

## Women with Epilepsy - FAQ

### **I seem to have more seizures just before my period. What can I do?**

Among women with epilepsy, about half say that they have more seizures around the time of their menstrual period (especially just before it). Some others report seizures at the time of ovulation, when the ovary releases an egg. This occurs about halfway between periods. Seizures that are linked to the menstrual cycle are called catamenial epilepsy. Controlling these seizures is a difficult problem. There is no clearly effective hormonal therapy. Some women take slightly higher doses of their seizure medicine at these times, or they add another medicine.

Talk to your health care team managing your epilepsy. Not all doctors are familiar with treatments for catamenial epilepsy, and you may benefit from seeing a specialist in epilepsy and women's health. Tests to look at hormonal function as well as seizures may be needed before knowing what options may work for you.

### **Can I have a healthy baby if I have epilepsy?**

Over 90% of babies born to women with epilepsy are normal and healthy. The risk that the child of a woman with epilepsy will have a major birth defect is approximately 6%, compared to 2.5% in the general population. This increase is probably related to seizure medicines and perhaps some genetic factors. It is important to discuss pregnancy with your doctors ahead of time. There are many things you can do to reduce the risk to your baby. You probably will need to continue taking seizure medicines, but your doctor will work with you to find the lowest amount that will control your seizures. Getting good care before and during your pregnancy will help to improve the chances that your baby will be healthy.

### **Will my seizure medicine interfere with birth control pills?**

Certain seizure medicines can increase the breakdown of the hormones in birth control pills or injections. This means that the birth control may be less effective and you could become pregnant. These seizure medications include: phenytoin (Dilantin, Phenytek), carbamazepine (Tegretol, Carbatrol), phenobarbital, primidone (Mysoline), felbamate (Felbatol), oxcarbazepine (Trileptal), topiramate (Topamax), and perampanel (Fycompa).

Some women successfully use a type of pill with a higher amount of estrogen, but there is no guarantee of full protection. Other options may include:

- Barrier methods (such as a diaphragm or condom) - along with or instead of the birth control pills.
- Intrauterine device or IUD - placed inside the uterus.
- Patch or vaginal ring
- Injections or shots of progesterone (Depo-provera) - may need to be given more frequently when certain seizure medications are used.
- Progestin implants - placed under the skin.

## ***Women and Epilepsy FAQ (continued)***

### **What else should I consider?**

For some women, epilepsy can be disabling and cause many different health problems. Some women may have epilepsy and other disabilities too that may affect mobility, sensation, pain, thinking or memory, sleep, fatigue, sexuality and other hormonal problems. Unfortunately, these issues are often not talked about openly and few practitioners are taught how to care for people with multiple disabilities or health problems.

Even fewer know the unique issues for women with disabilities.

Some other issues you should consider include:

- The meaning of having a disability.
- Cultural views towards women and disability.
- Ways of communicating effectively.
- The impact of disabilities on relationships and families.
- Other resources needed to manage disabilities.
- The awareness and expertise of the health care team on managing health needs of women with epilepsy and other disabilities.

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