



Expectations and Needs of Women with Epilepsy: Community Pharmacist Assistance with Antiepileptic Drugs

Carbamazepine

Ethosuximide

Lacosamide

Phenytoin

Levetiracetam

Figure 2: Use of AEDs among

Acetazolamide

Gabapentir

Lamotrigine

Phenobarbital

Valporic Acid

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Introduction

- Women with epilepsy (WWE) face specific challenges with the antiepileptic drugs (AEDs) used to treat seizures. 1,2,3
- Drug interactions which decrease the effectiveness of oral contraceptives
- Changes in the pharmacokinetics of AEDs during pregnancy affecting safety & effectiveness
- Risk of osteoporosis
- Risk of teratogenicity
- Gender specific impact of specific adverse effects (alopecia, hirsutism, gingival hyperplasia, weight gain/loss) 1,2
- Multiple studies indicate a desire for more information about epilepsy and AEDs
- Community pharmacists are accessible sources of information capable of addressing this information gap.

Objectives

The primary objective of this project was to understand the expectations and needs that WWE have of their community pharmacist with regards to AEDs.

Methodology

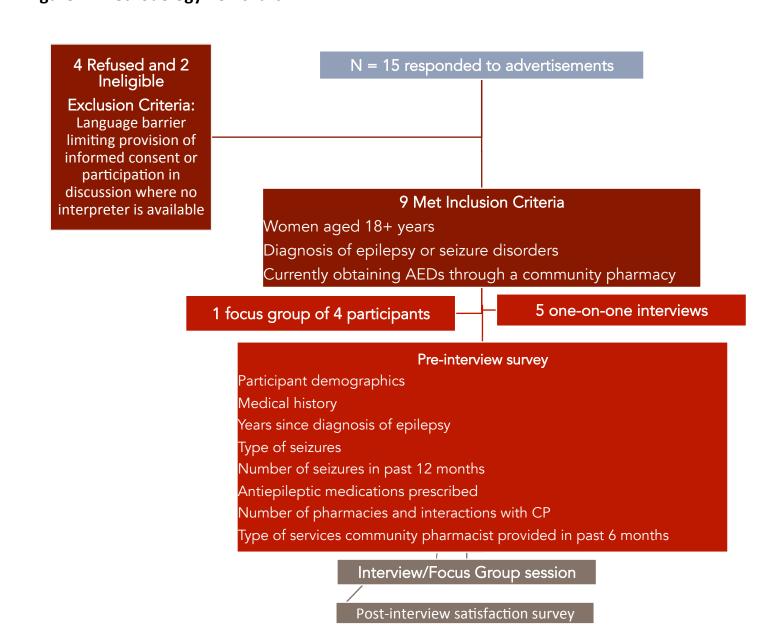
Study Design

- Qualitative methodology via
- focus groups
- one-on-one interviews

Sessions were recorded, transcribed and analyzed

- Targeted enrollment of 4 6 members per focus group and 3 6 focus groups
- Questions to assess following:
- Current knowledge on AEDs
- Satisfaction with CP
- Suggestions to improve experience of CP visit
- Specificity of information CP provides
- Information needs regarding AEDs and Natural Health Products (NHPs), vitamins and minerals
- Information needs regarding AEDs and pre-conception, pregnancy and breast feeding.
- Preferred mode and frequency of communication
- Expectations participants have of the CP

Figure 1: Methodology flowchart

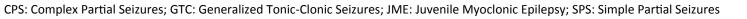


Results

Demographics

Table 1: Participant information and epilepsy history.

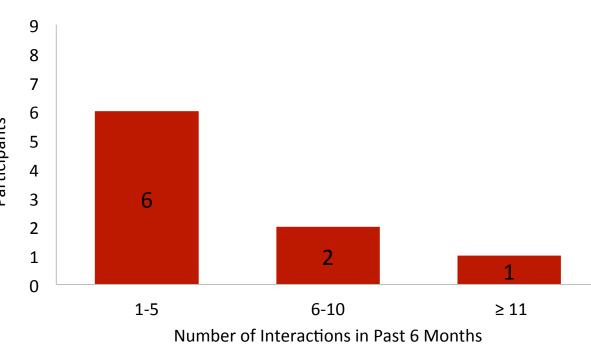
							narticinanto
Participant Information							participants
Age	18-29	30-39	40-49	50-60	≥ 60		
Number of Participants	2	5	2	0	0		
Marital Status	Single	Married/Common Law	Divorced/Separated	Widowed			
Number of Participants	2	6	1	0			3
Number of Children	0	Currently Pregnant	1	2	3	≥ 4	
Number of Participants	3	0	1	4	1	0	
Duration of Epilepsy	< 1 Year	1-5 Years	≥ 6 Years				2
Number of Participants	0	0	9				
Type of Seizures	SPS	CPS	GTC	Both SPS, CPS and GTC	JME	Unknown	4
Number of Participants	1	1	2	3	1	1	
Number of Seizures in the Past 12 Months	0	< 5	6-12	13-24	≥ 25		
Number of Participants	6	1	1	1	0		Acetazo
Number of current regular AEDs	0	1	2	≥3			Clozaba
Number of Participants	0	6	2	1			■ Gabapeı
Number of Natural Health Products	0						LamotrigPhenoba
Number of Participants	9						 \ / a l a i a

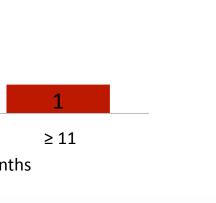


Community Pharmacist Activities

Answering

Figure 3: Number of interactions participants had with the community Figure 4: Types of services community pharmacists provided in the last





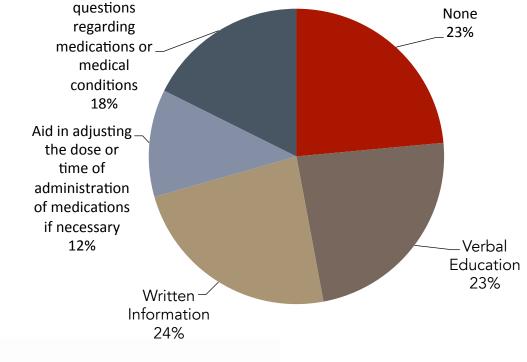
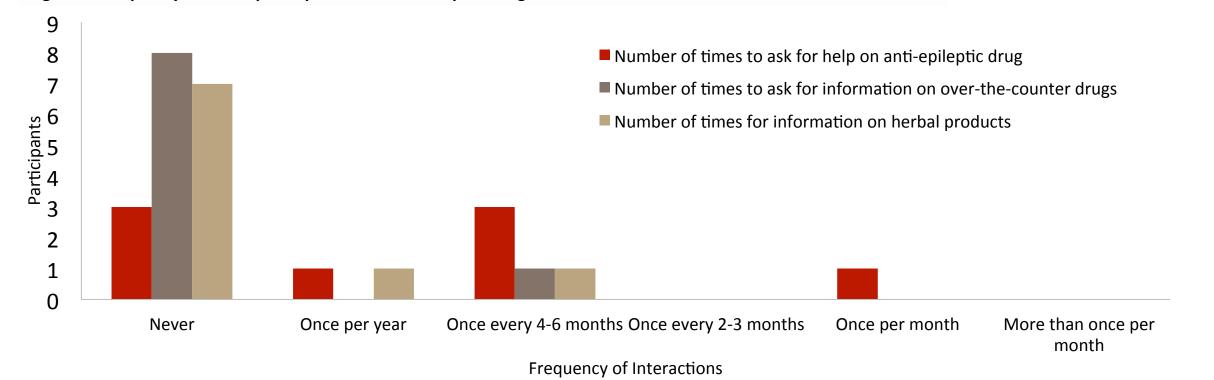


Figure 5: Frequency at which participants asked for help on drug related issues.



Key Findings

Figure 6: A word cloud indicating some of the most frequently used words interview participants used when describing their expectations of their community pharmacist.

Figure 7: Emerging themes identified from qualitative analysis of the focus group and one-on one interview sessions and associated quotes from interview transcripts.

> Lack of information concerning safety,



trifecta and make it work."

"The pharmacists never talked to me about "I need a stable relationship anything either because they assumed that I with a pharmacist because I knew about the side effects. When I was am of the personality where in 18-19 years old I should have gotten the order for therapy of any type conversation about the side-effects, but I to work properly for me I need never got that conversation" to be accepting it from somebody that I can trust."

Emphasis of trust,

empathy, patience

and willingness to

communication as

attributes

pharmacists should

display

initiate

adverse affects and drug interactions of AEDs provided to WWE; warrant community Need for pharmacists to be a information reliable and proactive regarding effects or AEDs on fetal development, breast-feeding, preconception and ongoing assistance Themes identified medication review, from qualitative

model between community pharmacists and other healthcare providers may allow effective medication management

xpect pharmacists collaborative care exhibit a standard quality of care that includes solving medication problems and negotiating drug claims

"And I found out about that at the pharmacy, [he] said they won't cover the brand name. He didn't just say that, he said, I talked to them and you need to send in a letter. I didn't have to contact them and say 'hey what's going on with this.' He didn't just say they're not going to cover them. He said you need to send them a letter.... he probably said, if you need some of the Lamictal to carry you through...I can give it to

"I still don't know what the long term effects of the medication that I am on could be."

monitoring, sleep

issues, stress

tactors)

Conclusions and Further Recommendations

- WWE have a strong desire and need for more information but they may not be comfortable approaching their community pharmacist for assistance.
- There is a need for specialists to connect with WWE, discuss adverse effects, clarify available AED options, promote discussion and involve patients in
- Participants expect pharmacists to endeavor to solve their medication problems from tracking medication to negotiating drug claims. Standardized quality of care and consistency in providing service are crucial and should not differ between pharmacists within the same pharmacy.
- WWE request repetitive counselling on important information, especially amongst adolescents.

1 Morell MJ. Epilepsy in women. Am Fam Phys 2002; 66: 1489 – 94.

- WWE need to be more well informed on the effects of AEDs on fetal development, breast feeding, and pre-conception measures.
- Future studies could measure the effectiveness of increased engagement between pharmacists and WWE on pre-conception planning, appropriate intake of folic acid, adherence to medication during pregnancy, seizure control and safety.

References

"When my pharmacist sees that my repeaters are

getting low, he contacts my family doctor for me...

because it's a medication that I have to take anyways.

There is a communication between my family doctor,

my pharmacist and then myself. So we work it a good

Acknowledgements

2 Crawford P. Managing epilepsy in women of childbearing age. Drug Saf 2009; 32: 293 – 307. 3 Crawford P, Hudson S. Understanding the information needs of women with epilepsy at different lifestages: results of the "Ideal World" survey. Seizure 2003; 12: 502 – 7. 4 Vasquez B, Gibson P, Kustra R. Epilepsy and women's health issues: unmet needs – survey results from women with epilepsy. Epilepsy Behv 2007; 10: 163 – 9.

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