

The menopause and epilepsy

Acknowledgement

Epilepsy Action would like to thank Dr Mike Marsh, consultant obstetrician and gynaecologist at King's College Hospital, London, and Jan Bagshaw, epilepsy nurse specialist at Taylor Street Clinic, Heywood, for reviewing this fact sheet before publication.

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Introduction

The aim of this fact sheet is to explain how the menopause might affect you if you have epilepsy. It explains what we know about how hormone replacement therapy (HRT) may affect your epilepsy. It also has information about how epilepsy and the menopause may have an effect on the health of your bones.

There has been little research carried out into the effects of the menopause and HRT on women with epilepsy. This means the information we can give you is very general. It's not possible to predict exactly how the menopause and HRT will affect each person individually. Every woman is different and will have different experiences.

About the menopause

Every woman goes through the menopause. It's sometimes called 'the change of life'. Around the time of the menopause your body stops releasing eggs and your periods stop. Because you no longer produce eggs after the menopause, you are no longer able to get pregnant naturally.

In the UK, most women reach the menopause around the age of 51. However it can happen earlier or later than this.

Around the time of the menopause your ovaries produce less of the hormones oestrogen and progesterone. Among many other things, these two hormones cause the lining of your womb to build up and then be shed as a period.

What are the symptoms of the menopause?

Around the time of the menopause, your periods become less frequent and you may experience hot flushes and night sweats. You may also have difficulty sleeping. This can lead to poor concentration and general irritability. All these symptoms may start before your periods stop.

The menopause and seizure patterns

The menopause is a time of hormonal and emotional changes. It's possible that you'll find that when the hormones in your body change, so will your seizure pattern. You may have more seizures or you may have fewer seizures.

Generally speaking, the hormone oestrogen can increase the risk that you'll have seizures. The hormone progesterone is thought to reduce the risk of you having seizures. The amount of both these hormones in your body gets less during the menopause. For this reason, it's difficult to

predict how seizures will change. However, some research suggests that most women with epilepsy notice a change in their seizure pattern.

If your seizures follow a pattern that is connected to your periods, there is research which suggests that you might have more seizures than usual in the time leading up to the menopause. After the menopause, you might find that your seizures happen less often.

The menopause and anti-epileptic drugs (AEDs)

You might gain weight or lose weight during the menopause. Any change to your weight might cause your AEDs to work less well. This could cause you to have more seizures. A change to your weight could also cause you to have side-effects from your AEDs.

The menopause is a good time to ask your doctor to review your epilepsy and AEDs. This is to make sure that you are getting the best possible treatment for your epilepsy.

Epilepsy and early menopause

Many women with epilepsy start their menopause at a similar age to women who don't have epilepsy.

Some research suggests that you may go through the menopause about two or three years earlier than women without epilepsy. This is if you have frequent seizures or have had epilepsy for a long time.

Hormone replacement therapy (HRT)

HRT is a treatment that involves taking the hormones oestrogen, progesterone and testosterone. You may take some or all of these. They replace the hormones your body stops producing during the menopause. The aim of HRT is to reduce or stop symptoms of the

menopause, such as hot flushes and night sweats. Many women don't take HRT, because their menopause symptoms are not severe. However, it can be helpful for women who find that the menopause is causing them problems in their daily life. Your own doctor will tell you more about the general benefits and disadvantages of HRT.

Hormone replacement therapy (HRT) and epilepsy

Your doctor may advise you to try HRT if you feel it would help you through the menopause. However, you should be aware that there is a chance that it may cause you to have more seizures. If this happens, you should discuss whether to continue this treatment with your doctor.

HRT is available in many forms, including oestrogen alone, oestrogen combined with progesterone or progesterone-type drugs, with or without testosterone.

In general, women who have had their womb removed do not need to take progesterone-type drugs. However, some women with epilepsy may find that using oestrogen alone causes their seizures to increase. They may choose to have a trial of natural progesterone as part of their HRT. Natural progesterone has an anti-epileptic effect. This advice is not based on published trials, so you might want to discuss this with a doctor who specialises in epilepsy and the menopause if you were thinking about trying this treatment.

Hormone replacement therapy (HRT) and seizures

HRT may not have any effect on the number of seizures you have. Some women who use HRT may have more or fewer seizures than usual. If your seizures usually follow a pattern connected with your periods, a small amount of research

suggests that you could be at a higher risk of more seizures when you take HRT.

There is a real need for more research to be carried out into the effects of HRT on women with epilepsy. At the moment, the information we can give you is very limited.

Hormone replacement therapy (HRT) and anti-epileptic drugs (AEDs)

Before you start taking HRT, it's advisable to talk to your doctor about the AEDs you are taking. They will be able to tell you about any interactions between HRT and your AEDs.

At the moment, it's known that HRT can interact with the AED lamotrigine and lower the levels of lamotrigine in your blood. This may increase your seizures. If you take lamotrigine and wish to take HRT, it's advisable to seek advice from your doctor.

Sources of information about the menopause and hormone replacement therapy

NHS Direct

Tel: 0845 46 47

Website: www.nhs.uk

Menopause matters

Website: www.menopausematters.co.uk

Bone health and epilepsy

Osteoporosis is a condition caused by loss of calcium in the bones. Calcium helps to make bones strong. When it is lost, bones become thinner, more brittle and can break more easily. Osteoporosis can happen to anyone, but it is more common in women than men, particularly after the menopause.

Some anti-epileptic drugs (AEDs) can also cause bone loss. These AEDs are carbamazepine,

phenobarbital, phenytoin and sodium valproate.

If you have uncontrolled epilepsy, it's particularly helpful to be aware of the risks of osteoporosis. This is because if you fall when you have a seizure, there's more risk that thinner, brittle bones will break.

Hormone replacement therapy may offer some protection against osteoporosis. If you don't take HRT, you may wish to talk to your doctor about other forms of treatment to keep your bones strong.

If you are concerned that you may be at risk of developing osteoporosis, it's a good idea to talk to your GP. They may refer you to hospital for a bone density scan. This test involves sitting or lying still for a few minutes, while low strength X-rays are taken of your hips and spine. You will not have to have any injections or be placed in a closed tunnel, like some other forms of scanning.

Sources of information about bone health

NHS Direct

Tel: 0845 46 47

Website: www.nhs.uk

National Osteoporosis Society

Tel. 0845 450 0230

www.nos.org.uk

How you can help Epilepsy Action

If you live in the UK and would be willing to share your personal experiences of epilepsy and the menopause, the Development Officer for Women at Epilepsy Action is keen to hear from you.

Your experiences help to make our campaigns successful, by helping everyone to have a better

understanding of the lives of women with epilepsy.

If you would like to help, please contact the Development Officer for Women, tel. 0113 210 8800.

Epilepsy Helpline

freephone 0808 800 5050
text 07797 805 390
helpline@epilepsy.org.uk
www.epilepsy.org.uk

If you would like to know where we've got our information from, please contact us. Please quote F053.01. If you have any comments you would like to make about this fact sheet, please contact us.

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Epilepsy Services, Epilepsy Action
July 2010

Review date: July 2012
F053.01

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