



# Teamwork brings results

Joint epilepsy clinics – a better way of working?

Dr James Morrow speaks to **Liz Champion** about the importance of pre-conception counselling and how joint epilepsy clinics can help improve the quality of care for women with epilepsy

Dr James Morrow and the team of health professionals working alongside him on the UK Epilepsy and Pregnancy Register have received an award in recognition of their pioneering work in helping people with epilepsy.

The team received the award as leaders of best practice by the Joint Epilepsy Council.

Dr Morrow, consultant neurologist at the Royal Victoria Hospital, Belfast, says the success of the Pregnancy Register is largely down to the dedication of the team he

has working with him. "I am absolutely delighted and very proud that our team has been recognised in this way," says Dr Morrow.

"The team is an unusual one in that it encompasses people from all areas of the UK from a number of different professions who have got together to examine a real issue in epilepsy; that is concerning women with epilepsy who become pregnant and the possible risks to both them and their child."

It is this teamwork that Dr Morrow says should be incorporated into the care

and treatment of people with epilepsy – especially women who are thinking of becoming pregnant.

He says health professionals should work together to make sure patients receive the best possible care – something he has been keen to develop with the joint epilepsy and obstetric clinics in Northern Ireland.

At the clinics neurologists and obstetricians work alongside each other to make sure women with epilepsy have the most appropriate care and treatment before, during and after their pregnancy.



Major malformations are a first trimester problem – if you are going to make a change you have to make it before women become pregnant



With 131,000 women with epilepsy in the UK of childbearing age there is certainly a need for this type of care. Dr Morrow says many women with epilepsy are being let down when it comes to issues surrounding pregnancy.

One of the main problems he says is pre-conception counselling, mainly due to a lack of awareness from women with the condition and health professionals. This, he feels, is something that needs to be addressed and one way to do this is through multi-disciplinary working which includes specialist teams of neurologists, obstetricians, nurses, family planning advisors and other health professionals.

“I think we should extend the joint clinics throughout the UK. I think there are some indicators, first of all in pre-conception

counselling, where we are letting people down. For example, we don't ask about pre-conception counselling on the register but one way to gauge it would be folic acid prescription.

“Approximately 97 per cent of all women got folic acid during their pregnancy which sounds very good but actually 38 per cent got it pre-conceptually and, even then, one third only got the lower dose whereas in the UK we try to recommend the high dose.

“Most women went on folic acid when they discovered they were pregnant which, in many ways, is too late. If pre-conception counselling was working they would have all been put on folic acid before they became pregnant. It's clearly not

working at the moment – so I think there is a need for pre-conception counselling for people with epilepsy.

“Major malformations are a first trimester problem – if you are going to make a change you have to make it before women with epilepsy become pregnant because once they become pregnant it's too late.

“Developmental delay may, and I speculate here, may not be a first trimester problem but may be caused by exposure to the drug through the whole pregnancy because the brain develops certain mechanisms.

“So if we were to prove that a certain drug causes a high percentage of developmental delay and a patient was taking this drug we might start to say

'we should change you as quickly as possible during your pregnancy – because we don't know the risks of major malformations.

"If you are going to do that you're going to have close supervision from a neurological standpoint and neurology clinics. The problem is that access is difficult, you have long waiting times whereas in an obstetric clinic you are seeing people fairly regularly. It's all set up to do that and I think there is going to be an increasing case to work in that way. So I'm trying to get ready for that eventuality."

With this in mind he feels health professionals should be more aware of the importance of inter-agency working and how this will work for them.

"With regard to joint epilepsy and obstetric clinics I think there is a case there. The case still needs to be made, and the jury's out on it, but I think these women are at high risk of major malformation and perhaps obstetric complications. If you have an awareness of what these risks are then we can screen and look at them and perhaps anticipate these problems."

The need for pre-conception counselling is clear but exactly how can health professionals use this to help women with epilepsy? According to Dr Morrow, pre-conception counselling

provides the opportunity to review the patient, analyse their diagnosis and treatment and identify what changes, if any, need to be made to reduce the risk of malformations in the foetus, while maintaining the mother's seizure control.

"I think that this is a good time to have that person reviewed by somebody with an interest in epilepsy, whether that be a neurologist or a specialist with an epilepsy interest," says Dr Morrow.

"Many people with epilepsy are misdiagnosed so this is the time to re-examine the need for anti-epileptic drugs. It is a good time to re-look at the diagnosis or the need for drugs at all – many people are seizure free and a lot could come off the drugs. You can then review the medication – is this the most appropriate drug for them, are there combinations, could we reduce the drug load, should, or could we switch the drug, could we reduce the dose. The important thing is to give the woman the information from which they can make the choice. These are all things that need to be looked at during pre-conception counselling."

If these issues are addressed before pregnancy there is a reduced risk of complications for the mother and baby. The problem is the lack of awareness among health

professionals, the current service provisions within the National Health Service and the shortage of neurologists. It is a problem that Dr Morrow feels is improving with more graduates coming through and showing an interest in epilepsy.

"I think we are getting there. There's still a problem with the number of neurologists and there is still a problem with the number of epilepsy specialists but it's improving and I think it will continue to improve. There has been an increased awareness towards epilepsy and its treatment. I think a lot of this is down to the new drugs – because people are seeing that something is happening here in the epilepsy world and that's a really sexy area to work in for some people. I think that has created interest in some of the junior doctors coming into our field so the numbers will eventually grow, but it does take time."

*James Morrow is a consultant neurologist at the Royal Victoria Hospital, Belfast and national co-ordinator of the UK Epilepsy and Pregnancy Register*



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