

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.

Co-Editors

Steven Schachter MD

Orrin Devinsky MD

Joyce Cramer BS

Reviewers

Elinor Ben Menachem MD

Jane Boggs MD

Edward Bromfield MD

Carol Camfield MD

Jacqueline French MD

Sandra Helmers MD

Andres Kanner MD

Kevin Kelly MD

Gregory Krauss MD

Joyce Liporace MD

Richard Mattson MD

Kimford Meador MD

Georgia Montouris MD

William Rosenfeld MD

Patricia Osborne Shafer MSN

William Tatum MD

Braxton Wannamaker MD

James Wheless MD

Mark Yerby MD

NOTES

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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

Physician's Signature Patient's Name & Signature Date of Discussion

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)

Vertical column of horizontal lines for taking notes.

