



Teenagers & epilepsy - women

Women and epilepsy

Hormonal changes and menstruation

The average menarche (first period) in Australia is between 11 and 14 years. It usually occurs a year or two following changes in breast development and pubic and underarm hair growth. When young women first start menstruating they are often anovulatory (not fertile). Even though some women are unsure whether they are fertile or not, contraception still needs to be used if pregnancy wants to be avoided.

Once you begin your first period, there are several changes that will occur to your body, both inside and outside. You will have noticed an increase in hair development in the pubic and underarm region and perhaps even some breast development. This is caused by an increase in specific hormones within the body such as follicle-stimulating hormone (FSH), luteinising hormone (LH), progesterone and oestrogen. These hormones are what bring on menstruation or your period.

Hormones and seizures

In terms of hormones and seizure activity, it is known that oestrogen can make seizures more likely to occur where progesterone is thought to decrease seizure activity. Oestrogen levels are normally higher than progesterone levels in the days leading up to ovulation and immediately prior to your period. During these times seizure activity may become worse. This increase is usually called Catamenial epilepsy.

What can I do?

Document your monthly cycle in a diary or calendar and record any seizure activity during this time. If there is a pattern found connecting seizures with menstrual cycle, you can talk to your doctor and they may perform some further tests.

Some possible treatments for Catamenial epilepsy is the drug clobazam (Frisium) which is taken with your usual antiepileptic medication, but only on the days when the risk of seizures are highest, this usually being your menstruation stage.

Contraception

The use of contraception is something that may be discussed with you if you decide to become sexually active. There are several forms of contraception, the use of male condoms being the number one choice for men and women.

Women have the option of:

- Interuterine devices (IUD)
- Vaginal rings
- Injection (Depo)
- Implanon (the bar)
- Female condoms
- Combined pill/ mini pill

Most female contraceptives contain artificial hormones (IUD, Depo, Implanon, pill) which have an effect on the menstrual cycle. Due to this effect some contraceptives can interact with AED drugs and sometimes increase seizure activity. It is important to talk to your doctor



before starting any contraceptive pill if you are currently taking medications for epilepsy.

Which is best for me?

This is the one question asked by all women. Women with epilepsy in particular have to think about how some contraception may affect their epilepsy medication and seizure control. Non-hormonal (female condom) contraceptives have no interaction with any epileptic medications and are safe to use. These include the female and male condom. This form of contraception also prevents STI's. Hormonal contraceptives (IUD, vaginal ring, Depo, Implanon, combined/mini/morning after pill) can have an affect on AED's. It is always important to talk to your GP about what contraceptive you are thinking of starting and whether there are any interactions with your current medications. It's a good idea to do a bit of research before you go to your GP to discuss contraception, as you will have a better idea of what is right for you.

Drug name	Brand Name	Interaction
Barbiturates	---	Yes
Benzodiazepines	---	No known interactions
Carbamazepine	Tegretol, Teril Carbamazepine	Yes
Clobazam	Frisium	Yes
Clonazepam	Rivotril, Paxam	No known interactions
Ethosuximide	Zarontin	No interactions with combined pill
Gabapentin	Gabatine, Neurontin, Nupentin, Gantin, DBL Gabapentin, Gabapentin Sandoz/Pfizer/GA/GenRx	No known interactions
Lacosamide	Vimpat	No known interactions
Lamotrigine	Lamictal, Seaze, Lamogine, Lamotrust, Lamidus, Reedos, Torlemo	Yes
Levetiracetam	Keppra, Kepcet, Kerron, Kevtam, Levectam, Lemitaccord, Lemitam	No known interactions
Oxcarbazepine	Trileptal	Yes
Phenobarbitone		Yes
Phenytoin	Dilantin	Yes
Pregabalin	Lyrica	No known interactions





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Primidone	Mysoline	Some interactions known
Tiagabine	Gabitril	No known interactions
Topiramate	Topamax, Tamate, Epiramax, Topiramate APO/ Sandoz/ GA/ RBX	Yes
Valproate	Epilim, Valpro, Sodium Valproate, Valprease, Valproate Winthrop EC	No known interactions
Vigabatrin	Sabril	No known interactions
Zonisamide	Zonegran	No known interactions

Sources: Women's Health Queensland Wide. (2009). Understanding your menstrual cycle. Retrieved from <http://www.womhealth.org.au/healthy-lifestyle/206-understanding-your-menstrual-cycle>

Although every effort has been made to ensure accurate and up to date information is provided, Epilepsy Queensland and its advisors cannot accept any liability in relation to the information provided. It is strongly recommended that you discuss any information with your doctor as to whether it applies to you or your child.

