

## MODULE 8B - Advocate Advanced Topics

### MEDICAL TOPICS LESSONS

#### L5 - Seizure Disorders

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This report is designed to help you create a more effective written argument at the reconsideration or ALJ appeal levels when dealing with neurological impairments that manifest seizure activity.

#### Overview of Seizure Disorder

Seizure disorders can be caused by a number of neurological problems all of which result from focal damage to a segment of the human brain. The damage can be as a result of brain trauma or a disease state. Regardless of the cause, epileptic disorders usually result in acute seizure activity that can be placed into specific categories.

There are two types of major motor seizures, grand mal and psychomotor. Grand mal is the typical type of dynamic seizure most recognized by the layperson. This type of seizure is extremely disruptive to the patient and can have an acute effect on a person's ability to perform work. Although less obvious in its physical manifestations, psychomotor seizures may also prevent work as a result of greater frequency of seizure activity.

There is also another category of seizures known as minor motor seizures. Minor motor seizures are described as petit mal or focal motor seizures. This type of seizure activity is much less dynamic but usually occurs with much greater frequency. As a result of the increased frequency of seizure activity, minor motor seizures can also be extremely restrictive to a person's ability to perform work. We will focus most of our attention on the major motor categories, as these are the most common seizures seen in disability.

#### Listing Requirements

The medical listings under 11.02 epileptic disorders, requires that a person suffer from at least one major motor seizure (grand mal or psychomotor seizure), per month despite prescribed treatment over a period of at least three months. Minor motor seizures must occur at a frequency of at least one per week.

Both types of seizures must be documented by EEG (electroencephalogram) and by a detailed description of a typical seizure pattern including all associated phenomena.

Documentation of a seizure disorder also requires proof of adherence to prescribed treatment. A patient must show consistent use of anticonvulsant medication with blood testing showing therapeutic levels of the anticonvulsant medications used in the treatment of the disorder. Serum blood levels of anticonvulsant medications are used to determine if the patient is in fact adhering to prescribed treatment.

The seizure activity must also result in an alteration of awareness or loss of consciousness with transient post seizure manifestations of unconventional behavior or significant interference with activities of daily living.

Seizures may occur during the day when there is ample opportunity for observation by others or at night during sleep. It is usually not a problem acquiring third party witnesses to daytime seizure activity. However, nighttime seizures can be difficult to document for obvious reasons. Usually, nighttime seizures do result in residuals, which interfere significantly with activity during the day.

The relationship between the alleged nighttime seizures and the daytime residuals must be documented in order to establish their restrictive effect. This can be done via family reports and regular visits with the patient's physician where nighttime seizure activity and daytime effects are discussed and documented.

#### Evaluation of a Seizure Disorder

Proper evaluation and documentation of a seizure disorder should include the following evidence:

1. A description of the seizure activity including documentation of frequency, severity and physical or mental manifestations.
2. At least one positive EEG showing the existence of focal brain damage.
3. Medical evidence showing a regular pattern of treatment for the disorder. It is not acceptable for a claimant to just allege a seizure disorder. There must be an established diagnosis of a seizure disorder documented as mentioned above.
4. At least one current serum anticonvulsant drug level demonstrating

that the claimant is indeed taking his medications as prescribed. Also make sure that there is no history of alcohol use during the period of seizure activity. Some drugs and alcohol can induce seizure activity. If the claimant is using alcohol or illegal substances, this is considered as not following prescribed treatment and can result in a denial of the case.

5. Description of activities of daily living including any restrictions in function as a result of the disorder from family members, friends and medical sources. It is also important to document any injuries or hospitalizations incurred as a result of seizure activity.

## Symptoms

During an actual seizure, a person may manifest muscular twitching, localized numbness or tingling sensations, chewing movements, olfactory and visual hallucinations and actual loss of consciousness depending upon what type of seizure is occurring.

Most of us have a reasonable idea of what happens when a person suffers a seizure episode. Despite this, it is important to acquire witness descriptions of the actual seizure in writing if possible. Of even of more importance is the post seizure symptoms. These symptoms are mental confusion, extreme headaches, dizziness, staggering, unintelligible sounds and unusual or purposeless behavior.

## Restrictions of Daily Living

Once you have established that actual seizure activity is occurring, you must then document the post seizure effects on the claimant's ability to perform daily activities. To do this, you must acquire third party documentation describing restrictions of daily activity as with any physical or mental impairment. Request that the patient or a family member keep a diary of seizure activity with actual dates and times of the seizure episodes noting both the seizure symptoms and post seizure effects.

## Physical RFC

If the seizure activity does not meet or equal the listings, you can still win the case based on a restricted RFC. In all established seizure cases, the claimant should be restricted from working at heights, open areas of water or with moving or dangerous machinery. Other

restrictions might include working with chemicals or in weather extremes, which could induce a seizure. If the claimant is under age forty-nine, you will have to reduce the physical RFC to less than sedentary work in order to win the case.

Physical restrictions alone may not be severe enough to justify an RFC reduced to less than sedentary work. If this is the case, you can add additional mental restrictions that may result in a vocational allowance.

The most effective post seizure mental restrictions are documented confusion or abnormal behaviors for at least twenty-four hours after the actual seizure episode. There may also be reduced cognitive ability as a result of brain damage caused by the seizure activity itself. Cognitive levels should be documented with psychological testing before a final decision is made in the case.

Combining both physical and mental restrictions is not difficult. If the claimant for example is said to have an RFC for limited light work with standard seizure restrictions, is under age forty-nine with twelve years of education, the case will probably be denied. However, if the claimant shows significantly reduced cognitive function, extended periods of post seizure manifestations or other serious psychological problems, the combined effects may prevent the client from performing work. Remember, SSA must consider the totality of the claimant's restrictions in making their decision.