

Women and Epilepsy - Special Concerns about Seizure Medications

How do I know if I am taking the right medication for my seizures?

The choice of antiepileptic medication is based on your seizure type, the pattern on your EEG, how well the medicine controls your seizures, and how you tolerate the medication. Some types of epilepsy respond better to certain medications than others. Seizure patterns can change and medication may need to be altered. Choosing the appropriate medication is very individual. An antiepileptic drug (AED) may work well for one person, and not for another. You and your doctor can work together to find the best medication for you.

I've read about some new medications. Should I try one of those?

That depends on how well your seizures are controlled and how you feel on your current medicine. If you want better seizure control than you now have, or feel you are having unpleasant side effects from the medication, talk to your physician about other options. Sometimes, there is no perfect solution and you will have to choose between some side effects and total seizure control, or no side effects and some seizures. Only you, with your doctor's advice, can decide what the best choice is for you.

Some of the newer medications seem to control seizures well with minimal side effects. If you are not happy with your current situation, it makes sense to talk to your doctor about trying something else. However, any change in medication may put you at risk for breakthrough seizures and require some temporary limitations in lifestyle (not driving a car, for instance) until the effects of the medication are clear. Again, you will need to weigh the benefits versus possible risk and inconvenience.

I tried three different medications before I found one that controlled my seizures. Why didn't my doctor try that one first?

There is no magic way to know which medication will work for a specific person. Although it feels frustrating to be switched from one medication to another, it is a good medical decision to keep trying to find the AED that best controls seizures with the least side effects. Keep in close contact with your nurse and doctor to be sure they understand your response to medication.

How do I know if I'm having side effects?

That's a good question. All medications can cause side effects. However, most people tolerate their medications very well. The best way to tell if you are having side effects is to

Women and Epilepsy - Special Concerns about Seizure Medications

notice any symptoms you feel when you first take a medication or when the dose has changed. Some side effects of seizure medication are related to your dose of medication. If you are taking more medication than you can tolerate, you may feel groggy, or dizzy or sick to your stomach. You may have poor balance or see double at times. The dose at which these symptoms occur varies and some people can tolerate a much higher dose than others.

What other kinds of side effects might I have?

In addition to side effects caused by the dose of medication, there may be symptoms that occur in some, but not all, people who take the drug. This is called an idiosyncratic side effect. Some people notice weight gain, unrelated to calories eaten, on certain seizure medications. Valproate (Depakote) may be the most common drug to have this side effect, but it has been noted with carbamazepine (Tegretol, Carbatrol) and gabapentin (Neurontin) as well. Felbamate (Felbatol), topiramate (Topamax), and zonisamide (Zonegran) can cause weight loss.

Phenytoin (Dilantin) may cause undesirable cosmetic side effects, such as excessive hair growth (including facial hair) and coarsening of the features. Again, this does not happen to everyone, and is more likely to occur after prolonged use.

Mood changes seem to be more common with phenobarbital (Luminal) or primidone (Mysoline), but any seizure medication can make some people feel depressed or irritable. Obviously, these symptoms may be caused by something other than epilepsy medicine, such as illness or stress. Give your doctor as much information as possible to help determine the underlying cause.

Your ability to think clearly or to concentrate can be affected by several AEDs, including phenytoin (Dilantin), carbamazepine (Tegretol, Carbatrol), topiramate (Topamax), phenobarbital (Luminal), and primidone (Mysoline).

Some AEDs may cause bone loss and increase the risk for osteoporosis. It is important to make certain that you are receiving adequate calcium (1200 mg/day if you are menstruating and 1500 mg/day if you are post-menopausal).

Other AEDs are associated with changes in the menstrual cycle. If you notice a change in the length or regularity of your periods, let your health care provider know.

Women and Epilepsy - Special Concerns about Seizure Medications

There are some rare, dangerous side effects (including liver failure and blood disorders) that may initially show up only in a blood test. This is one reason that your doctor may order more frequent lab work when you first start a new medication. Most of these serious side effects show up in the first few months you take a medicine, are not dose-related and are unlikely to occur later.

What does it mean when my doctor orders a "blood level" on my seizure medication?

When you take a medication for epilepsy, only a portion of it enters your bloodstream and goes to the brain cells for seizure control. Some of it is metabolized in the liver to a substance that is not effective against seizures; some of it may be eliminated from the body by the kidneys or the intestine. The amount in the bloodstream, the "blood level," is measured by a laboratory test to determine how much medication is available to control seizures. This gives your doctor a practical range to make judgments about your medication dose. This information together with information you share about seizure control and possible side effects helps determine the dose of medicine you should be taking.

I'm taking three different anticonvulsants. Isn't this worse than taking just one if I plan to get pregnant?

Pregnant women who take more than one antiepileptic drug have a greater chance of having a baby with a birth defect. We don't know if this is because of the multiple drugs or because of the types of epilepsy that require the multiple drugs.

It is certainly possible that women who require multiple drugs to control their seizures may have a more severe form of epilepsy. This type of epilepsy might prove to be associated with the development of congenital malformations in their children.

The preferred treatment for all patients with epilepsy is to take the least number of different drugs possible and still control the seizures. Because we do not know for certain what might cause a birth defect, this treatment guideline seems especially appropriate for a woman who has epilepsy and wants to become pregnant.

Your neurologist will need to determine if reducing your number of medications is an option open to you.

Women and Epilepsy - Special Concerns about Seizure Medications

I take birth control pills. Do they interact with my seizure medication?

There may be complex interactions between the hormones in birth control pills and some of the medications used to control seizures. Some of these medications increase the breakdown of contraceptive hormones in the body, making them less effective in preventing pregnancy. It is very important that all your health care providers be aware of all the medicine you take.

I am thinking of getting pregnant. Will there be any problems with my seizure medications?

It's a good idea to think about these complex issues prior to getting pregnant. Vitamins with a folic acid supplement are an important factor in reducing the risk of certain kinds of birth defects, and you need to take folic acid before you become pregnant. Uncontrolled seizures can have risks for both you and your unborn child, and multiple seizure drugs at higher doses are statistically related to an increased risk for some types of birth defects. Whenever possible, a single AED at the lowest dose that provides good seizure control should be used.

But it's important to remember that your chances of having a normal, healthy child are excellent -- greater than 90%. Talk through any potential problems now with your neurologist and your gynecologist/obstetrician so you can make reasonable decisions about this important part of your life.

Will the medication that I'm taking affect my baby when it is born?

Some antiepileptic medications can affect newborn babies. When a mother has been taking antiepileptic medication during pregnancy, there is a possibility that her baby will appear sedated during the first few hours or days after birth. The medication most commonly linked to this effect is phenobarbital.

After the sedation wears off, some babies will develop withdrawal symptoms. These can consist of hyper-irritability, tremor, vomiting, poor sucking, fast breathing, and sleep disturbances. One or more of these symptoms may last from a few days to about three months. Although these problems can be very frustrating to parents, they do improve and are seldom serious unless they interfere with the baby's ability to get enough to eat. If your baby fails to gain weight properly, an evaluation by your pediatrician will be needed.

Babies born to mothers who take antiepileptic medication also have a small risk of developing a serious hemorrhagic (bleeding) disorder within the first 24 hours after birth.

Women and Epilepsy - Special Concerns about Seizure Medications

Some experts maintain that this disorder can be prevented if the mother takes 10 mg. per day of Vitamin K1 (Mephyton tablets) during the last two to four weeks of pregnancy. Your obstetrician can prescribe Vitamin K1 for you.