Epilepsy and Women

Learn how to manage the special challenges that epilepsy presents for women

What is epilepsy?
Epilepsy is a brain disorder that causes a person to experience repeated seizures, or convulsions, over time. A seizure sends a sudden surge of electrical activity into the brain, causing changes in attention or behavior.

What women need to know about epilepsy
Although men are more likely than women to develop epilepsy, there are several epilepsy issues that only affect women at different stages of their lives. Assessing these individual issues within the quality of life spectrum for each woman with epilepsy is a crucial piece in the physician/patient partnership.

• Women of child-bearing age: The onset of certain epilepsy syndromes begins at the time of puberty. Epilepsy and menstruation influence each other.

• Pregnant women: Epilepsy can cause hormonal problems, seizures could cause a pregnant woman to fall and hurt her unborn child, and antiepileptic drugs require precautions for pregnant women.

• Menopausal women: In some women, epilepsy causes menopause to occur at an earlier age. The frequency and severity of seizures are affected by the hormonal changes of menopause.

• With some women, the highest risk for breakthrough seizures (seizures that occur despite the use of antiepileptic drugs) is either at the time of ovulation or right before menses, when the estrogen/progesterone ratio is at its peak. Treatment strategies can include progesterone therapy, contraceptive therapy variable antiepileptic drug dosing, use of benzodiazepines and acetazolamide therapy.

Although both men and women can have epilepsy, women have unique issues that affect them at different stages of their lives.
In addition, the effects of epilepsy include:

- **A decrease in bone density**, a side effect of antiepileptic drugs that can alter bone mineral metabolism. This compromises bone health and produces the increased risk for osteoporosis and fractures.

- **Depression and anxiety**, just like men, women with epilepsy frequently experience depression and anxiety. This should be discussed with medical personnel at an epilepsy center.

- **Increased psychosocial factors** including sexuality and intimacy, marriage, pregnancy, child rearing, employment and independence.

Other information about epilepsy in women

- More than 90 percent of women with epilepsy have a normal pregnancy.

- Breastfeeding is generally safe. Common reported problems occur with sedating antiepileptic drugs.

- Women with epilepsy should have normal sexual interest, but sometimes the antiepileptic drugs may interfere with libido and could be adjusted.

- Driving is permitted in all states after a variable period of complete seizure freedom. Typically, the waiting period is six months to one year of being seizure-free because of antiepileptic drugs.

- Antiepileptic drugs can be associated with either an increase or a reduction in body weight, although most medications are weight neutral.

**Recommendations for women with epilepsy**

- Women should get their recommended daily allowance of calcium and Vitamin D, and undergo a bone mineral density screening.

- Women with epilepsy should have a discussion with their neurologist before pregnancy to make sure they are taking the safest possible antiepileptic medications.

- All women of child-bearing age should take folic acid supplements.

- Deciding which contraceptive regimen is optimal is one of the most challenging decisions. Monitor for seizure control closely and report any altered seizure patterns so that contraceptive methods and/or antiepileptic drugs can be re-evaluated.

**Are you a woman with epilepsy?**

For more information, call the Comprehensive Epilepsy Care Center at (516) 325-7060, email us at neuro@nshs.edu or visit us online at neurocni.com