

Topiramate use for migraine prevention

Advice around pregnancy and contraception

Patient information leaflet

Topiramate and pregnancy

Topiramate (brand name Topamax®) was originally developed as a medication to control epilepsy, however, it is now mainly used as an effective treatment for the prevention of migraines.

Unfortunately, as topiramate use during pregnancy is known to increase the risk of developmental abnormalities in the developing foetus, very careful precautions are required in females with childbearing potential. Potential developmental abnormalities include cleft lip and palate, as well as growth restriction. Rates of developmental abnormality increase seven-fold in babies born to mothers taking topiramate.

If a woman falls pregnant and is taking topiramate for migraine prevention, they should stop taking topiramate.

Women should seek further medical advice on migraine treatment if they become pregnant or are planning a pregnancy.

Topiramate decreases the effectiveness of some contraceptives

Topiramate may also reduce the effectiveness of some contraceptives. As such, the use of topiramate is not recommended if the only acceptable method of contraception for a patient is the combined oral contraceptive pill (COCP), the progesterone only pill (POP, “the mini-pill”), or the progesterone only implant (e.g. Nexplanon®, “the implant”).

Suitable contraceptives when taking topiramate

Topiramate can be used by women using the intrauterine (coil-type) methods of contraception, which are not weakened by topiramate. Coil-type contraception methods (e.g. Mirena, copper coil), with a failure rate of less than 1% with typical use, are regarded as being ‘highly effective’. Topiramate may also be used by women who have previously undergone sterilisation, or who have a male partner with a confirmed successful vasectomy.

The Depot Medroxyprogesterone Acetate (Depo) jag is also a contraceptive available. Brand names for this method include Depo-Provera® and Sayana-Press®. This contraceptive option is also not affected by the weakening effect of topiramate, however, the failure rate is around 6% and as such it is not considered a ‘highly effective’ contraceptive method. Depo used alongside condoms could be considered in certain circumstances, after discussion with a clinician. **As barrier methods, such as condoms, are not ‘highly effective’, they cannot be used as the only contraceptive approach alongside topiramate.**

Referral to Neurology for an alternative migraine treatment will be required if there are no other suitable migraine preventatives.