

Anticonvulsant Medicines

Medicines for People
With Epilepsy

2



About Project MED

“Project MED” stands for **M**edication **E**ducation. The Project MED Group has written a series of eight education booklets about medicines. These booklets will help you if you have learning problems, reading problems, or problems understanding why you are taking medicine. These booklets will also be useful to you if English is not your main language. Parents, guardians, and other care givers might like to read these booklets too.

Our goal was to write the information in plain words. When we cannot avoid using a hard-to-read word, we give you help in pronouncing (pronOUN'-sing) the word. We also describe what the hard-to-read word means in parentheses ().

Anticonvulsant Medicines

Medicines for People

With Epilepsy

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Table of Contents

| | |
|---|----|
| Do You Have Epilepsy? | 1 |
| Mood Problems | 5 |
| Anticonvulsant Medicines | 6 |
| Kinds of Anticonvulsants | 6 |
| What's New? | 9 |
| Uses for Anticonvulsants | 9 |
| 1. Proven Uses | 9 |
| 2. Other Uses (Not Proven) | 11 |
| Side Effects | 12 |
| 1. Some Common Side Effects | 12 |
| 2. Other Side Effects | 13 |
| Vitamins | 17 |
| Pregnancy and Anticonvulsants | 17 |
| Doses | 19 |
| Special Tests | 20 |
| Common Interactions | 21 |
| 1. Mysoline (primidone) and phenobarbital | 23 |
| 2. Tegretol (carbamazepine) | 24 |
| 3. Dilantin (phenytoin) | 25 |
| 4. Depakene/Depakote (sodium valproate) | 26 |
| 5. Zarontin (ethosuximide) and Celontin (methsuximide) | 27 |

| | |
|--|----|
| 6. Klonopin (clonazepine), Tranxene (clorazepate), Ativan (lorazepam), and Valium (diazepam) | 27 |
| 7. Other Anticonvulsant Medicines | 28 |
| Don't Run Out of Medicine | 29 |
| How Long Will I Take This Medicine? | 31 |
| More Information | 32 |

Do You Have Epilepsy?

Do you have epilepsy (EP'-ih-lep-see)? If you do, then you probably take medicine to stop *seizures* (SEE'-zhurs). Some people call these medicines **anticonvulsant** (an-tie-kun-VUL'-sent) medicines. Other people call them antiepileptic (an-tie-ep-eh-LEP'-tik) medicines. Or you may call your medicine an "AED." In this booklet, we are going to call the medicines *Anticonvulsant* medicines.

Epilepsy is often a long-lasting problem that some people have. People with epilepsy may have times when they are not *conscious* (KON'-shus). This is when they are not aware of what is going on around them. They are not awake even though they want to be. Or they may also have times when their muscles jerk but they do not want them to. The muscles jerks happen even if they don't know it. Or they may have odd smells, tastes, or feelings, or behave in a way that they do not usually behave. Again, these happen even if the person does not want them to. These things that happen without you wanting them to are called *seizures* (SEE'-zhurs).

There are many different types of seizures. If these seizures happen several times, then your doctor may decide that you have epilepsy. Sometimes people use other words for seizures. Some of these words are "fits," "spells," and "convulsions" (kun-VUL'-shuns).

Anticonvulsant (an-tie-kun-VUL'-sent) medicines are used to stop seizures from happening. Sometimes they can stop *all* seizures. Sometimes they only stop *some* seizures. Some people have more than one kind of seizure. If so, their doctor may want them to take more than one kind of medicine to stop the seizures.

There are many kinds of seizures. Different medicines work for different kinds of seizures. Your doctor will try to find out the kind of epilepsy that you have. (Or your doctor may already have done this.) This will help him or her to decide what the best kind of medicine is for you. To do this, the doctor will need to know: (a) when the seizures happen, (b) what they feel like to you, or (c) what they look like to others. The doctor will ask you questions to learn more about the kind of epilepsy you have. The doctor may have to talk to people who know you to learn more about the seizures. These may be your parents, husband or wife, teacher, or other people who are around you a lot. They may see things about your seizures that you may not know about.



The doctor may also want to measure the special signals (SIG'-nals) that are made by your brain. These tiny signals may help the doctor to decide what kind of epilepsy you have. To do this, tiny metal plates (or a cap with contacts) may be placed on your head for a short time. Wires go from these plates to a special machine. The little plates measure the tiny signals that your brain makes. The special machine makes a picture of these signals. The pictures are called **an EEG**. The EEG is made up of a lot of wavy lines. The EEG can help the doctor decide what the best medicines are for you.

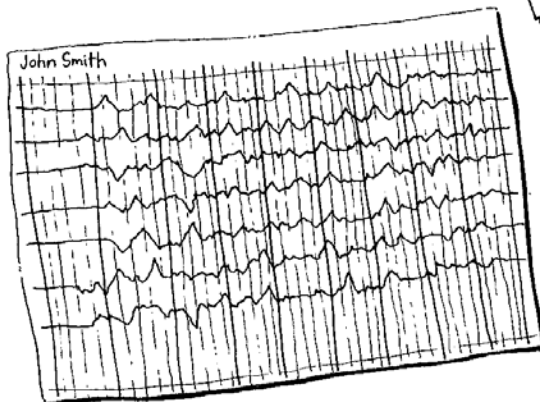
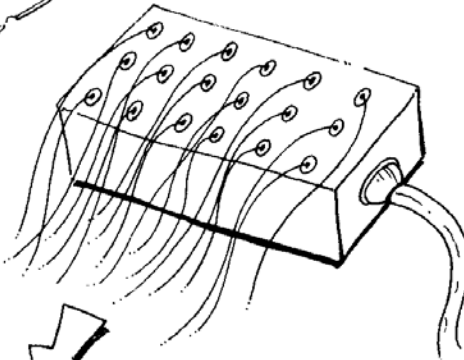
The next page shows what an EEG is like.



A nurse will put sticky spots on your head for the wires.



The wires go into a box for the computer to read the signals.



The computer makes a picture like this for the doctor to read.

Mood Problems

Some anticonvulsant medicines are also used to help people with mood problems. The person may feel too happy, or too grouchy. These people may get too excited or “high.” They may feel that they can do almost anything. These feelings are too strong and they last too long. These people may have the following problems.

They *may*:

- feel too “high” or “super” much of the time, or they may be irritable (upset).
- find it hard to stop talking or may talk too fast.
- feel that their thinking is very, very fast.
- have lots more energy than is normal.
- have less need for sleep.
- find it hard to pay attention.
- take chances that are not necessary (example: dangerous sex).

Some anticonvulsant medicines can help people with mood problems. If you are taking medicine for mood problems, there is a special booklet for you. It is called *Antimanic Medicines (Medicines for People With Mood Problems)*. Try to get that booklet if you have mood problems. (See the back of this booklet; it is booklet #5).

Anticonvulsant (an-tie-kun-VUL'-sent) Medicines

Anticonvulsant medicines are a special group of medicines that help stop seizures from happening. There are about 10 common kinds of anticonvulsant medicines. Seizures happen when there is too much activity in the brain. All anticonvulsant medicines have one thing in common. They all lower the amount of “excitement” of the brain cells. However, they may do this in many different ways.

Kinds of Anticonvulsant Medicines

Now we will talk about the kinds of anticonvulsant medicines. It might be a good time to look at your own bottle(s) of medicine. You need to know which medicine(s) you are taking. Match the name on your bottle(s) with the names in the list on page 8. You may want to circle the name(s) in the list.

Most medicines have two names - a brand name and a *generic* (je-NAIR'-ik) name. Brand names are names given to the medicines by the company that makes them. A medicine may have more than one brand name. Generic names describe the chemicals (KEM'-ih-kuls) used to make the medicine. A medicine can have only one generic name. Medicines with the same generic name are really the same in how they work.



Example: A common anticonvulsant has the brand name of Tegretol (TEG'-ruh-tol) and the generic name *carbamazepine* (KAR'-buh-MAZE'-uh-peen). Another common medicine comes in two forms, with the generic names *sodium valproate* (VAL'-proh-ate) and *divalproex* (dye-val-PROH'-ex). The brand names are Depakene (DEP'-uh-keen), Depakote (DEP'-uh-kote), Deprakine (DEP'-ruh-keen), Absenor (ab-SEH'-nor), and Orfiril (OR'-fur-ill).

Below, we have listed some of the anticonvulsant medicines. We give *both* the brand names and the generic name of each medicine, since your medicine may have only one name on the bottle.

Anticonvulsant Medicines

| Generic Name | Brand Name(s) |
|-----------------|--|
| acetazolamide | Diamox |
| carbamazepine | { Carbatrol, Epitol, Tegretol, Tegretol-XR, Timonil, Neurotal |
| clonazepam | Klonopin, Rivotril, Rivatril |
| clorazepate | Tranxene |
| diazepam | Valium, Diastat |
| valproate | Depakene, |
| (valproic acid) | Absenor, Orfiril |
| divalproex | Depakote |
| ethosuximide | Zarontin, Suxinitin |
| gabapentin | Neurontin |
| lamotrigine | Lamictal |
| lorazepam | Ativan, Intensol |
| methsuximide | Celontin |
| phenobarbital | Luminol |
| primidone | Mysoline |
| phenytoin | Dilantin, Hydantoin |
| tiagabine | Gabitril |
| topiramate | Topamax |
| vigabatrin* | Sabril*, Sabrilex* |

*Not sold in U.S.A.

What's New?

Some medicines are being tested at the time we are writing this booklet. Some of them will probably be used soon to help people with epilepsy. Here are some of them:

- clobazam, similar to clonazepam (Klonopin)
- oxcarbazepine, similar to carbamazepine (Tegretol)
- remacemide, similar to topiramate

Uses for Anticonvulsant Medicines

1. Proven Uses

These medicines have two *main* proven uses. One is to stop seizures. We talked about seizures earlier.

a) Seizures. Seizures *may* involve *some* of the following:

- lost consciousness (KON'-shus-ness), "black out," or lost awareness of what is going on around you
- falling
- muscle jerks
- odd smells, tastes, feelings
- odd behavior

There are many kinds of seizures. Some seizures only affect a small part of the brain. Some affect the whole brain. In some seizures, the person loses consciousness (is not awake). In other seizures, the person does not lose consciousness (he or she is “wide awake”). Some people with epilepsy have stiff muscles (no movements) or jerky movements. Others do not. **Depending on the kind of seizure you have, your doctor will choose the best kind of medicine for you.**

b) Mood Problems. Some of the anticonvulsant medicines can help people with big mood problems, called mania. We talked about mania earlier.

The anticonvulsant medicines below can help people with mania. These include:

- carbamazepine (Tegretol)
- valproate (Depakene)
- divalproex (Depakote)
- clonazepam (Klonopin)
- lamotrigine (Lamictal)

c) Other Problems. Some of the anticonvulsant medicines can help people with other problems too. Here are some examples:

- carbamazepine (Tegretol) can help stop a special kind of nerve pain in the face. phenytoin (Dilantin) also can help this.

- clorazepate (Tranxene), clonazepam (Klonopin), lorazepam (Ativan), and diazepam (Valium) are sometimes used to stop too much worry. (See booklet #6 on the back of this booklet.)
- phenytoin (Dilantin) is sometimes used to help people who have a heart beat that is not normal.
- divalproex (Depakote), gabapentin (Neurontin). These can be used for migraine headaches or pain.

2. Other Uses (Not Proven)

Some doctors have used anticonvulsant medicines to reduce aggressive behavior (too much anger and fighting) in young people. Medicines like phenytoin (Dilantin) and phenobarbital do not seem to work for this. Other medicines, like carbamazepine (Tegretol) and valproate (Depakene, Depakote) *may* help some people. Doctors are not sure that these help for stopping anger.

Some doctors have used Tegretol (carbamazepine) to help children with attention problems and with too much activity. Again, we are not sure that this medicine works for these problems.

Side effects are unplanned changes that sometimes happen when you take a medicine. All medicines have side effects. Sometimes side effects are a problem. Sometimes side effects can even be helpful. Some side effects only last a little while. Then they go away. You should never stop your medicine without talking to your doctor. The doctor wants to: (a) make the number of seizures as small as possible *and* (b) keep bad side effects as small as possible.

1. Some Common Side Effects

Most of the common side effects are not dangerous. But they may not feel nice. Many of the anticonvulsant medicines can:

- make you feel drowsy or sleepy.
- make you gain or lose weight. Some anticonvulsants make you eat more. Some make you eat less.
- make it hard to move smoothly. You may get clumsy. You could feel a little unsteady or “drunk.” This may mean that you are getting too much medicine.
- make it easier to get tired.
- give you an upset stomach [*nausea* (NAW'-zee-uh)].
- give you a skin rash.
- make you feel sad or cry more than usual.
- cause a numb or tingling feeling in your arms or legs.

If you have any of these problems for more than a few days, call your doctor. They could be dangerous if they don't go away.

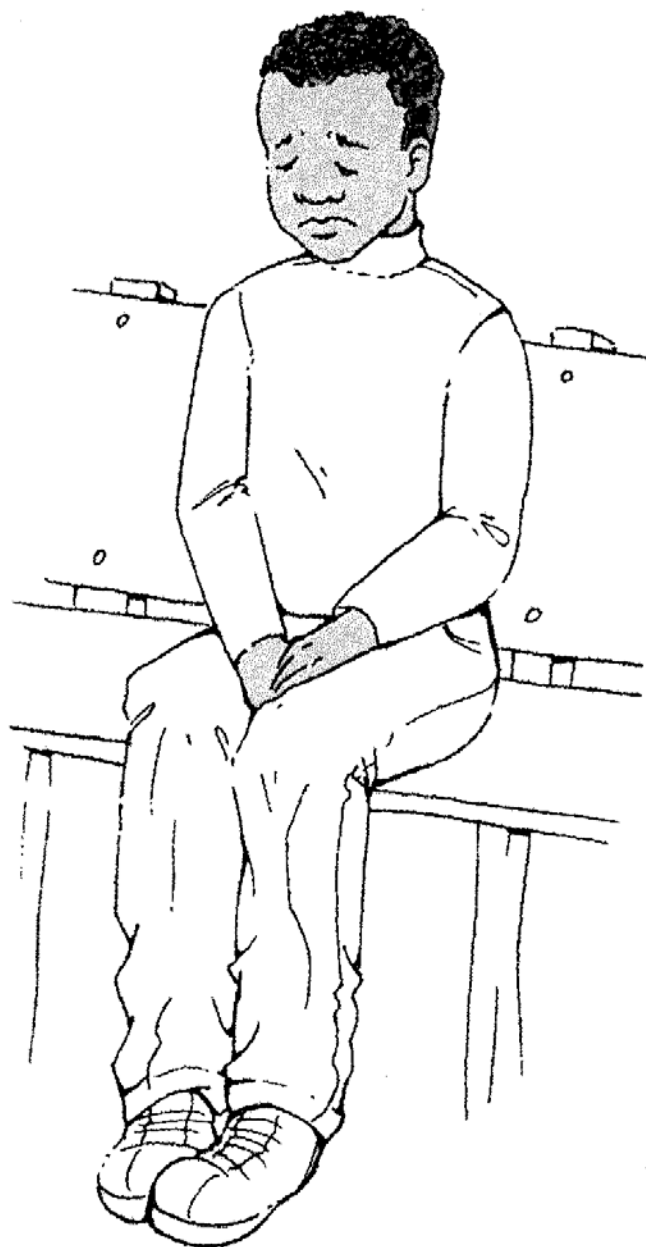
2. Other Side Effects

Common side effects can happen with most anticonvulsant medicines. There are some side effects that happen mainly with certain medicines. Some examples are:

a) Dilantin (phenytoin).

Besides the side effects listed above, you may have:

- blurred vision.
- trouble walking.
- trouble sleeping.



- puffy or bleeding gums. This may be helped by careful tooth brushing and flossing (FLAW'-sing).
- hair growth on the face, chest, arms, and legs.
- larger features around your face. Example: your nose, lips, gums, or cheek bones may become larger. This usually takes many years.
- some men may have trouble having sex.
- muscle twitching (not common).

b) Zarontin (ethosuximide) and Celontin (methsuxemide).

You may also feel more irritable or “grouchy.” Rarely, there may be a decrease in blood counts. Your doctor will check this with blood tests. A low blood count might make infections (in-FECT'-shuns) more likely.

c) Depakene (valproate) and Depakote (divalproex). This kind of medicine can:

- give you stomach aches.
- make your hair get thinner.
- make it easier to gain weight.
- give you shaky hands or feet (tremors).
- cause liver or pancreas damage (rare).
- make it take longer for your blood to clot. You may bleed easier or longer.

d) Tegretol (carbamazepine). Besides the side effects we talked about earlier, this medicine can cause you to have blurred vision. Certain blood changes can happen, rarely. They only happen at big doses.

This could lead to infections or tiredness. Sex drive may go down.

e) Neurontin (gababentin). This medicine may also cause muscle twitching. You may get irritable or grouchy. This is mostly in young people.

f) Lamictal (lamotrigine). This may also cause blurred vision or double vision. This only happens at big doses. Skin rash may happen. These things are more likely if you also take Depakene or Depakote.

g) Mysoline (primidone) and phenobarbital.

These medicines can cause:

- irritable ("grouchy") behavior.
- too much activity (in children). Children may move around too much. They may have trouble paying attention.
- sadness (you may feel "blue," worthless, or hopeless).

h) Topamax (topiramate). This medicine may also cause:

- slowed thinking or talking.
- a tingling feeling on the skin.
- decreased hunger (your appetite may go down). Weight loss may happen.
- kidney stones (rare).

i) Ativan (lorazepam), Klonopin (clonazepam), Tranxene (clorazepate), and Valium (diazepam). All these have similar side effects. All can make you feel tired (or sleepy). They can also make you feel a little unsteady or clumsy. Some people show behavior problems with these medicines. You may get irritable or "rowdy."

Some children may get rowdy with these medicines.



Vitamins (VYE'-tuh-minz)

Your doctor may want you to take extra vitamins. Some anticonvulsant medicines can make bones weaker. This may happen as you get older. If your bones get weaker, they may break easier. Calcium (like in milk) may help stop this problem. Vitamin D may help too.

If you are a woman and able to have babies, your doctor may want you to take special vitamins. These vitamins are called folic (FOLL'-ik) acid or folate (FOAL'-ate). These vitamins help babies to develop well. Some women should take these vitamins if they plan to have a baby. This can help to make sure that the baby will have no problems with its nerves or brain. Sometimes it is a good idea for women to take these vitamins even if they are not planning to have a baby. Talk to your doctor.

Pregnancy (PREG'-nan-see) and Anticonvulsants

A few anticonvulsant medicines may make “the pill” [birth control pills or contraceptives (KON'-truh-SEP'-tivz)] less useful. Examples: phenobarbital, primidone (Mysoline), phenytoin (Dilantin), and carbamazepine (Tegretol). If you are taking “the pill,” and one of these medicines, talk to your doctor. You may need to have a bigger dose of “the pill” (birth control or contraceptives) so that you do not become pregnant. Or you may need to use a different type of birth control. Talk to your doctor about this.

Most women with epilepsy who take anticonvulsant medicines have healthy babies. If you plan to have a baby, talk to your doctor. You can help make sure that your baby will be healthy by doing some simple things. You should not smoke or drink alcohol (ALK'-uh-haul) (like beer, wine, or gin). Your doctor may want you to take folic acid like we talked about earlier.

Many medicines have some **small** chance that they might harm the mother's baby. Some women who want to have a baby may be scared that their medicine may hurt their baby. Because of this they may stop the medicine without talking to their doctor. This could be very, very bad. Stopping medicine suddenly (SUD'-den-lee) can cause very, very bad seizures. These seizures could harm the baby or mother. They could even kill the baby or mother. The danger of **stopping** medicine is much bigger than the danger that the medicine will harm your baby.

All anticonvulsants can get to the baby through breast milk. This is true of some medicines more than others. More of the medicine is passed to the baby when the mother is taking Tegretol, Dilantin, or Depakote. If you take one of these and want to breast feed, talk to your doctor.

People with epilepsy can be great parents. But they may have to be extra careful. If you have seizures, you should not put a baby in a bathtub of water unless another adult is there. Sometimes it is a good idea to sit on the floor while caring for your baby. If seizures make you fall, this can be a good thing to do. You may want to sit on the floor when feeding, or holding the baby, or changing diapers (DIE'-perz). Talk to your doctor or nurse about safety!

Doses

The “dose” is the amount of medicine you are taking. The amount of medicine you take is printed on your medicine bottle as a number with the letters *mgs*. *Mgs* stands for “milligrams” (MILL'-ih-grams). Medicines are usually measured in milligrams. Your pharmacist (FAR'-ma-sist) can tell you or show you what your dose is (how much medicine you take). Common doses for anticonvulsants are printed in the list that follows. These are total doses for a **full day**. These are for **adults**. If you are a child, the dose will probably be smaller.

| Medicine | Total Dose (Per Day) | |
|---------------------------------|----------------------|------|
| | Low | High |
| carbamazepine (Tegretol) | 400 | 1900 |
| clonazepam (Klonopin, Rivotril) | 5 | 20 |
| clorazepate (Tranxene) | 4 | 60 |
| ethosuximide (Zarontin) | 650 | 4900 |
| felbamate (Felbetol) | 1200 | 3500 |
| gabapentin (Neurontin) | 900 | 3600 |
| lamotrigine (Lamictal) | 50 | 500 |
| lorazepam (Ativan) | 2 | 10 |
| methsuximide (Celontin) | 300 | 4900 |
| phenobarbital | 90 | 650 |
| phenytoin (Dilantin) | 300 | 800 |
| primidone (Mysoline) | 375 | 800 |
| valproic acid (Depakote) | 500 | 2000 |
| topiramate (Topamax) | 50 | 400 |
| tiagabine (Gabitril) | 8 | 32 |
| valproate (Depakene) | 500 | 4000 |

Special Tests

If you are taking these medicines for seizures, your doctor will probably want to have blood tests. Often blood tests are important. They may help the doctor decide what the right amount of medicine is for you.



They also help the doctor know if the dose is likely to cause side effects. Your doctor may also ask you to have an EEG test - as we talked about earlier. Sometimes this test may tell the doctor if the medicine is working.

Common Interactions (in-ter-AKT'-shuns)

"Interaction" means that when one medicine is taken with another, some effect is made stronger or weaker. We will describe just a *few* interactions here.

If you are taking medicines in addition to anticonvulsants, be sure to ask your doctor or pharmacist if they will affect the way that the anticonvulsant works.

Anticonvulsant medicines may cause interactions with each other. Sometimes they interact with other medicines.

If you take any medicine, it is a good idea not to use alcohol. Do not drink a lot of beer, wine, and gin. Also, try not to take other medicines that make you sleepy.

Here are some of the main interactions for each medicine.



You can skip reading about medicines that you are not taking.

1. **Mysoline (primidone) and phenobarbital** can make the effects of acetaminophen [like some medicines for arthritis (ar-THRITE'-iss)] bigger. Example: Tylenol.

Mysoline and phenobarbital can make the following medicines not work as well:

- blood thinning medicines (like warfarin)
- tegretol
- birth control pills [contraceptives (kon-tra-SEP'-tivz)]
- steroids
- quinidine
- griseofulvin
- theophylline (asthma medicine)
- Haldol (haloperidol)
- Mellaril (thioridazine)
- vitamin D

These medicines can make the effects of vitamin D *smaller*. You may need to take extra vitamin D. Ask your doctor.

Other medicines can affect Mysoline and phenobarbital. The following medicines may make them not work as well:

- Tegretol (carbamazepine)
- warfarin

The following things may make the effects of Mysoline and phenobarbital *bigger*:

- alcohol
- Depakene/Depakote (valproate)
- some MAOI medicines, like Nardil

2. Tegretol (carbamazepine)

Tegretol can make the effects of lithium (Eskalith, Lithane, Lithobid, etc) *bigger*.

Tegretol can make some medicines not work as well. These medicines are:

- “the pill” [contraceptives (kon-tra-SEP'-tivs)]
- warfarin (blood thinner)
- theophylline (asthma medicine)
- Haldol (haloperidol)
- cyclosporine (Sandimmune)
- doxycycline (antibiotic)

Some other medicines can affect Tegretol.

The following medications may make the effects of Tegretol *bigger*:

- propoxphene (Darvon, a pain killer)
- isoniazid (an antibiotic)
- erythromycin (antibiotic)
- diltiazem (Cardizem)
- cimetadine (Tagamet)
- fluoxetine (Prozac)

Phenobarbital and theophylline (for asthma) may make Tegretol not work as well.

3. Dilantin (phenytoin)

Many medicines can interact with Dilantin. Mysoline may make its effects bigger *or* smaller.

The following medicines may make Dilantin's effects *bigger*:

- cimetidine (Tagamet)
- aspirin, ibuprofen (Motrin)
- sulfa medicines (like sulfadiazine)
- antidepressants [like Tofranil (imipramine) and Elavil (amitriptyline)]

Some medicines and alcohol can make Dilantin's effects *smaller*. These are:

- alcohol
- Tegretol (carbamazepine)
- Depakene/Depakote
- antacids
- smoking cigarettes
- calcium pills
- Rifadin (antibiotic)
- sucralfate (ulcer medicine)

Sometimes, Dilantin makes the effects of other medicines bigger *or* smaller.

Dilantin makes the following medicines not work as well:

- Depakene/Depakote
- Tegretol (carbamazepine)
- medicines like Valium (diazepam)
- digoxin (heart medicine)
- theophylline (asthma medicine)
- vitamin D
- haloperidol (Haldol)
- folic acid (vitamin B₉)
- “the pill” [contraceptive (kon-tra-SEP'-tivz)]

Dilantin may make effects of some medicines *bigger*. These are:

- lithium (Eskalith, Lithane, etc.)
- warfarin (blood thinner)

4. Depakene/Depakote (sodium valproate)

The following may make the side effects with Depakene or Depakote *bigger*:

- aspirin
- cimetadine (Tagamet)
- erythromycin (antibiotic)

Alcohol may make Depakene/Depakote not work as well on seizures.

Depakene/Depakote may affect other medicines.

Depakene/Depakote may make the effects of the following *bigger*:

- primidone (Mysoline)
- phenobarbital
- alcohol
- sleeping pills [like Valium (diazepam)]
- clozapine

Depakene/Depakote may make the effects of Dilantin (phenytoin) *smaller*.

5. **Zarontin (ethosuximide) and Celontin (methsuximide)** may make the effects of Dilantin *bigger*.

Depakene/Depakote may make the effects of Zarontin and Celontin *bigger or smaller*.

6. **Some people call Klonopin (clonazepine), Tranxene (clorazepate), Ativan (lorazepam), and Valium (diazepam)** “tranquilizers” (TRAN'-kwil-eye-zers). “Tranquil” (TRAN'-kwil) means peaceful.

Some medicines and foods make the effects of the tranquilizers *bigger*. Here are some of them:

- alcohol
- some antidepressants (an-tie-dee-PRESS'-ents): Norpramin (desipramine), Tofranil (imipramine), Prozac (fluoxetine), Zoloft (sertraline).
- antipsychotics [like Mellaril (thioridazine) or Thorazine (chlorpromazine)]
- grapefruit juice
- "the pill" (birth control medicine)

Here are some things that may make tranquilizers not work as well:

- cigarette smoking
- caffeine (like in coffee, tea, chocolate, cola drinks)

The tranquilizers will usually make you even more sleepy if you take medicines that make you tired all by themselves.

7. Other Anticonvulsant Medicines

- Neurontin (gabapentin). This does not affect other anticonvulsant medicines.
- Lamictal (lamotrigine). Its effects are made *bigger* by **Depakene/Depakote**. It may make the effects of Tegretol bigger. Lamictal and Depakene/Depakote may increase side effects if used together. Because of this, your doctor will add Lamictal very slowly if you are taking Depakene or Depakote.

Don't Run Out of Medicine

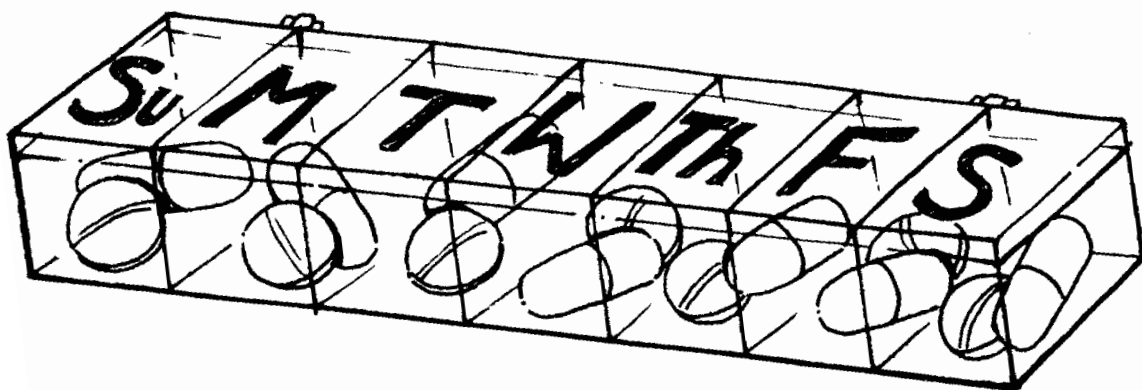
It is very important that you keep taking your anticonvulsant medicine. When your medicine is getting low, be sure to get some more. The chances of having a bad seizure (or long-lasting seizure) get bigger if you suddenly run out and stop taking medicine.



If you are going somewhere on a trip, be sure to take enough medication. Don't run out. It may be a good idea to take some extra in case you are delayed.

If you are going somewhere in an airplane, *do **not** pack your medicine in your bags*. Keep the medicine with you in the plane. Sometimes bags get lost when they are checked. You could run out of medicine if this happens.

It is important to take all your medicine at the time that the doctor wants. Some people forget to take their medicine. If you have this problem, you may want to get a special pill box at the drug store. The pill box may help you remember to take the medicine. You may want to buy a watch with an alarm to remind you to take your medicine.



How Long Will I Take This Medicine?

If you just started taking this medicine for epilepsy, you will probably need to take it for **at least 2 or 3 years**. For many people, the number of seizures gets smaller as they get older.

If you have been taking the medicine a long time and you still have seizures, you probably need to keep taking it.

If you have been taking the medicine for a long time and your seizures have stopped, talk with your doctor. If the seizures have stopped **for at least 2 or 3 years**, you may be able to stop the medicine. **This must be done only with the help of your doctor. If you just stop your medicine quickly, you are likely to have some very bad seizures.** The medicine must be stopped little by little. This gives you the best chance of stopping the medicine without having new seizures. **Never stop taking medicine without talking with your doctor first!**

More Information

If you would like to learn more about epilepsy, you can phone the Epilepsy Foundation. You can call 1-800-332-1000. Or you can write to:

Epilepsy Foundation
8301 Professional Place
Landover, MD 20785

The Epilepsy Foundation web site is:

www.epilepsyfoundation.org

The Epilepsy Foundation has good booklets and videos on epilepsy and on medicines.

Here are some books that you may want to read:

1. Gumnit, R.J. (1997). Living well with epilepsy, (2nd ed.). New York: Demos Vermande.
2. Wilner, A.N. (1996). Epilepsy: 199 answers: A doctor responds to his patients' questions. New York: Demos Vermande.

You may want to see if your library has these. If not, you can ask your book store to order them.

Source

Much of the information in this booklet was taken from the following book:

Reiss, S. & Aman, M.G. (1998) (Eds.) Psychotropic medicines and developmental disabilities: The international consensus handbook.
Columbus, OH: The Ohio State University Nisonger Center.
ISBN 0-9658966-0-9.

About the Series

“Project MED” (Medication **ED**ucation for Consumers) was created with funding from the U.S. Administration on Developmental Disabilities. The goal of Project MED is to provide patients with information, in a manner that they can understand, about the medications that they are taking. The booklets are designed for a broad group of people taking medications: people with mental retardation, autism, reading difficulties, severe mental illness, child and adolescent patients, and people whose first language is not English. By providing this information, we hope to increase each patient’s participation in his or her own health care.

The series consists of eight booklets. The booklets were written to provide basic information about patients’ rights and about medications in easily understood words. There are few medical or legal words, and difficult words are defined.

The eight booklets are:

1. Patients’ Rights and Responsibilities
2. Anticonvulsant Medicines (Medicines for People With Epilepsy)
3. Antipsychotic Medicines
4. Antidepressant Medicines
5. Antimanic Medicines (Medicines for People With Mood Problems)
6. Antianxiety Medicines
7. Stimulant Medicines
8. Other Medicines (Blood Pressure Medicine, Naltrexone, and Over the Counter)

For more information, please contact us:

Project MED

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