



Seizures

What are the signs of seizures?

The first and most important level of assessment is to be sure that an epileptic seizure has occurred, and if so, the seizure type(s) manifested. An epileptic seizure is the clinical sign of excessive, abnormal activity in the brain.

The clinical features of epileptic seizures can be separated into three components:

- The **aura** is the initial manifestation of a seizure, also called the pre-ictal phase. During this time period, which can last from minutes to hours, animals can exhibit recurrent pacing or licking, excessive or unusual salivating or vomiting, and/or even unusual psychic events, such as excessive barking or increased or decreased attention seeking. Some owners even report that they know that their own dog is going to seizure days in advance by changes in the animal's behavior. Some owners do not notice a change at all during this time period.
- The **ictal** period is the actual seizure event manifested by involuntary muscle tone or movement and/or abnormal sensations or behavior lasting usually from seconds to minutes. You may see involuntary urination, defecation, or salivation.
- Following the ictal event is the **post-ictal** period. During this time, an animal can exhibit unusual behavior, disorientation, inappropriate bowel/bladder activity, excessive or depressed thirst and appetite, and actual neurologic deficits, such as weakness or temporary blindness. This period can last from several minutes to a couple of hours.

Single seizures can be classified into two categories: **partial** and **generalized**.

- **Partial** seizures are the result of a focal abnormal electrical event in the brain. This seizure type may be associated with a higher prevalence of focal diseases, such as a tumor. Animals with **simple partial** seizures have a sudden change in activity without any changes in awareness, such as twitching of facial muscles. Animals with **complex partial** seizures often show unusual behavioral activity, such as running wildly around the house.
- **Generalized** seizures are either **convulsive** ("grand mal") or **non-convulsive** ("petit mal") seizures. By far, generalized convulsive seizures are the most common seizure type seen in animals and are characterized by impaired consciousness coupled with symmetric stiffening, paddling, or even loss of movement of the limb muscles. The severity of the disease does not necessarily match the cause because dogs with brain tumors may have very mild partial seizures, whereas dogs with idiopathic epilepsy, meaning that no obvious causes of the disease exists, may have severe generalized seizures.

What tests are needed?

The second level of assessment is diagnosing the cause of the seizures. Like a cough signals a problem in the airway, a seizure tells us there is a problem in the brain, but not the cause. The goals of a diagnostic evaluation are to determine the underlying cause, evaluate the chance for recurrence, and establish if medication is necessary for treatment. A thorough history will be taken to determine possible exposure to toxins. A physical exam will be performed to look for other diseases, especially other signs of neurologic problems. Thorough blood work will be the first diagnostic test recommended. Idiopathic epileptic (IE) seizures can be diagnosed only if no underlying cause for the seizure can be identified. These are usually **primary epileptic seizures** (PES).

Some purebred dog breeds that have a high prevalence of an inherited component to their seizures include the following:

- Beagles
- Keeshonds
- Dachshunds
- Siberian huskies
- German shepherds
- Border collies
- Irish setters
- Golden retrievers

A diagnosis of idiopathic epilepsy is most common when a dog is between 1 and 5 years of age at the first seizure, is a large breed (> 40 lb), and/or when the interval between the first and second seizure event is long (> 4 weeks).

Secondary epileptic seizures (SES) are the direct result of an abnormal brain structure. Some conditions include developmental brain problems, inflammation or infection, tumors, or stroke-like events. Diagnosis of these conditions usually requires specialized tests including collection of spinal fluid for analysis and CT scan or MRI. These tests are not widely available and not usually performed if lab work is normal and the animal fits the typical profile for primary epileptic seizures.

Reactive epileptic seizures (RES) are a reaction of the normal brain to transient systemic insults or physiologic stresses, such as toxin exposure or very high fever. A patient with recurring RES is not defined as having epilepsy because no primary chronic brain disorder underlies the seizure activity. Blood work will usually give an indication if there is a systemic problem causing seizures.

A higher suspicion for an underlying identifiable cause (SES or RES) for the seizures is found in dogs that have an initial seizure at less than 1 or greater than 5 years of age, an initial interval between the first and second event of less than 4 weeks, or a partial seizure as the first observed seizure.

Cats, in general, do not suffer as frequently from seizures as compared with dogs. Seizures in cats indicate a highly likely underlying problem in the brain.

What treatment is needed?

Maintaining a seizure-free status without unacceptable adverse effects is the ultimate goal of antiepileptic drug (AED) therapy. This optimal balance is achieved in less than half of epileptic people, and probably just a many dogs. Prior to starting AED treatment, owners and veterinarians should have a realistic expectation of what to expect over the course of therapy. First and foremost is that seizure control does not equal seizure elimination. Not all pets have a severe enough condition to justify drug therapy. A decrease in the number of seizures, the severity of individual seizures, and post-ictal complications while increasing the time period between seizures is the realistic goal. Once started, you should realize that there is a daily treatment regimen with time restrictions, re-evaluations and monitoring of blood work are required, and there is a potential for emergency situations to arise along with the inherent risks and side effects of the drugs.

The decision to start AED is based on the underlying cause, seizure type and frequency, and post-ictal effects. Selection of the appropriate AED is based on the pharmacokinetic properties, the effectiveness, and the adverse effects of that drug. Acceptable criteria of an AED is one that can be given 2 to 3 times daily, has a documentable benefit, and is well tolerated by the animal.

In this case, the two most widely used AEDs in the dog are phenobarbital and potassium bromide. Bromide has the benefit of reduced chance of liver toxicity but may not be as effective as phenobarbital to stop all types of seizures or work as quickly. Bromide should be used with caution in cats because of the risk of respiratory problems. Several newer AEDs used by epileptic people are now available for both dogs and cats that do not respond well to standard treatments. These newer drugs are designed for better control and less side effects but are more expensive. Ask your veterinarian about possible alternative treatment options.

Over time, periodic measurements of the amount of drug present in the blood stream is necessary to evaluate that an acceptable level of medication is present. At the same time, blood tests to evaluate liver health may be necessary. These periodic evaluations are important to try to maximize the benefit of drug therapy, while monitoring early for early detection of possible complications. To help your veterinarian keep track of your pet's treatment between visits, keep a journal of medications and seizure activity including the date, time, and severity of the event. Also, never change medications or doses without contacting your veterinarian first.

Treating each animal as an individual, applying the philosophy that seizure prevention is better than intervention, and consulting your veterinarian to help formulate or revise treatment plans will lead to improved success in treating seizures disorders in your pet.

Emergency Treatment

A seizure is a scary thing to witness, but most of the time a single seizure is not an emergency and while there are medications that can be given to bring an animal out of a seizure, they are likely to be over it by the time you would even arrive at the clinic. All you need to do at home is make sure they are in a safe place away from stairs or objects they might knock over onto themselves. Also, keep fingers and other objects out of the pets' mouth as they may bite without realizing it and are unable to swallow normally. The pet is not at risk for swallowing their tongue. Consider it an emergency and seek treatment immediately if any of the following occur: cluster seizures (defined as more than 3 in a 24 hour period), a single active seizure lasting more than 5 minutes (known as *status epilepticus*), or a prolonged post-ictal period in which the pet does not return to a normal mental and behavioral status by several hours post seizure.

If you have further questions, please feel free to contact the clinic at the above telephone number.