

## Current Aspects of Antiepileptic Therapy in Pregnant Women

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**Abstract.** Achieving a high quality of life in patients with epilepsy is of paramount importance not only for neurologists, but also for allied professionals who guide patients through the subsequent stages of treatment after diagnosis. This is of particular relevance to patients in the gestational period. Literature suggests that 13% of women experience an exacerbation of epilepsy during pregnancy, which is due to a reduction in plasma levels of antiepileptic drugs (PEPs) due to increased metabolism. However, 14% of women have seizures exclusively during pregnancy.

**Keywords:** epilepsy, pregnancy, antiepileptic drugs teratogenicity.

**Study objective:** To conduct a comparative evaluation of the safety and harmlessness of commonly used PEPs during pregnancy.

**Materials And Methods:** Sixty patients, pregnant women with epilepsy, aged 22 to 37 years, who were divided into 3 groups according to the drug used, were followed up. The results suggest that lamotrigine is safer and more harmless than valproate and convulex. Women with epilepsy, aged 22 to 37 years under observation by psychiatrist, psychoneurological dispensary and regional maternity hospital in Bukhara region. The patients underwent electroencephalography, ultrasound (in Doppler mode) to assess maternal and foetal conditions during pregnancy. An anamnesis was thoroughly collected.

**Results:** To simplify the analysis, pregnancy outcomes with PEPs were classified into two groups, the group without malformations and the group with malformations. The study showed that overall, 100% of children born to mothers who had taken PEPs and lamotrigine during pregnancy had no (malformations) PR. The second group 20% and the third group 25% of patients who had taken valproate and convulx had various types of malformations. In a comparison of lamotrigine with valproate and convulex, lamotrigine was statistically safer in terms of PP.

**Conclusions.** The above experience shows that in pregnant women with seizures, seizure reduction during pregnancy can be achieved with monotherapy, for which it is advisable to monitor the daily dose of the drug and make recommendations according to the patient's condition. Having studied not only the treatment of pregnant patients with epilepsy with monotherapy, but also the side effects of anticonvulsants, we concluded the following: although there was no significant difference in the number of seizures at nine months in patients receiving three different drugs, the number of seizures was higher in patients receiving convulx and valproate than in patients receiving lamitrigine.

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