn't raise the issue, bring it up yourself.

You need to be an advocate for yourself and your own medical care. Once diagnosed, if the doctor's treatment doesn't stop or greatly reduce the symptoms, then you need to ask for a referral for a second opinion or a consultation with a neurologist.

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