

World Congress on  
**Epilepsy and Neuronal Synchronization**  
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**Women with epilepsy**

Epilepsy refers to a disorder of brain function characterized by the periodic and unpredictable occurrence of seizure. It is the 2<sup>nd</sup> most common neurological disorder after stroke and common neurological disorder affecting 0.5-1.0 % population in India. Rochester epilepsy study also found that the prevalence of epilepsy was slightly higher in males than females (6.5 vs. 6.0 per 1000 persons). Albeit most epilepsy disorders are similarly or more ordinarily found in guys than in females, youth nonattendance epilepsy and the disorder of photosensitive epilepsy are more typical in females. Moreover, some hereditary issue with related epilepsy (e.g. Rett disorder and Aicardi disorder) and eclamptic seizures in pregnancy can just happen in females. Few factors around epilepsy and its treatment are specific to women and do not apply in the same way to men. These include links between epilepsy and hormones, puberty, contraception, pregnancy and the menopause. The adequacy of hormonal contraception decreases in ladies who are taking CYP-450 chemical actuating AEDs. Anti-Epileptic Drugs (AEDs) reduce the efficacy of contraception methods and increase the risk of fetal malformations. Women with epilepsy have a higher risk of reproductive dysfunction, including polycystic ovarian syndrome, multiple ovarian cysts, an-ovulatory cycles and infertility. Women with epilepsy who are on AEDs and pregnant has an increased risk of fetal malformations. Prenatal exposure to AEDs is known to increase this risk to 4-9%. However, the vast majority of women with epilepsy deliver healthy babies. Breastfeeding in women taking AEDs is safe, providing that there is close monitoring of the baby for potential side effects. Thus, management of women with epilepsy is challenging. The treating clinician should be thoughtful about the correct choice of antiepileptic medications as it may create problems in reproductive planning and metabolic health. Thus, regular assessments need to be made from menarche onward.

**Biography**

B K Madhusudhan has completed his MBBS from AIMS in 2002 and pursued his MD in General Medicine and DM Neurology from M.S. Ramaiah Medical College and Hospitals. Later, he underwent training in epilepsy and epilepsy surgery workup with video EEG and intracranial electrode EEG monitoring at Toronto Western Hospital, Canada. He holds good experience in treating patients with epilepsy, pre-surgical evaluation of medically refractory epilepsy, Vagus Nerve Stimulation (VNS), stroke, Parkinson's disease, spondylosis, neuropathy and neuromuscular disorders, acute neurological conditions such as ADEM, meningitis, GBS, headache, migraine, etc.

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