PHYSICIAN'S DISCUSSION CHECKLIST FOR WOMEN WITH EPILEPSY

To the Physician:

Use this checklist as a guide for discussions of important issues with teens & women of all ages who have epilepsy. This is not a script, but a reminder of major topics as well as documentation of your discussion with the patient. Please use the accompanying Discussion Guide found on http://www.professionals.epilepsy.com for specific information.

The checklist is divided into sections appropriate to different life stages.

Patients with new-onset epilepsy, and those new to your practice, require detailed information; continuing patients may need follow-up discussions as they mature & their situations change. The status of teens & women who are not currently sexually active could change between visits. They may need up-to-date information & options appropriate to their current lifestyle. Women approaching menopause have their own specific concerns.

Check all areas covered in this visit, date and sign this form, & have your patient sign it as well. File the form in the patient’s chart for reference at subsequent visits. Download background information for your use & patient handout materials from http://www.professionals.epilepsy.com. Make notes of specific strategies discussed for follow-up discussions and refer patients to http://www.epilepsy.com for information.
PHYSICIAN’S DISCUSSION CHECKLIST
FOR WOMEN WITH EPILEPSY

This Discussion Checklist was developed by The Epilepsy Therapy Development Project http://www.epilepsytdp.org to help physicians treating women with epilepsy. The issues were reviewed by a panel of epilepsy experts:

FOR ALL WOMEN, ADOLESCENTS, & PRE-TEENS DURING REPRODUCTIVE YEARS

- Relationship between hormones & epilepsy (overview)
- Possible menstrual cycle-related influence on seizure susceptibility (catamenial epilepsy)
- Impact of epilepsy on sexual & on reproductive issues
- Epilepsy is rarely related to infertility; (consult infertility specialist if there is a sign of difficulty conceiving test for PCOS)
- Relation of some AEDs to libido and potency problems
- Women with epilepsy CAN become pregnant with or without AEDs; importance of careful pregnancy planning including folate supplementation
- Need for effective & consistent contraception to avoid unplanned pregnancy
- Effective contraception choices (interactions between hormonal contraception & certain AEDs; possible contraceptive failure and need to consider barrier method for added protection)
- Other forms of contraception (patch, IUD, Depo Provera®)
- Need to inform neurologist if contraception is discontinued
- Need for calcium supplementation and vitamin D for bone health

WOMEN PLANNING TO CONCEIVE

Note: Confirm the diagnosis of epilepsy & seizure type. In all discussions, emphasize the balance of all risks & the goal of controlling seizures

- Healthy pregnancies & healthy babies are the goal
- Need for optimum seizure control
- All risks (women not taking AEDs also have risks)
- Risks to the baby from AEDs must be balanced with risk of seizures to baby & mother
- Ways to reduce risks to mother & baby (eg, AED choices; folate supplementation)
- Appropriate AED medication/need to optimize before pregnancy; importance of NOT making any changes without neurology consultation (maintaining good compliance)
PREGNANT WOMEN

Note: Confirm the diagnosis of epilepsy & seizure type. In all discussions, emphasize the balance of all risks & the goal of controlling seizures

- Consultation with patient’s obstetrician ____________________________ (date)
- Possible teratogenic effects compared to people not taking an AED
- Possible changes in AED therapy (only in consultation with neurologist)
- For patients requiring multiple AEDs for seizure control, discussion of choices, risks, & need for close monitoring of AED dose & blood level
- Vitamin K recommendations for mother before delivery & for baby
- Need to bring AEDs to the hospital during labor and to take regular doses
- AED dose adjustment following delivery and post-partum follow-up
- Breastfeeding/safety for the newborn
- Newborn appointment for neurologist evaluation (age 4-6 wks)
- Parenting issues to maximize safety for the newborn including minimizing mother’s fatigue to avoid seizure exacerbation & home safety preparations
- Have ultrasound first and second trimester

WOMEN BEYOND CHILDBEARING YEARS

- Bone health & need for calcium supplementation & bone density monitoring; seizure control to prevent falls
- Peri-menopause effects on seizures/AEDs
- Menopause/hormone replacement issues; enzyme-inducing effects of hormones on AEDs