

Contact Us

Epilepsy & bone health:

Women have an increased risk for weakened bones as they age. This includes conditions like osteopenia and osteoporosis. For women with epilepsy, long term use of some AEDs can contribute to this risk.

Women with epilepsy are encouraged to speak with their primary care provider and their epilepsy doctor about bone health. They may suggest additional testing, like vitamin D levels and DEXA scan for bone density.

In general, weight-bearing exercises (like walking, jogging or weightlifting) and calcium-rich foods (like dairy products, leafy greens, and some nuts and seeds) can help support stronger bones.

Epilepsy & menopause:

Like with puberty, menopause causes a change in hormones which may affect the risk for having seizures. Medications may need to be adjusted or changed based on dosage needs or any new medications.

Let your epilepsy doctor know when you begin going through menopause.



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care to patients throughout
their lifetime.



Being a woman with epilepsy:

Epilepsy affects everyone differently. This means that it is important to use an individualized approach for treatment. For women with epilepsy, special considerations are recommended.

Any of the following may have an effect on epilepsy:

- Hormonal changes
- Menstrual cycle
- Contraception
- Menopause

This pamphlet outlines how these normal experiences may impact epilepsy. Always review questions and considerations with your doctor.

Epilepsy & female puberty:

Puberty causes the body to experience many changes, including the natural fluctuation of two important hormones: estrogen and progesterone. These changes can influence seizures and anti-epileptic drugs (AEDs).

Puberty also causes the body to begin menstruation, which can impact seizures. Inform your doctor when you begin having periods to learn about how this may impact epilepsy.

Epilepsy & menstruation:

During menstruation, many (but not all) women notice a change in the occurrence of their seizures.

It is often helpful to use a period tracker or a calendar to note the timing of seizures and periods. This information could expose a pattern that may help create an individualized treatment strategy to achieve better seizure control.



Epilepsy & contraception:

Women with epilepsy have many birth control options. Some AEDs, however, may make certain birth control methods less reliable. Other AEDs may require a higher dose when using contraceptives.

To figure out the option that is best for you, talk with your primary care doctor (or gynecologist) as well as your epilepsy doctor. If you switch birth control methods, inform your epilepsy doctor in case changes need to be made to your AEDs.

Epilepsy & pregnancy:

Women with epilepsy can get pregnant and have healthy babies; however, there are additional factors to discuss to make sure that mom and baby are as healthy as possible.

Folic acid is recommended for all women with childbearing potential because it is especially important early in pregnancy. This minimizes the risk for congenital malformations that some AEDs can cause.

Typically, the benefits of continuing AEDs during pregnancy outweigh the risks. Speak with your doctor to determine whether your medications need to be adjusted.

Many women report that their experience with seizures during pregnancy was similar to the year prior to becoming pregnant, but some report an increase.

As always, speak with your medical team to adjust your treatment plan as needed.