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FOR IMMEDIATE RELEASE

The Oregon Clinic Spotlights Special Needs of Female Patients During Epilepsy Awareness Month

Neurologist Dr. Juliana Lockman Specializes in Caring for Women with Epilepsy

Portland, Ore., Nov. 18, 2011 – When Susana H. (not her real name) first visited The Oregon Clinic for treatment, she had little hope. Suffering from epilepsy since childhood, Susana had been advised all her life not to conceive a child. But, with the help of her physician, Juliana Lockman, M.D., neurologist at The Oregon Clinic, Neurology division she was able to get pregnant and gave birth to a healthy baby boy.

“Epilepsy is sometimes a poorly understood condition, and there are special challenges for women with epilepsy,” said Dr. Lockman, who completed a fellowship in epilepsy last year. “Since November is Epilepsy Awareness Month, it’s an opportune time for women with epilepsy to educate themselves about risks, options and treatment strategies they might not know about.”

Epilepsy is a seizure disorder accompanied by a brief, strong surge of electrical activity in the brain. Seizures can last from a few seconds to a few minutes. Symptoms include convulsions and loss of consciousness as well as blank staring, lip smacking or jerking movements of arms and legs. Epilepsy affects nearly three million Americans of all ages, with approximately 200,000 new cases

each year. Ten percent of the American population will experience a seizure in their lifetime.

Most people who have well-controlled seizures are treated by a primary care doctor. But, according to the Epilepsy Foundation (www.epilepsyfoundation.org), many women could benefit by consulting a neurologist. “Nearly half of my patients are women with epilepsy,” Dr. Lockman said. “It’s a very rewarding neurological specialty because I get to deal with epilepsy as a disease but also with the social and psychological issues.”

According to Dr. Lockman, women with epilepsy require special attention because:

- Fluctuations in female hormones can influence seizures.
- Oral contraceptives can interfere with anti-seizure medications (and vice versa).
- Women with epilepsy may have difficulty getting pregnant.
- Women with epilepsy have a higher risk of giving birth to a child with birth defects, a risk that can often be mitigated through careful changes in medication.
- Postmenopausal women with epilepsy must also take extra care. Estrogen promotes seizure activity, so hormone replacement therapy may not be advised.

Specialists like Dr. Lockman are trained in the complex interplay between female hormones, brain mechanisms, anti-seizure medications and oral contraceptives. “High estrogen levels reduce the level of a certain inhibitory neurotransmitter, which leads to neuron excitability, which leads to seizures,” Dr. Lockman explained. “Progesterone has opposite effects, so it lowers neuron excitability and can protect against seizures.” About 30 to 50 percent of all women with epilepsy have “catamenial” epilepsy, which is characterized by seizures that come at certain times of the month. In most women, it’s near the onset of the menstrual flow.

Women of child-bearing age face several dilemmas related to the complexity of the disease. Many women with epilepsy do not ovulate at all or ovulate irregularly. Additionally, anti-seizure medications can cause decreased metabolism of the sex steroids necessary for pregnancy. Those women who are able to get pregnant have a slightly increased risk of giving birth to a child with congenital defects.

A woman who does not want to take that risk and who relies on oral contraceptives also faces a decision. Studies show that oral contraceptives can lower the effectiveness of certain anti-seizure medications. Conversely, some anti-seizure medications lower the effectiveness of oral contraceptives. “If a patient is on a medication known to interact with the oral contraceptive, I always recommend increasing the amount of estrodiol by at least 50 micrograms,” said Dr. Lockman, “and I recommend using barrier protection as well.”

Nor is the solution easy for women with epilepsy who decide to become pregnant. “Women who do not take medication for epilepsy have a two to three percent risk of having a child with birth defects. Some anti-epileptic medications double or triple that risk,” said Dr. Lockman. “Yet stopping medication isn’t the answer, since seizures can also pose a danger mother and baby. Together, the physician and patient must weigh the pros and cons very carefully.”

Dr. Lockman offers the following guidelines for women with epilepsy.

- Keep a calendar of your menstrual cycles and of days you have seizures as well as other factors that may affect the menstrual cycle or seizure patterns, such as missed medication, loss of sleep, unusual fatigue, intense physical training, stress or an illness. Share this with your physician.
- Visit a neurologist prior to pregnancy to see if you still need seizure medications or can be weaned off during pregnancy. Do not stop medications on your own.

- Women of childbearing age should take 1 to 4 mg of folic acid every day to minimize the chances of birth defects that can occur with the seizure medications.

Dr. Lockman is available for consultation at the Westside office of The Oregon Clinic, Neurology division at Legacy Good Samaritan Medical Center in Portland. To schedule an appointment please call 503.488.2424.

About The Oregon Clinic

The Oregon Clinic is the largest private specialty physician practice in Oregon, with more than 140 providers practicing over 30 different medical and surgical specialties and sub-specialties. We use a team approach to address health conditions at more than 15 locations from Vancouver to Salem, and from Hood River to Astoria. Founded in Portland in 1994, our physicians and staff are committed to delivering the highest quality patient care, practicing evidence-based medicine, and providing leadership for the healthcare community. Visit www.orclinic.com or call 503-935-8000 for more information.

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