

# Topical treatments (answers on page 34)

## Part one

Alia, a 21-year-old nurse, has come to you asking for advice on contraception. She is married but doesn't want to start a family yet, and even has doubts about whether she should risk pregnancy at all, as she has epilepsy. You need to talk to her about the problems of contraception while she is taking anti-epilepsy drugs, and perhaps too about the need to treat the epilepsy if she does decide to conceive. Her epilepsy is very well controlled: it was diagnosed five years ago, and she has not had a fit since she started lamotrigine soon after that time. What does she need to know about the various treatments for epilepsy?

**Q1 Which of the following anti-epileptic drugs reduce the efficacy of oral contraceptives?**

- (a) Carbamazepine
- (b) Phenytoin
- (c) Clobazam
- (d) Lamotrigine
- (e) Sodium valproate
- (f) Topiramate

## Part two

**Q2 Anti-epilepsy agents are divided into enzyme inducers and non-enzyme inducers. Does this classification make any difference to the choice of drug treatment for women with epilepsy asking for oral contraception?**

- (a) No. All that matters is that the best drug for epilepsy control in each woman's case is chosen.
- (b) Yes. Enzyme inducers are the choice.
- (c) Yes. Non-enzyme inducers should be chosen.
- (d) Oral contraception may well be a problem regardless of the type of drug treatment: other methods such as Depot injections or intrauterine devices may well be preferable.
- (e) Women wishing to use any hormonal contraception methods should be advised to use a barrier method, such as condoms or a vaginal diaphragm, as well.

## Part three

**Q3 If she wishes to become pregnant and needs to continue on her medication, which of the following drugs has been reported from pregnancies as being linked to the highest rate of fetal abnormalities?**

- (a) Phenobarbital
- (b) Phenytoin
- (c) Sodium valproate
- (d) Lamotrigine
- (e) Oxcarbazepine
- (f) Levetiracetam

## Part four

**Q4 Your patient has not had a seizure for four years, and now wishes to conceive. Which of the following courses can you suggest for her?**

- (a) Offer the option of withdrawing all anti-epilepsy drugs, but supervised by a neurologist.
- (b) Talk over with her the risks of the various drug effects on the foetus, and suggest that she might change to one of the two drugs with the lowest risk before becoming pregnant.
- (c) Refer her to a neurologist on how to change her drugs safely.
- (d) Choose valproate or topiramate as the safer drugs.
- (e) Choose lamotrigine or levetiracetam as the safer drugs.
- (f) Keep her on lamotrigine as you don't want to change a successful therapy, and it is relatively free from effects on the foetus.