

OTHER HEALTH IMPAIRMENTS (OHI)

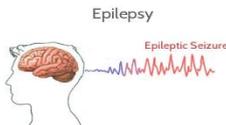
DEF.: Children who are said to have health impairments are those who have limited strength, vitality, or alertness due to chronic or acute health problems.

EXAMPLES OF OHI

- Heart conditions, Tuberculosis (TB), Diabetes, Asthma,
- Epilepsy, Cancer, HIV/AIDS etc.

Health impairment includes diseases and health conditions that affect a child's educational activities and performance

EPILEPSY



Epilepsy is a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations, and sometimes loss of awareness.

Anyone can develop epilepsy. Epilepsy affects both males and females of all races, ethnic backgrounds and ages.

Treatment with medications or sometimes surgery can control seizures for the majority of people with epilepsy. Some children with epilepsy may outgrow the condition with age.

Symptoms: Because epilepsy is caused by abnormal activity in the brain, seizures can affect any process your brain coordinates. Seizure signs and symptoms may include:

- Temporary confusion
- A staring spell
- Uncontrollable jerking movements of the arms and legs
- Loss of consciousness or awareness
- Psychic symptoms such as fear, anxiety or déjà vu

Symptoms vary depending on the type of seizure.

Doctors generally classify seizures as either focal or generalized, based on how the abnormal brain activity begins.

Generalized seizures

Seizures that appear to **involve all areas of the brain** are called generalized seizures. Six types of generalized seizures.

- **Absence seizures.** Absence seizures, previously known as petit mal seizures, often occur in children and are characterized by staring into space or subtle body movements such as eye blinking or lip smacking. These seizures may occur in clusters and cause a brief loss of awareness.
- **Tonic/Akinetic seizures.** Tonic seizures cause stiffening of your muscles. These seizures usually affect muscles in your back, arms and legs and may cause you to fall to the ground.
- **Atonic seizures.** Atonic seizures, also known as drop seizures, cause a loss of muscle control, which may cause you to suddenly collapse or fall down.
- **Clonic seizures.** Clonic seizures are associated with repeated or rhythmic, jerking muscle movements. These seizures usually affect the neck, face and arms.
- **Myoclonic seizures.** Myoclonic seizures usually appear as sudden brief jerks or twitches of your arms and legs.
- **Tonic-clonic/Grand mal seizures.** Tonic-clonic seizures, previously known as grand mal seizures, are the most dramatic type of epileptic seizure and can cause an abrupt loss of consciousness, body stiffening and shaking, and sometimes loss of bladder control or biting your tongue.

Causes

Epilepsy has **no identifiable cause in about half the people with the condition**. In the other half, the **condition may be traced to various factors**, including:

- **Genetic influence.** Some types of epilepsy, which are categorized by the type of seizure one experience or the part of the brain that is affected, run in families.
- **Head trauma.** Head trauma as a result of a car accident or other traumatic injury can cause epilepsy.
- **Brain conditions.** Brain conditions that cause damage to the brain, such as brain tumors or strokes, can cause epilepsy. Stroke is a leading cause of epilepsy in adults older than age 35.
- **Infectious diseases.** Infectious diseases, such as meningitis, AIDS and viral encephalitis, can cause epilepsy.
- **Prenatal injury.** Before birth, babies are sensitive to brain damage that could be caused by several factors, such as an infection in the mother, poor nutrition or oxygen deficiencies. This brain damage can result in epilepsy or cerebral palsy.
- **Developmental disorders.** Epilepsy can sometimes be associated with developmental disorders, such as autism and neurofibromatosis.

Safety Measures During Seizure/Fit

- a) Keep calm and reassure the class
- b) Note the time when it started and ended- for the doctor
- c) Put something soft under the child's head e.g. cushion, jacket etc. (if hitting his/her head on a hard floor)

- d) Loosen clothing around the neck and make sure that airways are clear
- e) Do not try to physically restrict/restrain the child (may dislocate shoulder, break and hurt the child)
- f) Let the fit take its natural course. Keep a clear space around the child for safety
- g) Do not force anything into the mouth or attempt to give anything to drink (child can choke, a good way to chip teeth, cut gums or break jaws)
- h) As soon as possible **turn the child** on his/her **side** into a shock recovery position so that the mouth can drain off saliva, blood or vomit
- i) i) Reassure the child during the period of confusion that follows the regaining of consciousness
- j) Give the child opportunity to rest,
- k) Let the parents know that the child has had a fit/seizure

How Teachers Should Relate with Learners who have Epilepsy

- a) Accept the child with a fit as an ordinary class member,
- b) Explain epilepsy to the child and the class for acceptance,
- c) Be cautious about reprimanding the child about day- dreaming,
- d) Try to select appropriate projects without discouraging a child
- e) Consider the hazards of cookers, hot liquids and science lab materials
- f) Games and physical activities should be encouraged
- g) Learners with epilepsy need a full timetable, with challenge to avoid boredom that can trigger a seizure/fit
- h) Give extra time and positive support (for good progress)
- i) The use of the label “an epileptic” should be avoided, as it obscures the child’s individuality.
- j) Fits are epileptic, children are not.

NOTE: Many children will out-grow their epilepsy, and it is important that they should not be left with the feeling of being different.