Menopause and epilepsy

Epilepsy is a major public health problem worldwide, with an estimated prevalence of 6.85 cases per 1000 women. However, information is limited about menopause and epilepsy.

Epilepsy and menopause
- Women with epilepsy may undergo natural menopause between 3 and 5 years earlier than women in general, depending on seizure frequency, though data on this are limited.
- Seizure frequency may increase during the perimenopause.
- After the menopause, seizure frequency may decrease.

Menopause management in women with epilepsy
- Indications for treatment include menopause symptoms and conservation of bone mass.
- Menopausal hormone therapy may affect seizures but the data are extremely limited.
- To date, information is only available for one oral preparation.
- There is no information regarding transdermal or topical estrogens.
- No data are available regarding the use of ospemifene or prasterone.
- Women starting menopausal hormone therapy should be closely monitored, as their need for antiepileptic drugs may change.
- Drug interactions need to be assessed before non-estrogen-based treatments are prescribed for menopausal symptoms.
- Calcium and vitamin D supplements should be considered.
- Herbal and botanical preparations should be avoided as their efficacy is uncertain and they interact with antiepileptic drugs.

Menopausal women with epilepsy need specialist care.

Further information
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