



EFFECTIVENESS OF USING MODERN ANTIEPILEPTIC DRUGS IN PREGNANT WOMEN

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Annotation

The article presents comparative data on the effectiveness of lamotrigine and convulex used in the treatment of epilepsy in pregnant women. The study group consisted of 88 pregnant women with epilepsy, aged 20 to 40 years. The patients were divided into two groups. The first group included 42 patients who were prescribed lamotrigine. The second group consisted of 46 pregnant women with epilepsy who were prescribed convulsions. We observed patients during the prenatal period and 30 days in the postpartum period. It is proved that the optimal condition for the treatment of epilepsy during pregnancy is monotherapy with a minimum dose of anticonvulsants.

Keywords: epilepsy, pregnancy, malformations.

Purpose of the Study

Comparative analysis and safety assessment of antiepileptic drugs during pregnancy.

Research Objectives

To study the clinical and dynamic features of epilepsy in pregnant women. To develop recommendations for choosing the optimal antiepileptic therapy for this category of women.

Material and Methods of Research

The study involved 88 women aged 20-40 years with epilepsy. Pregnant women were observed in the maternity complex of the Bukhara region, they were given a clinical diagnosis, a medical history of the disease (length of service, frequency of seizures, type of therapy, treatment plan) and other medical data related to the course of pregnancy, childbirth, and the development of the fetus. Patients underwent electroencephalography and ultrasound (US) to assess the condition of the mother and fetus during pregnancy.

A survey of women revealed the reasons for refusing PEP therapy during pregnancy: fear of harming the unborn child. When collecting anamnestic data, it was found that 20 (22.7%) women had epileptic seizures during pregnancy. The postpartum period for women suffering from epilepsy is vulnerable due to changes in the





pharmacokinetics of PEP, impaired quality and duration of night sleep, problems with breastfeeding and postpartum depression, which can lead to an increase in epileptic seizures.

Table 1 Severity of epilepsy symptoms in the treatment of PEP

Symptoms	Lamotrigine Symptoms (n=42)		Convulsions (n=46)	
	Abs.	%	Abs.	%
Ataxia	12	28.6	17	37.0
Dizziness	14	33.3	15	32.6
Dermatitis	16	38.1	16	34.8
Diplopia	11	26.2	18	39.1
Cardiac Arrhythmias	15	35.7	10	21.7
Drowsiness	14	33.3	11	23.9
Encephalopathy	10	23.8	13	28.3

If there was a positive clinical and electroencephalographic dynamics during treatment and there were no adverse reactions, the dose of convulex was reduced by 25 %. On the part of the psycho-emotional sphere, emotional disorders and depression, irritability, aggression and disobedience were registered in patients.

Table 2 Severity of epilepsy symptoms in pregnant women

Symptoms	(n=88)	
	of Abs.	%
Emotional disorders	28	31.8
Depression	26	29.5
Irritability	38	43.2
Aggression	22	25.0
Disobedience	24	27.3
Anxiety	39	44.3

To simplify the analysis, pregnancy outcomes with PEP were classified into two groups, the group without malformations and the group with malformations. All fetal disorders were classified as malformations.

Table 3 Distribution of developmental paroxysms depending on the type of AEDs used during pregnancy

Title PEP name	Number of women (n)	Number of malformations (abs)	Malformations (%)
Lamotrigine	42	1	7.1*
Convulecc	46	5	19.5



Table 4 Psychopathological disorders before and after birth with the use of PEP as monotherapy

Symptoms	Days Treatment days	Patient group											
		1 Group 1 Lamotrigine group (n=42)						2 Group 2 Convulex (n=46)					
		1 point		2 points		3 points		1 point		2 points		3 points	
		abs	abs	abs	%	abs	%	abs	%	abs	%	abs	%
Asthenia	Before birth	12	28,6	14	33,3	5	11,9	13	28,2	15	32,6	6	13,0
	After birth	8	19,1	6	14,3	7	16,7	8	17,4	7	15,2	5	10,9
Dysphoria	Before birth	20	47,6	14	33,3	4	9,5	19	41,3	15	32,6	6	13,0
	After birth	12	28,6	7	16,7	2	4,8	10	21,7	5	10,9	2	4,3
Anxiety	Pre-birth anxiety	14	33,3	12	28,6	8	19,1	18	39,1	14	30,4	7	15,2
	After birth	10	23,8	7	16,7	3	7,1	9	19,6	6	13,0	4	8,7
Violations sleep	Before birth	15	35,7	10	23,8	5	11,9	17	36,9	12	26,1	7	15,2
	After birth	11	26,2	7	16,7	1	2,4	8	17,4	7	15,2	1	2,2
Reduced Mood	Before Birth	14	33,3	9	21,4	3	7,1	15	32,6	10	21,7	5	10,9
	After birth	8	19,1	5	11,9	1	2,4	8	17,4	9	19,6	3	6,5
General discomfort	pre-birth discomfort	12	28,6	10	23,8	7	16,7	13	28,3	11	23,9	8	17,4
	After birth	9	21,4	6	14,3	2	4,8	7	15,2	5	10,9	3	6,5

Note: 1 point - mild severity of the symptom, 2 points-moderate severity of the symptom, 3 points-severe severity of the symptom.

Conclusions

Women of reproductive age should not refuse antiepileptic drugs, excluding severe forms of the disease. You should always aim for monotherapy with a minimum dose. Reducing the number of seizures during pregnancy can be achieved with convulex or lamotrigine. A review of the treatment of pregnant women with epilepsy shows that neonatal survival rates were higher in patients treated with convulex and valproate than in patients treated with lamotrigine. Summarizing the above, we can say that one of the safest drugs for the treatment of epilepsy in women is lamotrigine.

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