



**BC Epilepsy  
Society**

## **Menopause And Epilepsy**

### **What does menopause have to do with my seizure disorder?**

Menopause is the time in a women's life when her ovaries stop working, her menstrual periods stop and the level in her sex hormones in her body decrease. We know that because hormones have an effect on brain function, sex patterns may change in some women as they go through menopause, just as they may at other times of hormonal change. For more information contact the BC Epilepsy Society for the information sheet like this one on *Hormones and Epilepsy*.

### **I'm 50 years old and my periods are less frequent. I'm having hot flashes, too. Is this a different kind of seizure?**

Probably not, although some women feel flushed as part of a seizure. It is common for a woman of your age to be going through menopause and having "hot flashes" as an uncomfortable side effect of menopause. Talk to your physician or neurologist about this and help them help you sort it out.

### **I thought I had less estrogen after menopause and that estrogen sometimes caused seizures. Why wouldn't my seizures get better?**

It's complicated. Estrogen does excite certain brain cells that may be involved with seizures. The other female hormone, progesterone, seems to inhibit or prevent seizures in some women. But both hormones decrease in your body with menopause so it is not easy to predict what will happen with your seizure pattern. Some women have more seizures as they go through menopause, some have less and many see no change at all.

### **My mother has thin bones and I've been told I should take estrogen when I get into menopause. Can I do that if I have seizures?**

The decision to take estrogen is an individual one, based on a lot of factors you should talk over with your physician. Taking supplemental at a time of menopause is called hormone replacement therapy (HRT). It offers protection against osteoporosis (thinning of the bones) and reduces hot flashes. However, it carries an increased risk of uterine cancer or breast cancer. You and your doctor can weigh all the benefits and risks for you, taking into account your health and your family history.

If you take supplemental estrogen you will probably take progesterone, too. Taking progesterone may give you some additional protection from seizures, although some research needs to be done in this area. Natural progesterone, rather than synthetic, seems to be more beneficial in controlling seizures in some women.

### **If I can't take estrogen, is there anything else I can do to keep from getting osteoporosis?**

Yes, eat a diet rich in calcium and ask your doctor about calcium supplements with vitamin D. Get some regular exercise and limit alcohol intake. Don't smoke. All of these things are part of a healthy lifestyle in any women and may reduce the risk of bone disorders after menopause.

### **Will my seizure medication change, as I get older?**

That depends on many factors. If your seizures become more difficult to control, your physician may want to try



other medications. As our bodies age, our metabolism changes and medication doses may have to be altered. Some seizure medications seem to be related to the thinning of bones. Check with your doctor to see if this could be a problem with you.

**I'm middle-aged and my seizures got more frequent recently. Do I just have to accept that as a part of menopause?**

It's important to remember that menopause is usually a process, not a sudden event. A change in your seizure pattern deserves an evaluation by your physician. There can be other causes for increased seizures and not all are related to hormones.

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