

Epilepsy

Epilepsy is a common condition - 4% of the population will have a seizure at some time in their life and the prevalence of epilepsy is 0.5-1% of the population. Defined as a transient electrical disturbance within the brain it leads to varying disturbances in consciousness and bodily function.

Thus, most swimming teachers and coaches will have a swimmer with epilepsy in their class or squad at some time, and in the vast majority of cases fits will be very well controlled with appropriate anti-convulsant medication.

It is important that the coach: -

- be aware of the condition
- knows what to do if a swimmer has a seizure in the water or poolside
- knows the factors which increase the likelihood of a fit happening in the pool.

There is no reason why people with epilepsy can't enjoy swimming as a hobby or compete at the highest level provided simple precautions are taken. However it is sensible for the person with epilepsy to obtain his / her doctors permission to swim, ensure that control of the fits is optimal and make the pool authorities / coach know that they have epilepsy.

There are many forms of epilepsy classified into partial (no loss of consciousness) and generalized (loss of consciousness) and some common examples are: -

- absences (petit mal) - just a transient lapse in consciousness or awareness lasting a few seconds
- generalised tonic clonic fits (grand mal) - loss of consciousness , fall (+/- injury) , tonic (stiffening) phase , clonic (rhythmical jerking) , recovery with drowsiness and confusion.
- temporal lobe epilepsy - often starts with funny smells , sounds or tastes followed by convulsions
- myoclonic epilepsy - brief muscle jerks

With all there is the risk of drowning and no sufferer from the condition should ever swim alone. From a practical viewpoint this will mean training in an indoor pool with lifeguard facilities and resuscitation equipment. A bright cap in a group can aid identification and it is useful to have a third party e.g. parent on the balcony / poolside to keep an additional eye on the swimmer.

Medication must be declared to doping control

What to do if a swimmer has a fit in the water:

- reach the swimmer as soon as possible approaching from behind if generalised convulsion
- aim to keep the head above water
- once the convulsion is over remove from the water as soon as possible
- place in the coma position on poolside to complete the recovery , keeping warm
- resuscitate if breathing has stopped

Factors which increase the likelihood of a fit occurring during swimming: -

- overtiredness / over training and fatigue - therefore avoid
- stress
- shimmering lights on the water surface particularly from sunlight or fluorescent lights
- cold water temperatures
- infections / fever - therefore not to swim if inter current viral illness
- hypoglycaemia (low blood glucose) - therefore use glucose replacement drinks during training