epilepsy scotland

FACTSHEET

Sleep seizures

Some people with epilepsy only have seizures during their sleep. These are called sleep seizures. Others will have seizures while awake and while asleep. You may sometimes see people refer to sleep seizures as nocturnal seizures, but this is an inaccurate description because sleep seizures can happen any time you sleep, whether this is during the day or at night, or even if you take a short nap during the day.

States of sleep

There are two main kinds of sleep called non-rapid eye movement (NREM) and rapid eye movement (REM). During each kind of sleep different parts of the brain are more active. At night we alternate between these sleep states.

During NREM sleep, we know that generalised seizures (i.e. seizures which affect the whole of the brain) are more likely to happen, whereas focal seizures (i.e. seizures affecting only one part of the brain) are more likely during a REM phase.

Detecting sleep seizures

If you share your bed with someone, they may notice you having a seizure during your sleep. They may hear you cry out, or twitch and jerk, and may find it more difficult to wake you up after a seizure.

If you sleep alone, signs that you may have had a seizure during your sleep include a bitten tongue or a wet bed from incontinence. You may also

notice you feel unusually tired when you wake up or have a headache or a new bruise.

Adopting a good sleep routine

Having a seizure during your sleep can disturb your sleep making your sleep lighter and less restorative. This means you will be more tired, and this in turn can trigger more seizures as lack of sleep and tiredness is a common seizure trigger.

This makes sticking to a good sleep routine even more important. To prepare for a good night's sleep:

- Avoid caffeine and energy drinks after 2pm.
- Do something which relaxes you such as taking a warm shower, reading a book, or listening to music.
- Switch off your television and other mobile devices one hour before you go to bed. The blue light emitted from these devices can disrupt the production of melatonin, which is an important sleep hormone.

Be mindful that insomnia (difficulty sleeping) can also be a side effect of some anti-epileptic drugs (AEDs). This is listed on the patient information leaflet which comes with your AEDs. If you suspect your AEDs may be causing your sleep issues, seek medical advice from your epilepsy specialist nurse or neurologist. Your GP can also help with general sleep issues.

Treatment of sleep seizures

Sleep seizures are treated in the same way as any other epileptic seizures. This usually means taking anti-epileptic drugs (AEDs). It can be more difficult to detect and keep a record of sleep seizures, especially if you live on your own, but if you suspect you may have had a number of sleep seizures, talk to your epilepsy specialist nurse.

Safety issues

Epilepsy alarms

Epilepsy alarms can alert another person in your house, or someone else who is a designated emergency contact via a call centre, when you have a sleep seizure. Not all alarms are suitable for all types of seizures, and it's important that you discuss this with your epilepsy specialist nurse first.

Some alarms, for example, detect the typical jerking movements which come with a tonic-clonic seizure, others can detect moisture (if you are incontinent during a seizure). We have more detailed information on the different types of alarms, and how to get one. It is usually your local authority who will be responsible to assess you and install such an alarm. Sometimes private purchases are necessary.

Safety pillows

Soft pillows can be dangerous if a seizure occurs while the person is asleep as the person could suffocate if they end up face down after a seizure.

Safety pillows which have small holes may help reduce the risk of suffocation as these holes will allow for continued breathing even when lying face down. Switching to firm foam pillows can also reduce the risk of suffocation. Some people prefer to sleep without a pillow at all.

Early mornings

Early mornings can be difficult if you have seizures during your sleep. You may feel more tired than usual, or even feel disorientated.

If you can, rest up during the day, to help you recovery fully.

If you work, you can ask your employer to consider changing your start time to a later time to give you more time in the mornings. This is called a request for a reasonable adjustment. You have a right to ask for a reasonable adjustment under the Equality Act, and your employer needs to consider making such an adjustment.

Sleep seizures and driving

Generally, you will need to wait until you have been seizure free for one full year before you can drive again.

Different rules, however, apply to sleep seizures. If a person has only ever had sleep seizures, they can drive again after one full year even though sleep seizures continue. However, if you have one awake seizure, you must stop driving immediately and notify the DVLA.

If you previously have had an awake seizure, but now only have sleep seizures, you can start driving again after three years of only sleep seizures.

The reason why rules around sleep seizures are more relaxed is because people who only have seizures during their sleep over a period of time are much less likely to have seizures when awake.

Even if you are legally allowed to drive again, be mindful of the fact that if you have regular sleep seizures you may be more tired during the day which could affect your driving at times. Stay safe, and only drive when you feel alert and able to concentrate and focus on the road.

Our resources are always free. If you would like to support our work please text FACTS to 70085 to donate £3. Texts cost £3 plus one standard rate message.

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