

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **Emergency Number:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_ **Number:** \_\_\_\_\_

## What is Phenytoin?

It is a medicine that has been approved by the Food and Drug Administration to treat tonic clonic (grand mal) and complex partial seizures. However, this medicine can make absence or petit mal seizures happen more frequently.

- This medicine is available in different forms, including Dilantin, Phenytek, or generic phenytoin. Dilantin capsules and liquid are available in generic form.
- The dose of phenytoin and how it is taken may vary depending on the form of medicine and whether it is taken alone or with other medicines. It is important to follow the exact directions given to you by your doctor.
- Sometimes medicines are used for other conditions, so be sure to ask your doctor why you are taking this medicine.
- Always check the appearance of the capsules with the pharmacist when the prescription is filled to be certain you are given the right medication.

### Important questions to ask your doctor:

- Why am I being given this medicine? \_\_\_\_\_
- What amount should I be taking? \_\_\_\_\_

## What does the drug look like and how should I take it?

### Dilantin Capsules (called Kapseals)

Available in two strengths:

30-mg (clear)  
Capsules with a pink band



30mg

100-mg (clear) Kapseal --Original to be discontinued  
Capsules with an orange band



100mg

100-mg New look -- to replace Kapseal  
Capsules half orange and half white



100mg

### Generic Phenytoin

Available in two strengths:  
100 mg extended phenytoin sodium  
100 mg prompt phenytoin sodium

Two kinds of generic phenytoin are available in the United States.

- Extended capsules are similar to brand name Dilantin capsules. They are absorbed more slowly than the prompt form of phenytoin.
- The capsules may look different depending on the company that makes them.
- Make sure that you get the same form of phenytoin each time the prescription is filled.

### To take Dilantin or generic phenytoin capsules:

- Swallow the capsules whole with a glass of
- Do not crush, chew, or break the capsules.
- Usually taken one or more times a day.

### Phenytek Capsules

Available in two strengths:

200 mg (dark blue cap, blue body)  
Capsule marked with 'Bertek' and '670'



200mg

300 mg (blue)  
Capsule marked with 'Bertek' and '750'



300mg

This is a form of phenytoin that lasts longer in the bloodstream than the other forms of Dilantin.

#### To take capsules:

- Swallow the capsules whole with a glass of water.
- Do not crush, chew, or break the capsules.
- Usually taken once a day.

### Dilantin Infatabs (Dispersible/Chewable tablets)

50 mg (pale yellow)



50mg

Tablets are scored in the middle can be broken in half.  
These tablets are shorter-acting than the Dilantin and Phenytek capsules.

#### To take tablets:

- Tablets are flavored and can be chewed or swallowed whole.
- Drink a glass of water or liquid after chewing the tablet to make sure all of it is swallowed.
- Usually taken two or more times a day.

### Oral Liquid

5 milliliters (ml) or 1 teaspoon is equal to 125 milligrams (mg)

Dilantin-125 suspension is an orange liquid with an orange and vanilla flavor.

#### To take in liquid form:

- Shake the bottle well before using it.
- Use only a special measuring spoon or device to measure the correct dose.
- Do not mix the medicine with other liquids.
- Do not freeze the liquid.

## Frequently Asked Questions:

**Is it best to take this medicine with food?** This medicine can be taken with food or on an empty stomach. Try to take it the same way each day, since taking this with food may change the time it takes to be absorbed. Do not take antacids or medicine for diarrhea within 2 to 3 hours of taking phenytoin. These medicines can affect how well phenytoin or Dilantin gets absorbed.

**What should I do if I miss a dose?** If you miss or forget a dose take it as soon as possible. However, if you have missed a dose and it is within a few hours before your next dose, take only the next scheduled dose. Do not double up or take extra medicine, unless instructed to do so by your doctor.

#### How can I remember to take my medicine?

- Take medicine at the same time each day.
- Take it at the same time as some other routine, such as brushing teeth, after meals, or bedtime.
- Use a pillbox so you can check if you have taken a dose.
- Use an alarm to remind you of times to take a dose.
- Keep a written schedule or chart of when to take the medicine.

- Talk to your doctor or health care provider about problems remembering the medicine.

**How long will it take for the medicine to work?** It may take a number of weeks to find the right dose, and then more time may be needed to know how well the medicine works to control your seizures. How long this takes will be different for each person. It may depend on how often you have seizures, what other medicine you may be taking, and how your body responds to the drug.

**Should I write down how the medicine is affecting me?** It is important to write down how you feel while you are on the medicine. Also keep track of changes in how much medicine is prescribed, side effects, and changes in seizures. Take the information to all follow-up visits with your health care providers.

**How should I store my medicine?** Store the medicine at room temperature (25° C or 77° F), away from heat, moisture and direct light. Keep it out of the reach of children. Don't keep in the bathroom, glove box of a car, or where children can easily find them, such as in purses or low cabinets or counter tops.

**Will this medicine affect other medicines that I am taking?** Make sure to tell all your health care providers the names of all medicines, herbal or dietary supplements, vitamins and over-the-counter medicines you may be taking. Some of these medicines may interfere with how phenytoin works and lower or raise the amount in your system. Phenytoin may also affect how other medicines work.

Some medicines that may interact with phenytoin include: antacids or medicines for diarrhea, hormonal contraceptives, warfarin, and other antiepileptic medicines. Please see AED Interaction Sheets for lists of medicines that may interact with phenytoin. (<http://professionals.epilepsy.com/pdfs/epilepsy-phenytoin-912.pdf>)

**What side effects may occur?** Side effects may occur with any medicine. Some side effects will go away on their own or when the dose of medicine is changed. Others may be more serious and mean that your body is not tolerating the drug. Tell your doctor about all side effects that occur, but do not stop taking the medicine without advice from your doctor. Some side effects include the following:

**Common:** Jerking movements of the eyes that may cause double or blurry vision, poor coordination or clumsiness, shaking of hands, slowed thinking, feeling slowed down, memory problems, slurred speech, difficulty concentrating, unsteady walking.

**Less common:** More facial and body hair, swelling or increased growth of gums, headaches, acne.

**Potentially serious:** Potentially serious or life-threatening reactions to primidone are rare. A very small number of people (well under 1%) have serious reactions such as: increased seizures, mouth sores, sore throat, fever, swollen glands, easy bruising, paleness, weakness, fatigue, difficulty breathing or swallowing, severe skin rash.

- **Rash:** Not all rashes are caused by the medicine, but all rashes should be reported to your doctor and checked out. Rashes that may be more serious usually begin in the first few weeks, but can happen at any time. Serious rashes may have the following symptoms and require immediate evaluation:
  - Blisters or sores in mouth, eyes, ears, nose, and genital area.
  - Swelling of eyelids or red eyes.
  - Red spots or patches on skin.
  - Fever or flu-like symptoms that don't go away.
- **Problems of the lymph nodes (rare):** May be seen with symptoms such as fever, rash and swollen or tender lymph glands in the neck, under the arms or in the groin area.
- **Allergic reaction:** May be seen with symptoms such as hives or large red spots on the body, itching, difficulty breathing or closing of the throat.

On July 10, 2008, an advisory panel was convened by the Food and Drug Administration (FDA) to review data that the FDA had previously collected from drug studies showing an association between many of the antiepileptic drugs (AEDs) and suicidal ideation and behavior, which together are called suicidality. According to the FDA's Alert, among the patients with epilepsy in these drug studies, 1 out of 1000 people taking the placebo (inactive substance) showed suicidality compared to approximately 3.5 out of 1000 people who took an AED. The FDA advisory panel voted to accept the FDA's data at its meeting on July 10.

The FDA has provided the following information for patients, family members, and caregivers at [www.fda.gov/cder/drug/InfoSheets/HCP/antiepilepticsHCP.htm](http://www.fda.gov/cder/drug/InfoSheets/HCP/antiepilepticsHCP.htm):

- Taking antiepileptic medicines may increase the risk of having suicidal thoughts or actions;
- Do not make any changes to the medication regimen without first talking with the responsible healthcare professional;
- Pay close attention to any day-to-day changes in mood, behavior and actions. These changes can happen very quickly so it is important to be mindful of any sudden differences.
- Be aware of common warning signs that might be a signal for risk of suicide. Some of these are:
  - Talking or thinking about wanting to hurt yourself or end your life
  - Withdrawing from friends and family
  - Becoming depressed or having your depression get worse
  - Becoming preoccupied with death and dying
  - Giving away prized possessions

**We again urge patients and families to contact their doctor before stopping an epilepsy medication because this may possibly lead to seizures and worsening of mood.**

**How can I manage my side effects?** Most people who take primidone have no side effects or mild ones that go away. They tend to occur in the first week of starting the drug or after raising a dose. Some problems may be more noticeable 3 to 4 hours after a dose. If side effects are bothersome:

- Talk to the doctor about how much is taken at each dose – taking it more frequently with smaller amounts at each dose may lessen side effects.
- Take the higher amount at bedtime to lessen daytime fatigue.

#### **When should I call my doctor?**

- Call a doctor right away if side effects become severe or cause problems in your ability to function, or if you have any of the potentially serious side effects, change in seizures, rash, or allergic reaction.
- Do not stop the medicine without talking to a doctor first.

**Can this seizure medicine affect bone health?** Phenytoin can cause thinning of the bones and lead to bone loss. People taking this medicine should take calcium and vitamin D supplements each day. Regular exercise and diet are also very important. People who have thinning of the bones may also need to take prescription medicines to treat this. Talk to your doctor about tests to check the health of your bones and what to do next.

**Can I drink alcohol while on this medicine?** People taking this medicine should not drink alcohol, because phenytoin can increase the effects of alcohol.

**May I drive while taking phenytoin?** Use caution when driving, operating machinery, or performing other hazardous activities. Phenytoin may cause dizziness, drowsiness, and other symptoms that can affect your safety. If you have these problems or are having seizures, avoid these activities and talk to your doctor.

## **Just for Women:**

**Is this medicine safe to take during pregnancy?** Phenytoin has an FDA pregnancy category of “D” meaning that there is a risk to the baby, but the benefits of the medicine may outweigh the risks for some women. If you find or suspect that you are pregnant, continue use of this medicine and contact your doctor right away. Talk to your doctor about the potential benefits and risks before making any decisions about use of this medicine. Seizures can be harmful to the mother and the developing baby but these can be lessened with proper care.

**Does this medicine affect birth control pills?** Contraceptives or birth control that contain the hormones estrogen or progesterone (such as birth control pills, injections or patches) may not work completely to prevent pregnancy when a woman is also taking phenytoin. The dose of contraceptive may need to be increased or injections given more frequently. Talk to your doctor if you start or stop hormonal birth control and for specific instructions on the dose of birth control. Other forms of birth control, such as barrier methods, may also be suggested. Call your doctor if you have any signs of breakthrough bleeding or symptoms of pregnancy.

**Will the medicine affect my menstrual cycle?** This medicine should not affect the menstrual cycle. If your cycle becomes irregular, call your doctor.

**Can I breast feed while taking this medicine?** In general, women taking phenytoin can breastfeed while using this medicine. However, the drug does pass through breast milk in small amounts. According to the American Academy of Neurology, the benefits for the infant and mother are believed to outweigh the risks for adverse effects. Talk to your doctor regarding this option.

**Are there any specific vitamins I should be taking?** All women who could possibly get pregnant should be taking at least 0.4 milligrams (mg) of folic acid or folate each day. Women taking some seizure medicines may need to take a higher dose of folic acid, up to 4 mg each day. Speak to your health care provider for specific instructions. Folic acid is also found in leafy dark green vegetables, fruits and juices, and lentils.

## More Questions?

For more detailed information about Phenytoin please visit [www.epilepsy.com](http://www.epilepsy.com) and click on Treatment >> Seizure Medicines ([www.epilepsy.com/epilepsy/seizure\\_medicines.html](http://www.epilepsy.com/epilepsy/seizure_medicines.html))

July 2008: Steven C. Schachter, MD, Epilepsy Therapy Project

March 2007: Kimberly L. Van Demark, PharmD Candidate, Barry E. Gidal, PharmD, University of Wisconsin-Madison, and Patricia O. Shafer RN, MN, Epilepsy Therapy Project.