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## **Contraception for women with epilepsy**

Of all the individuals diagnosed with epilepsy in Ireland about 25% or 10,000 are women of childbearing potential. In today's society choice is of vital importance for women, especially those affected by epilepsy. This leaflet intends to explain the various methods of contraception available to women with epilepsy.

Women with epilepsy can choose from the standard methods of contraception. The exact choice should depend on the individual's needs but particular attention will need to be paid to some methods more than others.

### **The Combined Oral Contraceptive Pill (COCP)**

There is no evidence to suggest that taking the pill adversely affects epilepsy. However, it is of vital importance that you tell your GP that you are taking anti-epileptic medication (AEDs). Some of the anti-epileptic medication can metabolise (break down) the COCP faster, therefore reducing its effectiveness. These particular medications are known as **enzyme inducing anti-epileptic drugs**.

They include: Phenytoin (Epanutin), Phenobarbitone, Primidone (Mysoline), Carbamazepine (Tegretol), Oxcarbazepine (Trileptal) and Topiramate (Topamax) **in doses of 200mg or more daily**. If you are taking any of these drugs, you should be on a COCP with a minimum of **50 micrograms** oestrogen content or a combination of the COCP to obtain a minimum dose of **50 micrograms** of oestrogen. Any evidence of breakthrough bleeding would suggest that this method is not effective and should be reported to your GP immediately: it may be necessary to increase the dose of the COCP to 75 or 100 micrograms/day. Women need to be advised that even on the higher dose contraception efficiency cannot be guaranteed.

Anti-epileptic medications, which are **non enzyme inducing anti-epileptic drugs** include: Sodium Valporate (Epilim), Clobazam (Frisium), Tiagabine (Gabatril), Levetiracetam (Keppra), \*Lamotrigine (Lamictal) Gabapentin (Neurontin), Vigabatrin (Sabril) and Topiramate (Topamax) **in doses lower than 200mg daily**. The lower dose pill (25-35 micrograms/day of oestrogen) can be taken as usual if you are taking any of these drugs. Any evidence of breakthrough bleeding would suggest that this method is not effective and should be reported to your GP immediately.

\*OF NOTE: Some research has suggested that Lamotrigine may interact with the COCP and reduce its effectiveness.

### **The Progesterone Only Pill (Mini Pill)**

This method of contraception is not recommended as it is less effective, particularly if **enzyme-inducing anti-epileptic drugs** are being taken.

### **Emergency Contraception**

There is no evidence to suggest that women with epilepsy should not take emergency contraception. Some practitioners suggest a higher dose in women taking enzyme inducing anti-epileptic drugs.

### **The Depo-Provera**

This method of contraception is a single injection into the buttock. It is usually administered every 12 weeks. This can be considered as a method of contraception for women on antiepileptic drugs.

### **The Barrier Methods**

The male or female "Femidom" condom if used correctly can be as effective for the woman with epilepsy. There are no large-scale studies but research to date suggests that the Femidom is as effective as the male condom.

### **The Implant**

The implant is a rod shaped device that is inserted under the skin just above the elbow for a period of 3 years. This method of contraception is **NOT** advisable for women on **enzyme inducing anti-epileptic** drugs and an alternative method should be considered.

### **Mirena Intrauterine System (IUS)**

There are no contraindications to the Mirena coil in women with epilepsy because progesterone acts by being released locally into the uterus. However the IUS is not recommended to women who have not had children yet.

### **The Persona Device**

This method relies on testing your urine for hormonal changes during your menstrual cycle. As your hormone levels may be affected by your anti-epileptic treatment the Persona is not a recommended method of contraception.

### **The Rhythm Method**

This method also relies on hormonal changes therefore it is **NOT** recommended to women on anti-epileptic medication.

### **The Evra Patch**

Evra is a thin square patch worn on the skin to prevent pregnancy. Each patch is worn for 7 days every week for 3 consecutive weeks and the fourth week is a patch free week i.e. no patch is required.

The patch is **NOT** recommended for women on **enzyme inducing anti-epileptic drugs**.

### **Folic Acid**

If you are a woman of childbearing potential and have been diagnosed with epilepsy, it is important to be made aware of the potential benefits of taking folic acid. By taking the higher dose tablet of folic acid 5mg as prescribed by your doctor (it cannot be acquired over the counter) prior to conception you may reduce the risks of neural tube defects such as spina bifida.

Women should be informed that it is not effective in reducing the risk of neural tube defects when taken after conception.

This leaflet has been designed to answer some of your questions on the various methods of contraception. Please note that all women are different and may require individualised care. However, we would advocate the use of a second method of contraception to reduce the risk of becoming pregnant. The above advice is written as a guide only. If you are unsure about anything mentioned or have any further questions please contact the Community Epilepsy Nurse on the Helpline at 01 – 4554 133 or on 087- 7708 702, the Epilepsy & Pregnancy Register at free phone 1800 320 820, the Well Woman Centre or your local family doctor or nurse.