Children and epilepsy

– for teachers, social educators, educational-psychological counselling services and local-authority social workers

Dear Reader,

Special Advisory Services for Epilepsy advises employees who work in an ordinary school, efterskole (residential school) or local authority so we can help children with epilepsy lead a better everyday life with their disease.

Most families who have a child with epilepsy are under a lot of pressure. The support must meet the family's overall needs. Here we have brought together some basic knowledge about the disease and the difficulties it causes.

We hope this booklet can contribute to your daily work relating to children with epilepsy. It is primarily intended for local-authority social workers, the child's teachers, school leaders and social educators, and educational-psychological counselling services.

You can use it as a reference guide.

If you have any doubts or questions, you are always welcome to contact us. With us, advice is free.

Happy reading!

Special Advisory Services for Epilepsy

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TWO THIRDS OF ALL PEOPLE NEWLY DIAGNOSED WITH EPILEPSY CAN BECOME SEIZURE-FREE WITH MEDICAL TREATMENT.

EPILEPSY IS A DISEASE OF THE BRAIN

Epilepsy is one of the most common chronic neurological diseases. It is a disturbance in the brain's electrical signals that causes epileptic seizures. 55,000 people in Denmark have epilepsy. 6,000 of those are children. There are 500 new cases in children every year.

The disease consists of seizures triggered by the cerebral cortex. The brain's functions break down for a few seconds or minutes. They are restored with greater or lesser speed. The seizures are often spontaneous and are therefore a major cause of stress for the child and their family. The disease is often long-term and requires medical treatment.

Epilepsy involves seizures with loss of control, such as a sudden strange feeling in the body, being able to hear but not understand, being able to see but not speak, losing consciousness for a few seconds or having convulsions and waking up confused with an aching body, headache and involuntary urination. Some people may continue doing what they were doing but without being conscious. This can have major consequences if, for example, they are in traffic or at the swimming pool. Many children have inferiority issues because they lose control over their bodies.

Diagnosis

To make the diagnosis, the child undergoes a so-called EEG examination, which records brain activity. A thorough description of the seizures is important for doctors to make the right diagnosis and initiate treatment.

It can be a great help if the parents can record the seizures, for example, on a mobile phone, to show and explain them to the doctor.

Seizures

Seizures manifest differently depending on where in the brain they start and whether the whole brain is affected or only parts of it. Most people associate epilepsy with convulsive seizures, where the child has spasms throughout the body and is unconscious. However, seizures can also manifest as brief episodes of blanking out (absences), sensory disturbances, motor disturbances or a sudden change in behaviour.

The reorientation phase

Once the seizure is over, consciousness may still be affected. This is the reorientation phase. How long it lasts varies from person to person. The child may appear confused, and it is common for the child to be tired, listless and upset. The period can be of shorter or longer duration.

Treatment

The treatment of epilepsy is primarily medical. Two thirds of people with newly diagnosed epilepsy become seizure-free with medical treatment. The cause of the seizures cannot be eliminated, but the seizures themselves can be halted, thereby reducing the risk of brain damage. The most common side effects are fatigue, dizziness, decreased or increased appetite, changes in behaviour and mood, and memory, learning and attention problems. It is important to offer children specialised assessment and treatment.

EPILEPSY AFFECTS EVERYDAY LIFE

The child may have cognitive difficulties that are not visible but can be a major burden in daily life – including for their family and others around them.

Even if the child with epilepsy no longer has seizures, there may still be problems. This is often because the child's general personal resources are reduced as a result of the disease. This can manifest itself in various ways, including psychological issues, such as anxiety about seizures, low self-esteem or depression, or cognitive difficulties, such as lack of overview and planning, attention and memory problems.

Often the child has difficulty explaining what it means to live with epilepsy and what seizures look like when they may have never seen them for themselves.

Many people also do not know that there can be cognitive difficulties associated with epilepsy. Parents and school may therefore make the same demands of the child with epilepsy as of classmates without cognitive difficulties.

COGNITIVE DIFFICULTIES

Cognitive functions refer to the many different processes in the brain that are fundamental for us being able to perceive, engage with and adapt to the world we live in.

The cause of cognitive difficulties is often difficult to determine. However, seizures, the medical treatment of seizures and the cause of the epilepsy, such as a brain malformation or genetic defect, can all have an impact on cognitive function. Difficulties can be specific or more generalised, depending on how the epilepsy affects the brain.

As children's brains develop at a rapid pace and some cognitive functions develop before others, there are also differences in when difficulties become apparent. Some difficulties emerge at school, in the transition from primary to middle school, or when the young person starts to work independently on larger tasks.

In the following sections, we describe some of the cognitive functions that accelerate at different ages and the difficulties that can arise in children with epilepsy if their development is disrupted.

Assessing cognitive difficulties

If the child experiences cognitive problems, you as a social educator or teacher can contact your educational-psychological counselling service about the possibility of further assessment, as these cognitive problems can have an impact on development, learning and social relationships.

An assessment by an educational-psychological counselling service or a neuropsychological examination by a specialist can identify the areas where the child needs help.

The examination can describe:

- Perception of sensory impressions
- Concentration and endurance
- Learning ability and memory
- Language
- Overview, planning and problem-solving (executive problems)
- Emotions and personality traits (anxiety, temperament, behaviour, depression)
- Ability to cope with possible consequences of epilepsy and mental vulnerability (self-esteem, anxiety and depression)
- The child's possibilities for utilising the abilities they have.

A neuropsychological examination describes psychological functions based on knowledge of the connections between brain processes and psychological functions.

The examination can identify weaknesses and strengths. It can include:

- Describing the current consequences of a known brain injury or disease
- Creating a plan for treatment/rehabilitation and light work.

A neuropsychological examination is always conducted in a one-to-one interaction between the child and neuropsychologist. The examination is a highly structured tool that provides a picture of how the child acts and functions in everyday life. The examination should therefore be supplemented with practical tests or similar in which everyday activities are performed.

It is important to examine possible problems and identify limitations/personal resources and measures that can provide support with, e.g. school and education/training choices, and to put compensatory measures in place to prevent setbacks in school and education/training.

Facts about children with epilepsy

- Many children have inferiority issues because they lose control over their bodies
- The biggest problem for the child and those around them is the unexpected loss of control
- 30-40% of school pupils with epilepsy have behavioural disorders to a greater or lesser degree
- A child will always do the right thing if they can
- Many children with epilepsy, even those who are seizure-free, can experience incredible fatigue at the end of the school day
- Many children are embarrassed about their disease and afraid of being teased or excluded by their peers
- Complex movements, such as cycling, swimming and somersaults, can be difficult to learn
- A child with an attention deficit disorder may struggle with social relationships with other children
- A child with cognitive difficulties often has a reduced work pace.

SOCIAL AND BEHAVIOURAL DIFFICULTIES

Epilepsy can cause behavioural problems, and thus social difficulties because the child is unable to control or regulate their behaviour. A number of control functions and areas of the brain may be damaged or affected.

30-40% of schoolchildren with epilepsy have behavioural disorders to a greater or lesser degree. The causes can be both primary and secondary. Primary causes include the type of seizure (focal or generalised), the location in the brain and the frequency of seizures.

A child with frequent nocturnal epileptic activity will be affected during the daytime with fatigue, restlessness and irritability. Most difficulties are related to primary causes, but the issues are often complex and secondary causes will also affect the child's behaviour. These might include anxiety about seizures in the child and/or adults.

Worry, anger, sadness and guilt are emotions that can also be common in either the child or the family, and can affect the child's behaviour. The child's confidence and self-esteem, and the demands and expectations of those around them, can also play a role. Typical behavioural difficulties include impulsivity, hyperactivity and being easily distracted.

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Behaviour

The child's inappropriate behaviour can be a consequence of the diagnosis and/or medication, but it can also be a reaction to being excluded from communities. The child's behaviour – good or bad – makes sense if it is understand from the child's perspective. A child will always do the right thing if they can.

Often a child with epilepsy can learn social skills to improve their social behaviour. If specific issues are not recognised, addressed and treated, children often develop behavioural and emotional problems that can have more serious consequences than learning difficulties.

Social and behavioural problems can be difficult to distinguish because behavioural difficulties can lead to social problems and vice versa.

Typical difficulties in children with epilepsy:

- Irritation and frustration
- Anger and lack of self-control
- Childish behaviour
- Can seem rigid and have difficulty with plans that change
- Find it hard having to wait and interrupt others who are talking
- Ignore requirements and get stuck on complicated tasks
- Find it hard reading social codes, unwritten rules, body language and tone of voice
- Isolate themselves and withdraw from socialising
- Sadness and low self-esteem/confidence
- Mental health issues, such as depression, anxiety and stress.

Social costs can be extremely high in some cases, not only for the child with epilepsy, but for the whole family.

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Social relationships

Children learn social skills as they mix with other children and young people. If a child has epilepsy, development can be disrupted. The fear of losing control, combined with the family's tendency to protect the child, often means that seizures become too big a part of daily life. The child can be denied the opportunity to learn important social skills. The child can struggle to get on in social contexts, which can lead to loneliness and isolation.

Fatigue can be a barrier to having friends. Many children with epilepsy, even those who are seizure-free, can experience incredible fatigue at the end of the school day, leaving them with no personal resources to participate in social activities with friends. Weekends are often spent recovering from a long school week and getting ready for a new one.

Difficulty concentrating, staying focused and keeping up with lessons/conversations involving lots of people can be very taxing for children with epilepsy and cognitive difficulties. This may mean that the child is unable to actively participate in lessons for longer periods of time. This can mean mental or physical withdrawal. Many children are embarrassed by their disease. At the same time, they are afraid of being teased or excluded by their classmates if they find out about the seizures.

In our experience, children with epilepsy often feel misunderstood, different and left out. Exclusion from sports, camps or other activities can reinforce that feeling. In terms of academic achievement and social interaction in the classroom, it is very important that the child with epilepsy is allowed to participate in camps, etc.

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THE CHILD'S DEVELOPMENT AND EPILEPSY

Younger children with epilepsy may need training in a manageable, recognisable and calm environment with a daily routine. Some children need to be accompanied by an adult in everything they do. Others can make do with adult support in a structured environment with other children. Spending time with children of the same age is important because children learn new skills by copying other children.

Toddlers, 0-2 years

Motor development

A significant delay in a child's early motor development can be a sign that the child's brain is not developing at the same pace as that of other children of the same age. And this can mean that the child will experience cognitive difficulties later on.

Early language development and communication

Deviations are common, but if a child shows very limited interest or lack of engagement in reciprocal communication that can help them to be understood, this may be the beginning of cognitive language difficulties.
Behavioural changes, such as anger outbursts, aggression towards others, anxiety or withdrawal, can be signs of basic language difficulties.

Infants, 3-5 years

Motor skills

For children with epilepsy, more complex movements, such as cycling, swimming and somersaults, can be difficult to learn. However, some children may just be anxious about giving themselves free rein because they are afraid of falling and hurting themselves if they have a seizure in the middle of an activity.

There is also a lot going on at this age in terms of fine motor skills, including refinement of the pincer grip and development of the pencil grip. Learning to draw within lines or to do a bead board can be difficult, while playing in the playground is fine. Fatigue and decreased energy levels are very common and can be among the reasons why the child with epilepsy struggles with more demanding cognitive activities.

Language acquisition and use

The language of some children with epilepsy is an issue, and the development and/or difficulties of individual children can vary greatly.

Recent Danish research shows that if a child has language difficulties or is lagging behind in language development at 3-5
years of age, it can affect the child's entire schooling, and the language-challenged child performs worse in the grade 9 Danish leaving exam than children who have not had difficulties in kindergarten. This is therefore an important area to address so that preventative measures can be put in place.

In general, parents often believe it is best for their child to attend the nearby folkeskole (primary and lower-secondary school), which can give the child a normal life in terms of school and leisure time with their classmates.

Consider a special class or special school. All too often we see children being moved down a grade or repeating a school year due to their academic and social difficulties. In some cases, further investigation of the child's difficulties will be necessary. This could be in the form of a school/pre-school observation or a neuropsychological examination.

Pay attention to whether the child changes over a longer period of time. In so doing, distinguish between physical, behavioural and emotional reactions. Often there will be a mixture of several different reactions.

Attention

Children with epilepsy often have disturbed concentration and reduced attention. For example, the child may be easily distracted by noises or activities around them, may get distracted on the way from one activity to another, have difficulty persisting with games with other children, or find it hard in terms of motor skills sitting still in an activity for the time required.

Pervasive attention difficulties are defined as those that are present in most situations the child finds themselves in on a daily basis. It is perfectly natural for the child to feel tired, confused and have reduced concentration or attention after a seizure. And this state can last from a few minutes to several hours after the seizure.

Seizures can be difficult to diagnose because the symptoms are often subtle, especially in focal seizures, which begin in a single location in the brain. Some types of epilepsy are characterised by the child stopping their motor activity, becoming pale and possibly having a slight blue discolouration around the mouth. Sometimes small automatisms are seen, such as lip-smacking.

If the child is diagnosed with epilepsy at a very early age, it is important for professionals to pay special attention to whether the child is developing in an age-appropriate manner or if they are learning new skills more slowly than other children.

Children with epilepsy often have specific needs in daycare and school. Needs that must be taken seriously in order to create the best framework for well-being, development and learning.

Many problems arise when there are changes involving new classmates/teachers/social educators/surroundings.

Special Advisory Services for Epilepsy often finds that the child's daycare institution needs advice and guidance when a child changes daycare. This is also the case with the transition between kindergarten and school, as well as the transitions between early years/middle school/later years, etc.

Based on the information and knowledge that the kindergarten teachers have about the child's disease, it is important to assess needs in relation to the transition to school.

It may be necessary to convene a network meeting/handover meeting where those with knowledge of the child's personal resources and limitations share knowledge with the child's future school.

Schoolchildren, 6-12 years

When teaching a child with epilepsy, it is important that teachers and social educators have knowledge of the child's strengths and weaknesses. It is about focusing on strengths and developing weaknesses.

Often, a child's cognitive difficulties become apparent to those around them during the transition from daycare to school and when they enter bigger classes.

Pay attention to the use of language to achieve more abstract thinking, understanding, attention and concentration in both academic and social contexts, learning and memory, as well as the ability to orientate in space and direction.

Language function

There can be difficulties with basic language learning, but also with understanding, constructing and communicating longer and more abstract messages. The child may have difficulty understanding transferred meanings of a word, categorisations or what is being said 'between the lines'. Language difficulties often manifest as general academic difficulties and can be experienced as dyslexia and difficulties learning to read and write.

Language difficulties in children with epilepsy can arise from a basic and general dysfunction in the brain, or from an effect in a specific part of the brain, which may be the same part of the brain where the child's epilepsy originates.

Processing speed and memory are two other cognitive factors that influence how well a child can follow a conversation and use language or acquire academic skills in school. Pay attention to the child's language development and find out what difficulties they have so that an intervention can be targeted at the specific difficulties.

The ability to orientate in space and direction

Children with epilepsy may have difficulty orienting themselves in space and direction and distinguishing right from left. This is known technically as visuo-spatial difficulties. A disorder can be more or less pronounced in an individual child, but if the child expresses difficulty understanding right and left or has trouble finding their way around the school, for example, they may also have other less obvious difficulties.

The child may have difficulties with reading/writing direction, orientation in a workbook, the meaning of prepositions and may, for example, reverse letters and numbers and have difficulty turning their clothes the right way round. The child may have difficulty sorting through things in a crowded room. This can manifest as anxiety, withdrawal from the situation or becoming more fatigued than usual.

Attention

A majority of schoolchildren with epilepsy with cognitive difficulties primarily experience concentration and attention problems. Difficulty concentrating often presents as the child being easily distracted. It can appear as a behavioural issue, such as the child externalising or being restless. It is therefore important to be aware of children who outwardly appear to be behaviourally disturbed. The cause of behavioural issues may lie in attention difficulties together with other undetected cognitive difficulties.

A child who struggles with attention may have problems with social relationships with other children.

Learning and memory

Often it is impaired attention function that is the cause of the difficulties when children with attention difficulties are described as having memory problems and general learning difficulties. However, a child with epilepsy may have specific problems with learning and remembering what they have learnt for other reasons. This is especially true for children who have nocturnal seizures, but also for children with other types of epilepsy.

They may have problems with both visual and linguistic memory. For example, it can be difficult for the child to memorise and process information, such as doing mental arithmetic. For some children, it can be difficult to remember multiple messages at once. A child with nocturnal persistent epileptic activity can find it particularly difficult remembering what they learnt the day before. Some children may struggle to recall information on their own, but with visual reminders they can better recall what they have learnt.

Children who lose consciousness in absence epilepsy are particularly prone to experiencing learning difficulties because they lose context and information during the time their consciousness is affected. At school, it is important to pay attention to whether the child has acquired the basic prerequisites for the subject matter they will be working with.

Processing speed and fatigue

A child with cognitive difficulties often has a reduced work pace. They need more time to complete tasks and may take time to respond when asked a question.

This can make it difficult for the child to engage in social relationships, especially in situations where there are lots of children together. The more complex a situation or task, the slower the processing speed.

Mental fatigue is a big problem. Some children experience fatigue during a single lesson, requiring several short breaks along the way. Other children experience fatigue throughout the day or at the end of a school week. Many children therefore need shorter school days or to be able to rest at home after a school day.

Executive skills

Executive functions are those skills that enable a person to conceive of an activity, plan its execution and see it through. Both behavioural and cognitive difficulties can make it hard to complete an activity. It may be difficult to get an overview and plan the sequence of the activity, to change the plan along the way or to get started.

The child may struggle to manage their time, keep their room or school bag in order, or cope with tidying up. The same goes for getting started on a school assignment or writing a story with a natural beginning, structure and end.

Children's executive functions mature late and are greatly influenced by the development of the more basic cognitive skills. When assessing executive skills, it is therefore important to be aware of whether the child has other more basic cognitive difficulties in other areas.

As a teacher, it is a good idea to talk to the parents and relevant professionals to identify the specific factors associated with receiving the child. This could be absenteeism, concentration problems, fatigue, learning problems or other symptoms due to the epilepsy or medication. In this way, the school is well prepared to receive and support the child.

It is important to establish a good school-home relationship where teachers and parents keep each other informed about, for example, absences, homework, academic performance and any behavioural or social problems.

In general, epilepsy increases the risk of both general and specific learning difficulties and social problems. The cognitive difficulties can be permanent, transient and variable. It depends on the diagnosis, the time of epilepsy onset, the seizure frequency and the presence of other diagnoses.

As the teacher's understanding of the epilepsy has a significant impact on the child's well-being, it is important the that the teacher/school seeks the information necessary to understand the symptoms, scope and severity of the disease, and the limitations the child will experience.

Children and adolescents, 13-18 years

Older schoolchildren and adolescents with epilepsy can have the same difficulties as 6-12-year-olds. Their difficulties can best be understood by looking at when they developed epilepsy and what caused it.

In general, the demands for independence are increasing in academic, social and practical areas, which means that the demands on executive functions are increasing. It is important that the young person can prepare large written assignments, perform manual work independently, acquire study techniques, create and maintain social relationships, and cope with everyday activities like shopping, cooking and laundry.

This requires both good basic cognitive skills, but also extremely well-developed executive skills. If the young person is struggling, it is essential to assess basic cognitive and executive functions to determine the young person's support needs.

During adolescence, identity development is at its peak and the need to be part of social communities is of great importance to the young person. The young person finds it difficult and feels vulnerable being separate from the community due to cognitive difficulties because epilepsy is often an invisible disability.

> "
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EPILEPSY IN THE FAMILY

Parents of a child with epilepsy

When a child is diagnosed with epilepsy, the family often faces a stressful, confusing and difficult time. If the child's first seizure involves convulsions, most parents will think their child is going to die. They will therefore go into shock or panic. Many parents will relive this shock reaction during subsequent seizures and may therefore appear extremely worried, and perhaps too worried. If the epilepsy proves difficult to treat and there are a lot of seizures, the family may be in a more or less constant state of crisis for many years.

As a professional, it is therefore important to focus on the different factors that apply to the individual family in relation to additional support needs.

Epilepsy can cause emotional and practical problems in the family:

- Fear of seizures and about the child's development and future
- Grief over the loss of a healthy child
- Anger that they are the ones affected
- Shame about the seizures, the disease and the child's behaviour
- Changing daily and life routines
- Problems with caring for the child, e.g. in the evening
- Sleep problems due to nocturnal seizures
- Changing care patterns and requirements
- Powerlessness/worry about the future.

In periods of crisis, people typically need time, calm, a shoulder to cry on and a pair of listening ears. Some need to vent, share and ask questions like 'why us?'. Others may need to engage in physical exercise, be active or seek information about the diagnosis/prognosis. The crisis reactions are completely normal and a natural reaction to the difficult situation in which the family finds itself.

The individual parent's emotional life, thoughts and concerns are rarely addressed or considered when dealing with the living conditions the family has to deal with. Being aware that a parent also needs to be related to and understood as a human being and not just a parent is an essential part of successful and equal collaboration with parents.

For many, the diagnosis is associated with many long-term hospital stays and changes in everyday life. This means new tasks and roles. Many parents find it difficult to hold down jobs for a period of time. Some parents find that sleep, both theirs and their child's, is disrupted due to seizures or side effects of the epilepsy/medication, making it more difficult to cope with everyday challenges.

Some families get scared to let their child do what they usually do. They change habits for the child and the rest of the family. This can lead to limitations in the family's social life. Some children's behaviour makes it difficult or impossible to take them shopping, visit friends or family, or attend social events and activities. The whole family can suffer huge social loss.

Friends and family may fall away because they do not understand the changes. Many find it difficult to cope with the disease, and grandparents or other network persons may no longer dare to look after the sick child because they are afraid of the responsibility. Having a child with a functional impairment can be a huge upheaval, and parenting can sometimes seem almost overwhelming.

Teachers, social educators, social workers and the educational-psychological counselling service become important partners. Good collaboration is therefore a vital prerequisite for parents to feel that they are getting the help and support they need for their child.

It is important that professionals relate to the whole family, provide support and ensure the family receives relevant information. Be patient if you have to give the same advice multiple times. The family has to deal with a lot of new information. Support the family with information on where they can access competent professionals and try to help them coordinate their efforts. Most importantly, the family should be met with an understanding that it can feel lonely facing up to the new conditions.

Siblings of a child with epilepsy

A healthy sibling will always be affected to a greater or lesser extent by a brother's/sister's disease. It will affect their self-perception and sense of responsibility, and it will influence their role in the family.

The healthy child is a relative of a chronically ill brother or sister, and is under a lot of psychological pressure, just like the parents.

Parents pay a lot of attention to the sick child. The healthy child may therefore feel they are overlooked by their parents. If parents do overlook their healthy child, it is not because they love them less or do not care. It is about lack of energy and personal resources – the parents' everyday lives are filled with illness, treatment and hospital stays. The parents are frustrated and feel guilty about not having enough time and personal resources for their healthy child.

Lack of attention over an extended period of time has consequences for the healthy child's physical and mental well-being. They often miss out because they are forgotten amid the commotion and pressure the family is facing. The healthy child does not get the upbringing they would have had in a family without illness.

Families where the sick child requires frequent or prolonged hospital stays are often split in two – one parent is in hospital with the sick child, while the other takes care of the home and the healthy child. For the children who experience this division in the family, it will be a great loss and impossible to maintain daily physical contact with the absent parent.

The relationship will change between the sick and healthy child. Their roles and relationships with each other around love, hate, alliance, power, familiarity, jealousy and loyalty will inevitably be affected to some extent depending on the age and development of the children. The little sister can suddenly become the big sister and take responsibility for her sick sibling.

The healthy child will often experience emotions such as anger, jealousy and hatred. The healthy sibling may feel extreme guilt and remorse for having these thoughts and feelings when the battle for parental love and attention is unequal. In the most difficult situations, the healthy sibling may have thoughts like: 'I wish I was an only child' or 'It would be much better if my sick brother/sister had never been born.'

Many siblings feel alone with their thoughts and feelings, and they never really talk to anyone about how they feel. It is therefore important that you as an adult in the child's network are inquiring and curious about the child's understanding of the disease and its cause.

Some of these children react psychosomatically with headaches, stomach aches, sleep problems or similar. Some children withdraw socially and seek a break from the disease. Other children may externalise, push boundaries, and become difficult and provocative in their attempts to get attention and affirmation.

However, this is not the case for all siblings – some experience the opposite. They develop strong emotional bonds where they feel great care and tolerance towards their sick brother/sister, and a particularly strong sense of unity and sibling love develops. So, the disease can also help bring them closer together in a different and deeper way.

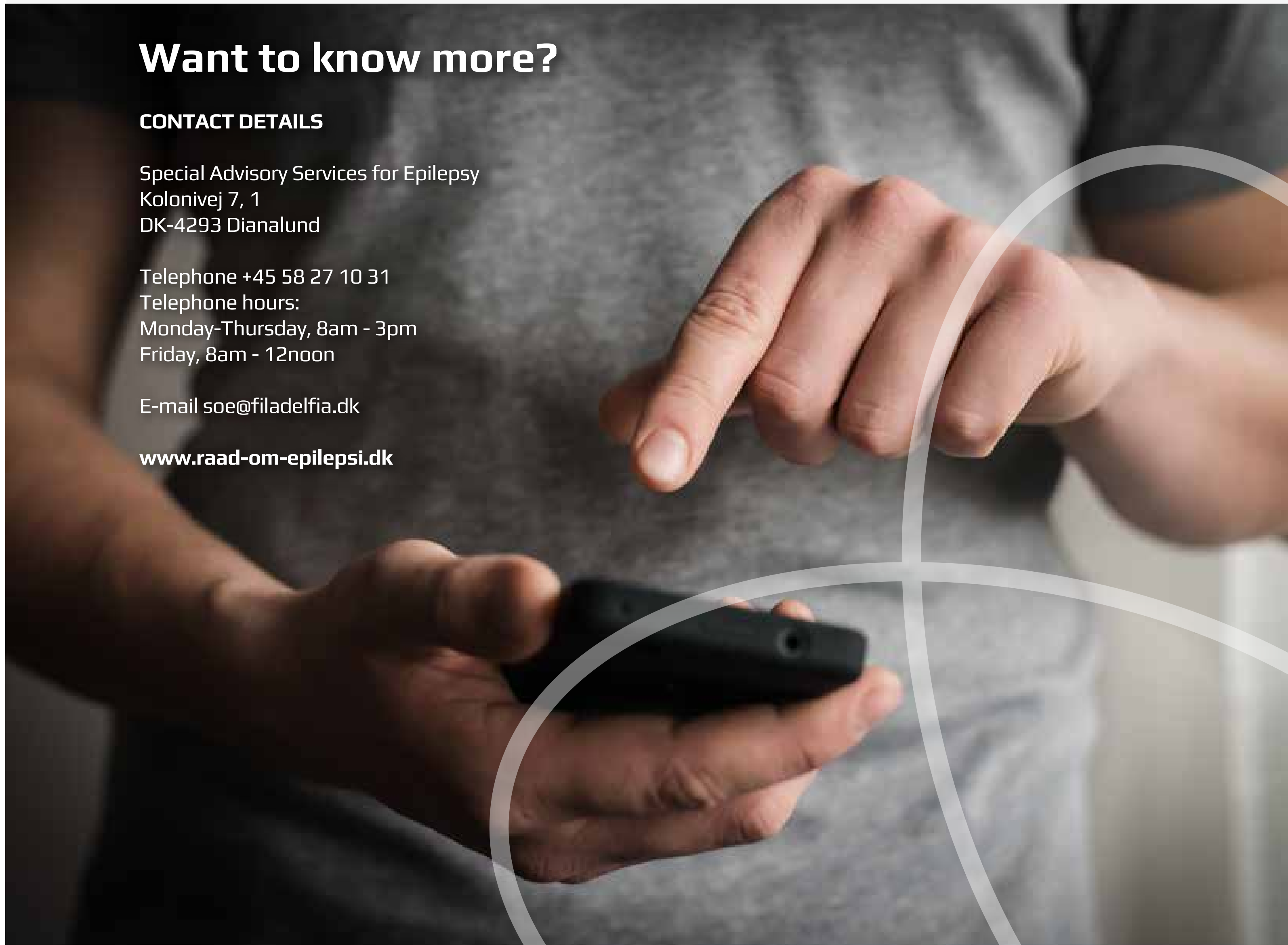
Many healthy children need support to manage relationships with siblings. This can come from parents or from classmates, a class teacher or other children in the same situation, for example, in a sibling group.

SPECIAL ADVISORY SERVICES FOR EPILEPSY

Special Advisory Services for Epilepsy, Filadelfia, is part of the Coordination of Special Counselling (KaS) network under VISO at the Danish Authority of Social Services and Housing. VISO is the national Knowledge and Special Counselling Organisation in the area of social and special educational needs. We provide advice to professionals, citizens and relatives on tackling everyday life with epilepsy. Our employees advise, discuss and share knowledge about epilepsy and the psychosocial problems that often accompany it.

Filadelfia is Denmark's only highly specialised epilepsy hospital and nationwide knowledge and rehabilitation centre for people with epilepsy and acquired brain injury. Every day, 800 employees work to access, treat and rehabilitate people with epilepsy. The daily collaboration with the hospital ensures that we have up-to-date, specialised knowledge about everything that people with severe epilepsy need.

The advisory services are nationwide and free of charge for citizens and relatives, local-authority employees, schools, educational-psychological counselling services and healthcare professionals.



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