

MENSTRUATION

Will my periods start at the same time as everyone else?

Yes. Menstruation usually begins between the ages of 8 and 18. Physical changes occur within our body throughout our life. There is no evidence to support that epilepsy interferes with the onset of menstruation.

Will getting my periods affect my seizures?

At the onset of menstruation seizures in some girls may increase. However, in both sexes epilepsy can disappear at puberty. There are no clear reasons why this happens. Other people develop epilepsy in adolescence. Some women find that their seizures seem to occur just before their period or during it.

When seizure patterns are linked to the menstrual cycle this is known as catamenial epilepsy. Those women who experience catamenial epilepsy also find they experience seizures at any time but their seizures are more likely to occur around the time of menstruation. There is still no clear explanation of why this happens. It may be due to changes in hormone levels and antiepileptic medication levels, fluid retention and possible premenstrual tension. Premenstrual Syndrome [PMS] occurs in some women with symptoms such as irritability, tiredness, depression, hostility and aches and pains.

Keeping a record of your seizures may help identify a relationship between seizure frequency and menstruation and assist your neurologist in formulating a suitable treatment plan. Some women may benefit from taking additional medication in the week before their menstrual period and this option should be discussed.

INTIMATE RELATIONSHIPS

Will having epilepsy affect sexual intercourse?

Epilepsy should not stop a person from having an intimate relationship and enjoying sexual intercourse. There is some evidence to suggest that the sex drive [libido] is reduced in a minority of people with epilepsy and also that some medications reduce sex drive. If you are concerned about reduced libido or are experiencing sexual difficulties talk to your doctor.

Can sexual activity provoke seizures?

The answer is that it is unlikely to do so, yet feeling anxious during such intimate moments is understandable. Seizures often involve the same areas of the brain that are important to maintaining healthy sexual function, and some of the sensations felt during lovemaking can be similar to those experienced during auras or simple partial seizures. Confide in your partner how you feel and why you may seem apprehensive about taking the relationship to a more intimate level. An understanding partner will reassure you that everything will be OK. An active and fulfilling sex life is an important part of all loving relationships.

What methods of contraception can I use?

All the usual methods of contraception. Your neurologist, gynaecologist or general practitioner can help you decide what is the best form of contraception for you. The most popular form of contraception is the contraceptive pill.

Some antiepileptic medication can affect the metabolism of the pill and make it less effective. These drugs are known as 'enzyme inducers'.

Breakthrough bleeding between periods may occur in women who are taking enzyme-inducing drugs. This may indicate that the oestrogen dose is not high enough. Other contraceptive precautions should be used and your neurologist notified as he may need to increase your oestrogen dose. As your body eliminates the pill quickly, there will be no increased risk of side effects from the higher dose. Your neurologist will also take into account other factors that may influence you taking the pill such as age, obesity, and the heavy use of tobacco products.

The oral contraceptive pill will be suitable for most women with epilepsy. In a very small minority of women however, it may make seizures worse. Remember you have a wide range of options available to you. Please discuss these with your doctor.

Folate

It has been estimated that 1 in every 600 pregnancies in Australia is in some way affected by a neural tube defect. When you think about the fact that women taking antiepileptic medications may be decreasing their absorption of folate and the fact that something like half of all pregnancies aren't planned, it is an important consideration for sexually active women to supplement with folate.

Research indicates that 7 out of 10 neural tube defect cases could be prevented by an increased intake of folate. Women who are able to get pregnant and who are sexually active should consider taking a folate supplement of 5mg a day. Folate is both cheap and readily available. You cannot consume too much folate and using folate supplements over many years is safe and non-addictive.

CONSIDERING MOTHERHOOD

Pre-pregnancy Counselling

Pre-pregnancy counselling is very important. If you are planning to become pregnant it is important that you discuss this with your neurologist. A successful pregnancy will depend on several factors:

- a clear understanding of your seizure pattern
- well controlled seizures
- the most appropriate medication to suit you and your future baby
- folate supplement, a vitamin that protects against spina bifida and neural tube defects.

By working with your neurologist you will minimise any risks to your future child. You will have many questions to ask about your epilepsy and future pregnancy. The most common questions asked at this time are:

Can I have children?

Most women with epilepsy can bear children. If you've been trying to become pregnant for a year or more without success you should contact your neurologist or gynaecologist. Your treatment may need to be reviewed or you and your partner may need to have some routine investigations.

Will my child have epilepsy?

Most types of epilepsy are not inherited, therefore the risk of your child having epilepsy is small. It will depend on your epilepsy syndrome and your and your partner's seizure threshold.

The two main factors that may cause epilepsy to develop are:

- a person's seizure threshold or level of resistance to seizures,
- and the occurrence of some sort of brain damage or injury.

If one parent has epilepsy the risk of passing it on to a child is small, in fact it is only slightly higher than anyone in the general population developing epilepsy. However if both parents have epilepsy it may indicate that they will have low seizure thresholds and the risk to the child becomes greater.

In certain circumstances we are all capable of having seizures. If a person has a very low seizure threshold seizures may occur spontaneously. In most people however seizure threshold is high and an environmental trigger may cause seizures to start. Some people can tolerate extreme stress without having a seizure, whereas other people may have a seizure when subjected to much less stress. The seizure threshold cannot be measured and is different from person to person. It is thought to be part of the person's genetic make-up and may be passed on to any children. Epilepsy occurs frequently in some families, while in others may appear in only one member. In these cases, if the epilepsy cannot be attributed to any obvious damage or injury, genetics may be a contributing factor.

Most inherited epilepsies are benign [outgrown at adolescence] such as Benign Rolandic Epilepsy and are easily treated. Some types of epilepsy that are hereditary include absence epilepsy, juvenile myoclonic epilepsy and primary generalised tonic clonic seizures.

There is no easy answer to this question: it depends on the cause of your epilepsy. An accurate diagnosis of your epilepsy may give some indication of the risk of your child inheriting epilepsy, however in most instances the risk is low.

Unplanned pregnancy

In the event of an unplanned pregnancy, you should continue taking your medication and speak to your doctor as soon as you can. Ongoing medical supervision will ensure the best outcome for you and your child. Please discuss all these issues with your doctor who will give you further advice and information.

MENOPAUSE

Will menopause affect my seizures?

Menopause generally has little influence on seizure frequency. Some women may experience an increase in seizure frequency due to hormonal changes. Others may find that their seizures improve or disappear at this time, particularly if their seizures coincided with the premenstrual period and sometimes with pregnancy. Epilepsy can develop at any stage of life and some women will develop epilepsy at this time.

Natural menopause occurs most commonly between the ages of 45 and 55 years but it may occur earlier or later. The most common symptoms associated with menopause are hot flushes, sweating, palpitations, depression, fatigue, headache and sleeping difficulties.

Hormone Replacement Therapy [HRT] containing the sex hormone oestrogen may be recommended to relieve some of these symptoms. For most women with epilepsy HRT may be very beneficial, it can however make seizures worse for a small minority of people. If this occurs contact your doctor for advice.

Supplementary oestrogen may also be prescribed to prevent loss of calcium, which causes thinning of the bones and is called osteoporosis. The bones become increasingly brittle and liable to break more easily, if seizures are a problem this can then be a hazard. Contact your neurologist, gynaecologist or general practitioner for further information to help you through this time.