

# Epilepsy and COVID19:

## Frequently Asked Questions

**Q. What does COVID19 stand for?**

**A.** COVID19 stands for “Coronavirus Disease 2019.”

**Q. Is there another name for COVID19?**

**A.** COVID19 was formally named by the World Health Organization (WHO) as “SARS-CoV-2” (Severe Acute Respiratory Syndrome Coronavirus-2).

It was given this name because it appears to be a genetic relative of SARS-CoV, the virus that infected humans in 2003.

**Q. Am I more likely to get COVID19 if I have Epilepsy?**

**A.** No, you are not more likely to get COVID19 if you have epilepsy.

We have learned a lot from healthcare workers and scientists in countries that have been affected the most by COVID19, such as China and Italy.

The reports from these countries and the rest of the world tell us that having epilepsy does not increase your risk of being infected by COVID19. In other words, your chance of getting COVID19 is just as likely as everyone else.

**Q. Is my child living with epilepsy at greater risk for getting COVID19?**

**A.** If your child has epilepsy and no other health conditions, then their risk would be the same as anyone else.

Overall, children appear to be less severely affected by COVID-19 than adults.

## Q. If I get COVID19, will I be more sick than someone else who does not have epilepsy?

A. If you have epilepsy and are, otherwise, healthy then your symptoms from COVID19 should be the same as anyone else.

Many people living with epilepsy, however, have other conditions or risk factors that may affect their ability to fight the COVID19 virus. These conditions/risks include:

- Neurological and/or developmental issues that impact immunity
- Other medical conditions (ex. respiratory issues, diabetes, heart conditions)
- 65 years of age or older
- Medications that lower immune systems. Most epilepsy medications do not affect immune systems.

## Q. Can COVID19 cause me to have seizures?

A. From what we know from reports to date, COVID19 does not directly cause seizures.

If you have epilepsy, then any illness or infection, including COVID19, may lower your seizure threshold. This means the brain's normal ability to prevent seizures is reduced and seizures may increase in frequency if you are sick.

If your child is susceptible to febrile or seizure-induced seizures, they may experience increased number of seizures with the virus. Again, this is not specific to COVID19 but can occur with any type of infection or illness.

## Q. What should I do if I think I have COVID19?

A. Your first step is to call your healthcare provider and report your symptoms. Your healthcare provider can advise you about what to do.

Health Canada provides an online **self-assessment** tool and guidance on what to do if you think you have COVID19 can be found here: [www.bit.ly/2WT1fGf](http://www.bit.ly/2WT1fGf)

**Call 911 or go to your nearest emergency department if you have symptoms of upper respiratory tract infection AND any of the following:**

- Shortness of breath when walking, exercising, or at rest
- Chest pain or discomfort
- Weakness that impairs daily living
- Drowsiness or dizziness

## Q. What if my seizures worsen with COVID19?

A. If your seizures worsen as a result of COVID19, it is important that you reach out to your neurologist or healthcare provider to receive specific advice for your situation.

**Do not stop taking or make changes to your anti-epilepsy medication** without talking to your neurologist.

You can reduce the chances of experiencing more seizures with COVID19 by:

- Taking your medication as prescribed
- Eating and drinking as normally as possible
- Getting good sleep
- Looking after your emotional wellbeing
- Treating the symptoms of COVID19:
  - Tylenol is safest for fever and pain
  - Check with your neurologist prior to trying other cold medication, especially if it contains diphenhydramine (such as Benadryl) and/or phenylpropanolamine, as these may impact seizure frequency

## Q. How can I prevent getting COVID19?

A. The following guidelines can help reduce your risk of getting COVID19:

- Keep healthy – take your medication, eat regularly, get proper sleep
- Wash your hands often with soap and water for at least 20 seconds
- Regularly clean and disinfect surfaces
- Avoid touching your eyes, nose, or mouth with unwashed hands
- Practice social distancing
- Avoid all non-essential travel

Health Canada's guidance on preventing COVID19 infection can be found here:

[www.bit.ly/2Urz1Rs](http://www.bit.ly/2Urz1Rs)

## Q. Should I keep my appointments for my epilepsy care?

A. Many clinics are cancelling or rescheduling non-urgent or routine medical appointments.

Most clinics are offering telephone or online sessions, called Telehealth or Virtual appointments. Contact your healthcare provider to schedule or change your visit to a virtual one.

If you are experiencing any symptoms and/or have travelled in the last 14 days:

- Reschedule any tests or appointments that are required to be in-person
- See if your healthcare provider is able to meet over telephone or on an online platform

## Q. Are there shortages of anti-epilepsy medications? Will there be shortages?

A. There are no reported drug shortages at this time.

The provincial and federal governments are working with pharmaceutical companies to ensure that all Canadians continue to have access to their medications

Updated information about drug shortages can be found here:

<https://www.drugshortagescanada.ca>

## Q. What should I do if my pharmacy does not have my medication in stock?

A. In the event that your pharmacy does not have your medication in stock, ask your pharmacist if they can fax your prescription to a pharmacy that does have the medication in stock.

If this is not an option:

- Contact your neurologist immediately to determine if there is a medication change that can be made
- Contact your local epilepsy organization to make them aware of this issue

To avoid this issue, always contact your pharmacy at least 3 weeks before your medication is expected to run out.

**Q. Should I keep a supply of medication and supplies?**

**A.** While it is recommended to fill prescriptions early, Canadians are encouraged not to stockpile medications in large quantities as this could lead to drug shortages.

Follow these tips for maintaining a proper medication supply:

- Always have enough medications for 2 weeks
- Ensure all of your medications have refills available
- Do not wait until you need a refill, contact your pharmacy early
- If you are feeling sick, speak with your pharmacist. Most pharmacies have a delivery service available so you will not have to leave your home.

**Q. I am frightened to go to my pharmacy because of other shoppers. What do you suggest I do?**

**A.** Most pharmacies have a delivery service available. Contact your pharmacist to see if your pharmacy offers this service.

**Q. If I have been taking my anti-epilepsy medication for a long time, is my immune system weaker?**

**A.** Most antiepileptic medications do not lower the immune system's ability to fight infections.

If you are concerned that your immune system is impacted by your medication, contact your neurologist to discuss this issue. **Do not stop taking your medication** without consulting your neurologist.

**Q. I've been laid off from my job and no longer have drug coverage. What should I do?**

**A.** If you have been laid off and had drug coverage through your employment, call your plan provider to confirm whether your coverage has stopped. Some insurance companies extend coverage during a layoff.

If you no longer have drug coverage due to a layoff, contact your local epilepsy organization to discuss what programs you may be eligible to access.

**Q. I've been laid off from my job and am applying for EI. Does EI have a drug benefit plan?**

**A.** Currently, EI only provides money. It does not provide prescription medication or other benefits. Contact your local epilepsy organization to discuss what drug programs you might be eligible to access.

**Q. I am prescribed cannabis as a part of my epilepsy treatment plan. Should I stop taking my cannabis?**

**A.** If you have been prescribed cannabis to treat your epilepsy then you should continue to take it. Cannabis is an anti-epilepsy medication and should not be stopped quickly as this can result in worsening seizures.

There is no research to suggest that COVID19 negatively affects how cannabis acts in the body and brain.

On the other hand, the International Association for Cannabinoid Medicines (IACM) recently released a statement by its board that says: "there is no evidence that the use of cannabinoids could increase the risk of viral infection."

**Q. Will cannabis help my immune system fight COVID19 if I get it?**

**A.** The International Association for Cannabinoid Medicines (IACM) has stated that: "there is no evidence that individual cannabinoids - such as CBD, CBG or THC - or cannabis preparations protect against infection by COVID19 or could be used to treat COVID19."

Although some laboratory studies have shown that cannabinoids may have antiviral and antibacterial effects, this does not mean that cannabinoids can protect against COVID19.

## Q. What happens if cannabis runs out or if dispensaries are closed?

A. In the event that you cannot access cannabis for your epilepsy, you should contact your neurologist immediately to determine if there is a medication change that can be made.

Follow these tips for maintaining a proper supply of cannabis:

- Always have enough cannabis for 2-3 weeks
- Ensure your authorization is not expired
- Ensure your authorization permits the proper monthly allowance of cannabis
- Do not wait until you need a refill, contact your neurologist early

Cannabinoids in oils and tinctures tend to break down over time, so it is not useful to stockpile large amounts.

Aim for a 6 - 8 week supply to ensure consistency of cannabinoids in your oils from bottle to bottle.

Store your cannabis in a cool, dark place to prolong its shelf life.

**Neurology Centre of Toronto and Epilepsy Toronto hope everyone stays healthy and safe. If you have any further questions about epilepsy, seizures and COVID19, we welcome you to reach out:**

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Also, be sure to check out our live webinar where we answer your questions about Epilepsy and COVID19: <https://www.facebook.com/epilepsytoronto/posts/10157828236225272>

## References

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