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#### Title

Joint Epilepsy and Family Planning Clinic for Women with Epilepsy

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## UCDAVIS SCHOOL OF MEDICINE

# Joint Epilepsy and Family Planning Clinic for Women with Epilepsy

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**INTRODUCTION** 

- Women with epilepsy (WWE) report higher rates of unintended pregnancy compared to the general US population<sup>1</sup>
- Exposure to certain antiepileptic drugs (AEDs) can increase the risk of teratogenicity<sup>2</sup>
- Only 25% of WWE consult their epileptologist regarding contraception<sup>3</sup>
- An integrated epilepsy and family planning clinic may address the gynecologic needs of WWE

## **OBJECTIVES**

- Describe contraceptive use in WWE who attended the integrative epilepsy and family planning clinic
- 2. Assess gynecologic needs of reproductive aged WWE

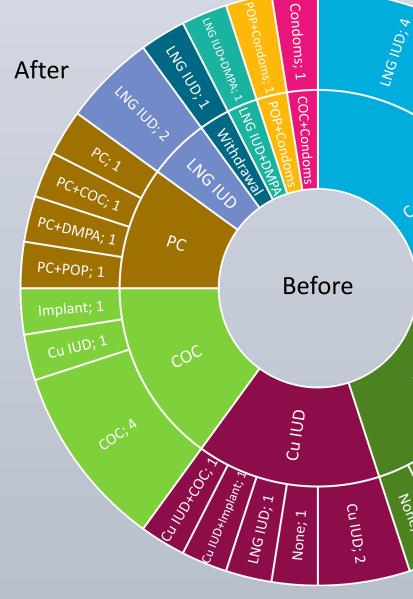
## **MATERIALS & METHODS**

- Case series of WWE who presented to the joint clinic between April 2014 and April 2019
- Exclusions:

RESEARCH POSTER PRESENTATION DESIGN © 2012 WWW.PosterPresentations.com

- Pre-menarchal, menopausal, previous hysterectomy or permanent contraception procedure, currently pregnant, did not participate in joint consult, or has nonepilepsy diagnoses
- Electronic medical record reviewed for:
  - Demographic information, prior contraception used, method chosen after counseling, initiation of method within 6 months after consultation, current AED regimen, and presence of drug interactions between AED and contraceptive method

RESULTS					RE
Demographic & Medical Characteristics of WWE (n=100)CharacteristicOverall % or Median Range			Sexually active WWE (Figure 1)		Drug-
Characteristic Age (Years) Ethnicity Hispanic Not Hispanic Not Specified	23 (14-9 25 71 4		<ul> <li>Of 40 women, 13 were using a highly effective method, 8 a moderately effective method, and 19 a least effective method</li> <li>11 women planned an implant or IUD post consultation</li> </ul>		<ul> <li>10 WWE identified enzyme inducing monotherapy prior</li> <li>Post-counseling, implant, 1 chose</li> </ul>
Race White Black Asian American Indian Not Specified Nulliparous # of AEDs	62 9 4 1 24 87 2 (1-5	.)	<ul> <li>WWE who were not sexually active (Figure 2)</li> <li>Of 60 women, 1 was using a highly effective method, 15 a moderately effective method, and 44 were not using any method</li> <li>28 women started hormonal treatment for contraception, heavy menstrual bleeding, dysmenorrhea, or menstrual suppression after consultation</li> </ul>		<ul> <li>discontinued CO</li> <li>WWE may beneficiand gynecologistic their epilepsy and contraceptive m</li> </ul>
Figure 1. Contraception	n Sexually Active W	Condoms, A Condoms, A COC; 1 DMPA; 1 None; 1 UNG IUD; 2 Inplant: 2	Figure 3. Contraception Chosen Before and After Counseling in Not Sexually Active WWBAfterImage: Colspan="2">Image: Colspan="2" Image: Colspan="		<ul> <li>Drug-drug interation through coordination more effective effective effective effective effective more effective effect</li></ul>
COC - Combined Oral Co LNG IUD - Levonorgestrel I	-	<b>Cu IUD</b> - Copper Intr <b>PC</b> - Permanent (			epilepsy: findin registry. Epileps



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## **RESULTS CONT.**

### g-Drug Interactions

fied to be taking a COC and an ng AED or lamotrigine prior to consultation g, 4 continued COCs, 1 chose an e Cu IUD, 1 chose LNG IUD, and 2 OCs

## CONCLUSIONS

efit from seeing an epileptologist ist during the management of and selection of their preferred method

ractions may be minimized nation between providers

ion resulted in WWE choosing methods for their gynecologic

## REFERENCES

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