

ABSTRACT

This Dissertation deals with the issues of epilepsies of mentally handicapped clients of the protected living social service. Epilepsies are neurological diseases of the brain manifesting with epileptic seizures on a recurrent basis, occurring in a random way, mostly without having been provoked by an external impulse. The causes of their occurrence are both genetic and non-genetic. They occur all over the world, they affect people of any age or race. They even do not avoid people with mental handicaps, who have difficulties concerning cognitive, speaking as well as mobility capacities due to their incomplete mental development. The ability of learning from previous experience and to adapt to new life conditions and situations is rather limited for these people. All of this means serious complications of their treatment of this neurological disease, which itself is demanding enough.

The basic manifestation of epilepsies is formed by epileptic seizures which start suddenly, last for a certain time period and they suddenly end in most cases. A very dramatic course is registered if the epileptic seizure is accompanied by a disturbance of consciousness. Then there arises a stress situation, both for the surrounding people and for the patient. For people with mental handicaps this is still complicated due to the fact that such people are mostly unable to exactly describe what they need, what can help them and if they have not injured themselves. A great epileptic seizure looks dramatic, but still it is usually not dangerous to life. If it, however, persists for a long time, it is necessary to quickly call in the emergency ambulance service. Nevertheless, this must always be decided about by another person, whether the personal assistant or a walker randomly passing by.

The quality of life of people with epilepsy is limited in a certain way and the main task of the treatment should be to improve the quality of life between seizures, not only their suppression. The treatment of epilepsies is a comprehensive issue and does not include the pharmacological treatment only. The entire treatment system of the subject's care consists of a set of measures which should be aimed just at the highest possible quality of life in general. Social background is very important, especially in terms of emotions, and that is why the intent of the care of the quality of life in the social area is with the support of integration. The greatest social support is therefore provided to the clients of the protected living project by

their personal assistants who are in touch with them almost every day. They must adapt and modify their highly demanding work in such a way that it can be convenient with regard to the current condition of the client. The empiric part of the present Dissertation tries to present the information about how they do so, whether they manage to cope with the difficulties faced and what factors complicate this process.