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# Fort Bend County Podcasts

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## Podcast Episode 56 – Epilepsy Awareness

March 26, 2026

**\*\*Disclaimer\*\***-Please note, anything that is said in the podcast does not supersede actual plan or program languages, and anyone wishing for specific information in regard to coverage should go directly to the plan documents found under risk management on eConnect.

**Gina:** Welcome to this week's Benefit Detective Podcast. I'm Gina.

**Wendy:** And I'm Wendy. And if you didn't know, today, March 26, is epilepsy awareness day. And a tidbit from the Epilepsy Foundation: more than three million people in In the US, over sixty-five million people worldwide live with epilepsy. People with epilepsy have seizures. There are unexpected electrical storms in the brain.

**Gina:** Seizures are common. And I have a little tidbit also from the CDC that about one in ten people in The United States may have a seizure in their lifetime. This means that someday you may need to help someone, and there are easy steps to help someone during and after a seizure. So today, we are breaking down the barriers. Our goal is to help everyone understand what a seizure looks like and what to do if they see someone having a seizure. And joining us today is Dr. Lu with Concentra, our employee wellness clinic. Hello, Dr. Lu.

**Dr. Lu:** Hello, thanks for having me back again.

**Gina:** Dr. Lu, I know that there are different types of seizures out there, such as clonic, focal, and grand mal. What are the different types of seizures?

**Dr. Lu:** Good question. Yes. There are several types and different features. We'll start with the focal partial seizures, and specifically there's focal aware and focal impaired awareness. So the focal aware seizure is the simple partial and where consciousness is preserved. So they may be aware of what's going on, but, they may have jerking of one body part, like the face, arm, or leg. They may have sensory symptoms such as tingling, numbness, deja vu, odd smells or tastes. Sometimes some symptoms or signs such as nausea, sweating, chills, and sometimes emotional changes like sudden fear, anxiety, or joy. And they can recall the event afterwards because they were aware.

**Dr. Lu:** And that as opposed to the focal impaired awareness, which is also known as the complex partial seizure. And they may be staring or unresponsive. They may have repetitive movements such as lip smacking, chewing, picking at the clothing or and they may be confused after the event, and they often do not remember the seizure. Then there's also another broad category is generalized seizures, and among these two of the most common are the absence seizures and the generalized tonic-clonic. So the generalized seizures, they involve both hemispheres of the brain, and that's why they can have more severe symptoms.



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**Dr. Lu:** So the absence seizures or also known as petite mal, is more typical in children. They can have a sudden blank stare. They can have a brief loss of awareness, maybe five to twenty seconds. Sometimes they'll have subtle movements such as eyelid fluttering, lip smacking, then they'll just resume activity as if nothing happened. And so, it can often be mistaken for daydreaming because of those features.

**Dr. Lu:** And then the generalized tonic-clonic seizure, also known as grand mal, is the big one that most of us think of when we think of seizures, and that is a tonic phase where the body stiffens. They may even have a cry or a grunt and loss of consciousness. So tonic, yeah. It's just everything tightens up. And then the clonic phase is a rhythmic, full-body jerking motion, and it may also result in tongue biting, which can be harmful, of course, and dangerous choking on the blood and other things. And then drooling and incontinence, either bowel incontinence, bladder incontinence, or possibly both. And then, also usually afterwards, they have a long post-seizure confusion period and feel very tired because of all the tightening of the muscles and the jerking. And it can feel sore muscles all over.

**Dr. Lu:** So those are kind of the main ones. One more too is there's a atonic seizure as well, also known as "drop attacks," where they can get sudden loss of muscle tone and they can just suddenly collapse and or if they're seated, maybe their head just drops down. It's usually pretty brief, a few seconds, and this one, of course, is at high risk of injury because of that. So those are kind of the big ones.

**Wendy:** So what if a family member or friend or even a coworker or stranger starts having a seizure? What should you do?

**Dr. Lu:** Good question. So first thing is you want everyone to stay calm, you and everyone around. And then of course the first thing is make sure that the person having a seizure is safe. Right? So you want to remove them from any potential sources of danger. If they're in a puddle of water, if they're, you know, any danger of electrocution, any kind of objects nearby that they may, you know, that may harm them during the seizure. You wanna remove all those things, clear out a nice big area for them. And then also you want to cushion their head if they are, depending on their type of seizure, if they're on the ground. Put some sort of cushion even if you just grab some clothing under their head, especially if they might be jerking around. You don't want trauma to the head. And then also, take off their eyeglasses if possible too.

**Dr. Lu:** And then the second thing you want to do is turn them on their side. And by turning them on their side, in case anything comes up out of their mouth, it'll kind of drain out, kind of point their mouth towards the ground, and that'll prevent them or at least decrease the risk of choking. And then the next thing also is you want to loosen up any tight clothing, especially anything around the neck that may cause any difficulty with breathing or choking. And the next thing you wanna do also is actually time the seizure. Most seizures only last about thirty seconds to two minutes and will be somewhat uneventful after that. But especially if they last more than five minutes, that is definitely of great concern, so that's why it's important to start timing.



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**Dr. Lu:** Okay, so there are also a few things that you specifically want to avoid when someone's having a seizure. One thing is that you do not want to restrain them, meaning you don't want to hold them down. Just let the seizure run its course and make sure they stay safe. Another thing is you do not want to put anything in their mouth. They won't swallow their tongue, and contrary to past practices, where there was actually something called a bite block, a device you could put in their mouth to prevent them from biting their tongue. They actually no longer recommend that, nor putting anything in their mouth to serve that purpose, because the objects can actually cause broken teeth, it can cause choking, or possibly even injury.

**Dr. Lu:** So that's a big change. So do not put anything in the in the mouth, and definitely don't put your fingers in there trying to prevent them from biting their tongue. Some people have done that too. And some another thing you want to avoid is you do not wanna give mouth to mouth breaths during the seizure. Like, you may think that they're not breathing and wanna give them rescue breaths, but do not do it. People usually start breathing again on their own after the seizure. And then one other thing is that you may feel like you wanna give them something to eat or drink, but definitely wait until they're fully conscious, alert, back to their normal self before you do that because you don't want them to choke on it in case they're not fully conscious again. And so those are a few things that you specifically want to not do during a seizure.

**Dr. Lu:** So then there are also a few things to do after the seizure is done. You wanna stay with the person until they're fully alert. You wanna have them sit and rest in a safe place to recover. Just so you know, they'll often be confused or tired or maybe have a headache, maybe a little bit out of it. And so just speak calmly to them, reassure them. You may want to explain to them what happened, especially if they're unfamiliar with the seizures. And then also, definitely a good idea to offer to call someone for them, a friend or loved one who can pick them up, come take care of them, or, you know, find them if they're nearby.

**Dr. Lu:** And then a few situations as well where you wanna call 911. So we'll go over that. As we mentioned before, if the seizure lasts more than five minutes, definitely wanna call 911 so that they can take over. That's obviously a more complicated one where you'll need additional medical care. And also if they have trouble breathing afterwards, you wanna call 911. And also if one seizure ends and another one begins soon afterwards, definitely wanna call 911 to get additional medical care for that. Also, if they're injured or if they're pregnant or diabetic, you would wanna call 911 for additional medical care as well, in the hospital or ER setting. And also if it's their first known seizure, definitely want to get additional medical evaluation. And then the last thing too is if they do not regain consciousness afterwards, definitely want to call 911.

**Wendy:** So if you want more information on how to help during a medical crisis, please consider signing up to take a CPR/First Aid class with one of our trainers. Sign up on our employee self-service for the next available class. This is a certified class for two years with the American Heart Association. You'll be trained on CPR/First Aid and the AED machines. Well, thank you, Dr. Lu, for joining us today.



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**Dr. Lu:** Thank you so much for having me again.

**Gina:** And reminders: don't hold the person down or stop their movements. This could injure you or them, and don't put anything in their mouth. This can hurt their teeth or jaw.

**Wendy:** And don't give mouth-to-mouth breaths during the seizure. People usually start breathing again on their own after a seizure. And don't offer food and water until they are fully alert. This is not necessary and could cause them to choke.

**Gina:** Yes. And that's a wrap for this week's Benefit Detective Podcast. I'm Gina.

**Wendy:** And I'm Wendy. And listen for our next podcast.

**Gina:** And remember the Benefit Detectives are here to help.