

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.

Menopausal women with epilepsy need specialist care.

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 anti-epileptic drugs.

Further information

EMAS CareOnline 2020 <https://emas-online.org/emas-careonline>

Stephen et al. (2019) Management of epilepsy in women [https://doi.org/10.1016/S1474-4422\(18\)30495-2](https://doi.org/10.1016/S1474-4422(18)30495-2)