

A multidisciplinary Consultation Meeting for the Management of Pregnant or Pregnancy-Planning Epileptic Patients

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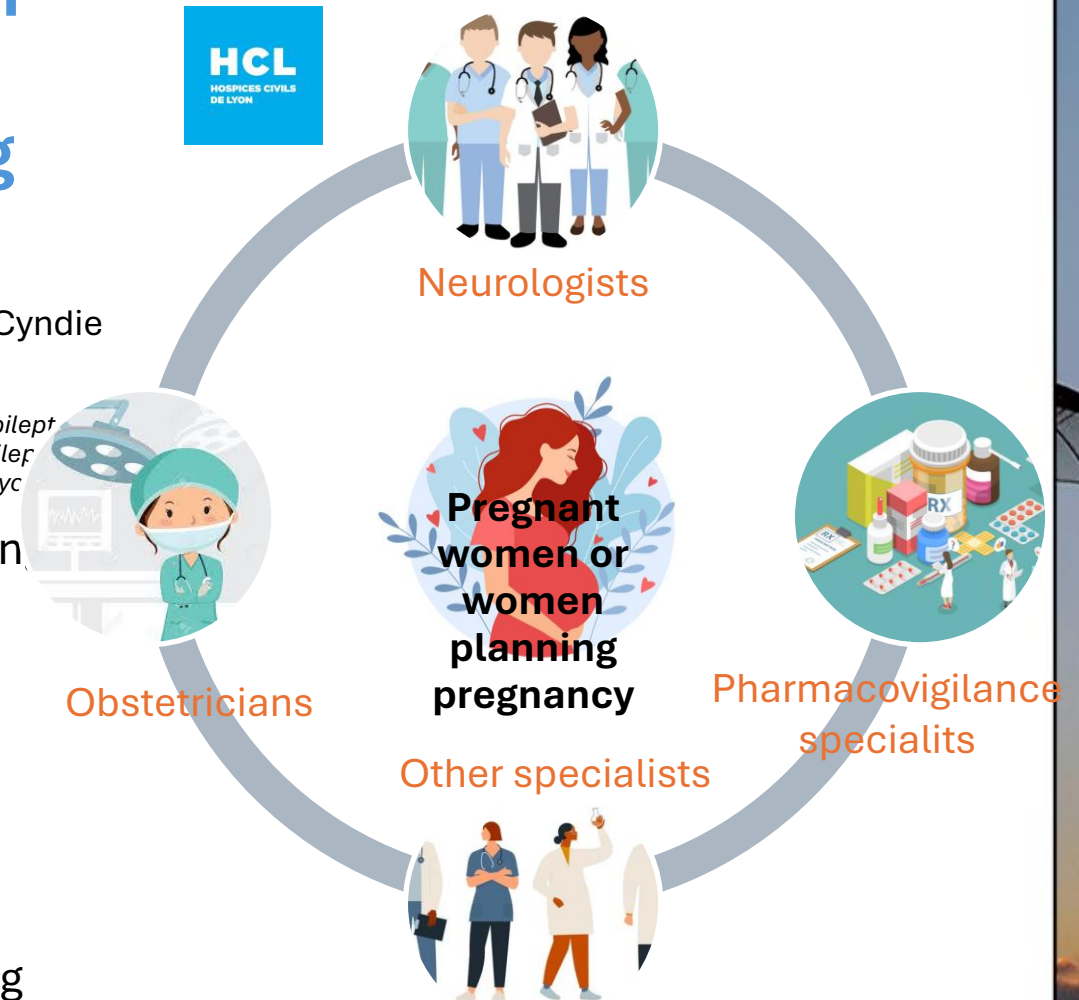
Introduction:

The management of epilepsy during pregnancy is challenging.

- ✓ risks associated with antiseizure medications
- ✓ need for optimal seizure control to enhance treatment strategies.

Multidisciplinary consultation meeting

- ✓ four times a year
- ✓ to discuss cases of pregnant women or women planning pregnancy





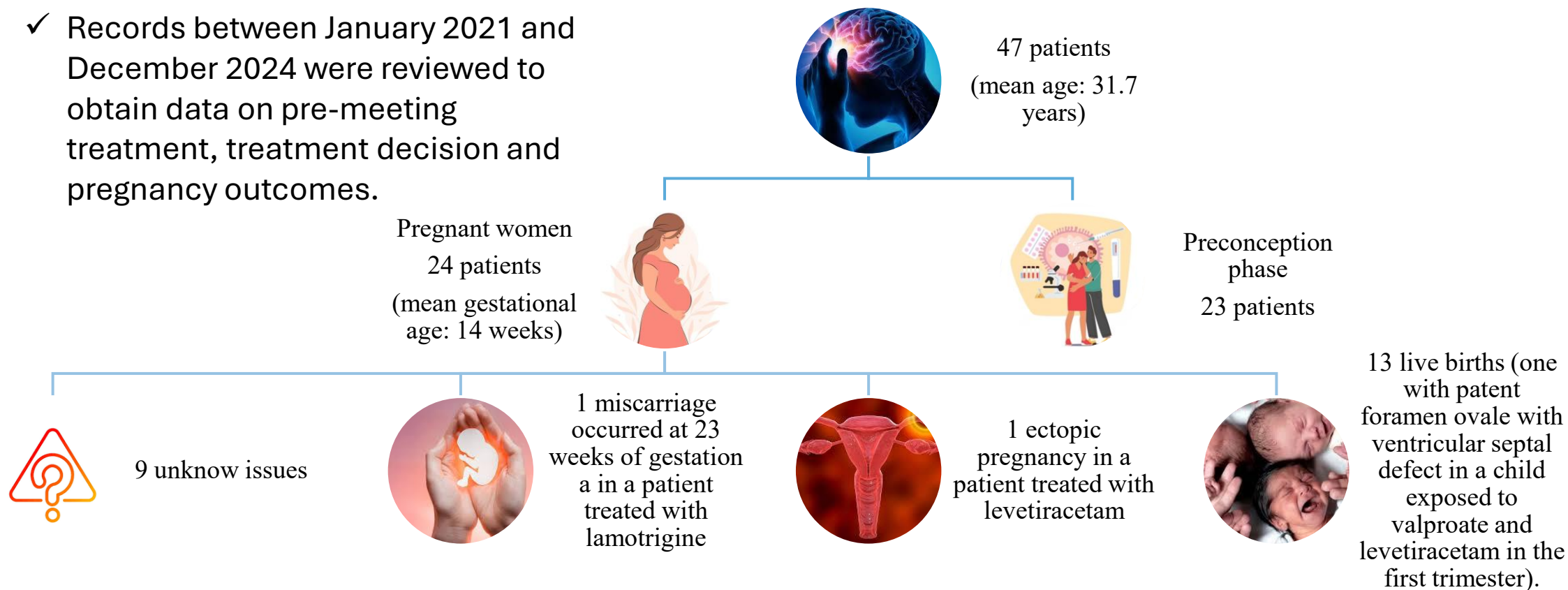
This study describes cases of women with epilepsy reviewed during these meetings, and the impact on treatment.



Method:

- ✓ Records between January 2021 and December 2024 were reviewed to obtain data on pre-meeting treatment, treatment decision and pregnancy outcomes.

Results:



Results:



Pre-meeting treatment

- lamotrigine (n=24, 9 in monotherapy)
- levetiracetam (n=18, 6 in monotherapy)
- lacosamide (n=12, 1 in monotherapy)
- valproate (n=5, 1 in monotherapy)
- brivaracetam (n=4, 1 in monotherapy)
- carbamazepine (n=4, 2 in monotherapy)
- zonisamide (n=2)
- eslicarbazepine (n=1), gabapentin (n=1), oxcarbazepine (n=1 in monotherapy), topiramate (n=1) and ethosuximide (n=1)

Therapeutic decisions case-by-case approach

- **treatment was maintained in 29 patients**
mainly those on lamotrigine (n=17) or levetiracetam (n=14)
- **teratogenic treatments (n=10) were discontinued**
mostly in favour of lamotrigine and/or levetiracetam
in 2 cases where the treatment continuation was conditional upon the completion of regular morphological ultrasound and follow-up in an expert prenatal diagnosis center (1 oxcarbazepine, 1 carbamazepine)
- **treatments with limited safety data (n=18) were mainly discontinued**
except for lacosamide, which was continued in 2 patients

Conclusions



Multidisciplinary meetings enable for each patient to be systematically reassessed as to the need for treatment and possible adaptations, considering the safest possible alternatives during pregnancy, reducing the number of drugs and using the lowest effective dose.



This approach also contributes to pharmacovigilance system by reporting pregnancies exposed to antiseizure medications to regional pharmacovigilance centres, as early as pregnancy is diagnosed, regardless of adverse outcomes. **The aim is to improve the risk assessment of these medications during pregnancy.**