

Presented by HealthyWomen

Living Well With Epilepsy

Epilepsy is a common neurologic condition characterized by two or more unprovoked seizures. It affects about one in every 100 people. Worldwide, there are more than 50 million individuals living with epilepsy.

Women with epilepsy deal with unique issues because epilepsy and related treatments can affect or be affected by the menstrual cycle, contraception, pregnancy choices and menopause. Because of this, you not only need to be aware of the best general strategies to manage seizures, but you may want to make treatment and management decisions in the context of your reproductive life stage.

You should seek care from a physician who fully understands your condition—a neurologist or an epileptologist. An epileptologist is a neurologist who specializes in epilepsy.

For the majority of people with epilepsy, seizures can be controlled with antiepileptic drugs (AEDs). Individuals with controlled epilepsy can do almost anything someone without epilepsy can do. Communicating with your health care team is essential. You and your health care provider need to work together to find the optimal treatment plan to control seizures with minimal side effects. If you're experiencing seizures, bring a family member or caregiver who has witnessed these events to medical appointments, so they can describe what you may not remember.

Whether or not your condition is under control, it is also wise to wear a medical ID and carry a first aid card in your wallet so people know what to do if you experience a seizure.

In addition, be aware of your seizure triggers and avoid them when possible. Triggers vary from person to person, but some of the most common include lack of sleep, emotional stress and hormonal swings.

Treating epilepsy correctly also means taking care of yourself. Be sure to get enough sleep, exercise regularly and eat well-balanced meals at regular intervals. Find strategies to help you to cope with stress, such as yoga or relaxation techniques. Depression and anxiety are possible side effects of some AEDs and can also stem from the emotional stress of dealing with epilepsy. Be sure you have a strong support system and let someone know if you're feeling hopeless or depressed. Above all, continue to take your medication, even if you haven't had a seizure for a long time.

Beyond this, there are special considerations for women with epilepsy in various stages of life.

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Epilepsy And Late Adolescence

Adolescence can be a pivotal time for people who were diagnosed with epilepsy as children. Young women face a number of choices about their pending independence, including college, future employment, sexual relations and birth control. Epilepsy needs to be factored into these decisions.

An important issue to consider is continuity of care as you transition from pediatric care to adult care. You should

talk with your parents and your current health care provider about finding a new "medical home." You will want to find a doctor who understands your condition and can see you whenever necessary. You may not need to worry about finding your own health insurance until well after college and/or your first job. Recently enacted health care legislation will allow parents to keep their children on their health insurance plans as dependents up to the age of 26.

As you head off to school or into the workplace, be careful to avoid possible seizure triggers or lifestyle choices that may not be compatible with your condition. Get enough sleep and develop

Questions to Ask Your Health Care Professional

1. Will I experience a change in seizure frequency now that I'm approaching menopause?
2. The AED that I take causes side effects that interfere with my life. I've been seizure-free for years, so I'm afraid to make a change. What are my options?
3. I'm 35, and I want to try to have a child. What do I need to know about pregnancy and managing epilepsy?
4. I know I'm supposed to keep notes about when I have a seizure and how long it lasts. What other things should I track?
5. My mother is 75 and still experiences seizures occasionally. What can I do to help? Should her AEDs be changed?

strategies for coping with emotional stress. In addition, review with your health care professional the facts about alcohol and recreational drug use and epilepsy. These substances are not only common seizure triggers but can also be dangerous in combination with many antiepileptic drugs.

If you are seizure-free, you can choose whether to discuss epilepsy with new friends. However, if you still experience seizures, friends, colleagues and teachers should be made aware so they know what to do if a seizure occurs.

If you are considering birth control, discuss your options with your doctor. Some forms of hormonal birth control (birth control pills, injections, implants and the progestin intrauterine system/IUD) are less effective when they interact with certain AEDs.

Epilepsy And Pregnancy

Most women with epilepsy are able to successfully get pregnant and give birth to healthy children.

Before you attempt to get pregnant, speak with your neurologist and obstetrician/gynecologist about how pregnancy may affect your treatment plan. Discuss the AEDs that you are taking. When possible, doctors avoid changing AEDs during pregnancy, as the change may put you at greater risk for uncontrolled seizures. However, your neurologist may need to adjust the dose of your AED during pregnancy to ensure that the amount of drug in your body stays consistent. Most women with epilepsy have uncomplicated pregnancies. In addition, the risk that you might pass epilepsy on to your child is small. However, some women choose to speak with a genetic counselor before getting pregnant.

Epilepsy And Midlife

Midlife can be a challenging time for women with epilepsy. Juggling work and family responsibilities may make it difficult to prioritize your own health.

Women with epilepsy tend to go

through menopause three to five years earlier than average, which is age 51 in the United States. The hormonal changes of the transition to menopause may affect seizure control. During menopause, about 40 percent of women experience worsening of seizures. Menopausal hormone therapy (HT), a common treatment for menopause-related symptoms, can also increase seizure frequency and should only be used with close monitoring by your doctor.

In addition, the long-term use of many AEDs can harm bone density. This means that, as women with epilepsy get older, they are at increased risk of fractures, osteoporosis and osteomalacia (a softening of the bones due to lack of vitamin D). If you have epilepsy, you should have your bone density monitored regularly. Weight-bearing exercise and taking calcium supplements with vitamin D may help prevent these problems.

It is also important to pay close attention to your overall health at this time in your life. Continue to get enough rest and minimize emotional stress. Regular physical exercise can be especially beneficial because it contributes to overall health and may decrease seizure frequency and counter some of the bone loss caused by AEDs.

Epilepsy Over 70

The incidence of epilepsy peaks in older adults, affecting 1.5 percent of the population over 70. Whether you were recently diagnosed or have been living with epilepsy for years, it is important to maintain ongoing communication with your health care provider. While AEDs are still the most effective way to manage epilepsy in older women with epilepsy, these individuals tend to take medications for multiple conditions. For this reason, drug interactions are a concern. In other words, one drug may reduce the effectiveness of another drug or cause negative side effects. To avoid drug interactions, tell your health care provider and pharmacist about all of the medications that you are taking.

In addition, older women with epilepsy face an increased risk of fractures, osteoporosis and osteomalacia. This is due to (1) bone loss associated with the postmenopausal state and with taking certain AEDs for a number of years, (2) changes in balance and gait stability and (3) the subtle effects of seizures and/or medications on coordination.

Living Well With Epilepsy

For women of all ages, epilepsy is a condition that can usually be controlled. Provided you take care of yourself and communicate with your health care provider, epilepsy should not stand in the way of a rich and fulfilling life.

One key to success is to establish frequent and ongoing communication with your health care team and make sure they are talking to each other about your care. The medical experts you choose to manage your medical care should clearly communicate with you about your care regardless of your stage in life.

For people living with epilepsy, it is important to involve a caregiver or family member in medical appointments. They may see something that happens during a seizure that you are not aware of. Sharing this information with your physician can result in more informed treatment decisions at each life stage.

Resources

Centers for Disease Control and Prevention—Epilepsy

1-800-232-4636
www.cdc.gov/Epilepsy

Epilepsy Advocate

www.EpilepsyAdvocate.com

Epilepsy Foundation

1-800-332-1000
www.EpilepsyFoundation.org

National Institute of Neurological Disorders and Stroke

1-800-352-9424
www.ninds.nih.gov

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