



# EPILEPSY & Medication

## Phenobarbital

### Used for:

- Tonic-clonic (grand mal) seizures.
- Partial seizures.
- Neonatal seizures.

### Precautions:

- Phenobarbital may be habit forming.
- Inform your doctor if there is a history of drug dependence or abuse.
- Consuming alcohol or other drugs that slow down the nervous system (CNS depressants) can cause serious phenobarbital toxicity.
- Tell your doctor if you have porphyria, impaired liver or kidney function, any respiratory difficulties, or have recently taken any respiratory depressants.
- Use caution when driving or operating hazardous machinery.

### Possible side effects:

Depending on the individual, side effects may occur at varying degrees or not at all, including:

- Drowsiness.
- Blurred vision.
- Loss of coordination.
- Fatigue.
- Dizziness.
- Vertigo.
- Headaches.
- Breathing difficulties.
- Stomach upset.
- Sleep disturbances.
- Depression.
- Excitement, confusion in the elderly.
- Hyperactivity in children.
- Mental dullness.
- Bone pain, tenderness or aching (usually with long-term use).
- Anemia.
- Withdrawal symptoms if discontinued abruptly.

### Allergic Reaction/Idiosyncratic

- Skin rash (if you notice a rash, seek immediate medical help).
- Jaundice, toxic hepatitis.
- Facial swelling.



## **Tips For Using Phenobarbital**

- Avoid alcohol or any other drugs that slow down the nervous system (CNS depressants).
- Prolonged use may cause dependence.
- Mild overdose resembles alcohol intoxication.

## **Drug Interactions:**

- Alcohol should be avoided by patients on phenobarbital.
- Phenobarbital may decrease the effectiveness of anticoagulants, corticosteroids (potentially exacerbating asthma), some antibiotics (griseofulvin, doxycycline), some antidepressants, acetaminophen, cyclosporin, lamotrigine, and verapamil.
- Antihistamines, narcotic pain killers, tranquilizers and medication for seizures acid may increase the action of phenobarbital and result in oversedation.
- Administration with valproic acid can lead to increased levels of phenobarbital.
- Monoamine oxidase (MAO) inhibitors may cause increased levels of phenobarbital.
- Phenytoin (Dilantin) interacts with phenobarbital in variable ways.
- Oral contraceptives may be made less effective by phenobarbital, leading potentially to breakthrough bleeding and contraceptive failure.

## **Daily Dosage:**

- Adults - 60 to 250 mg/day (maximum of 600 mg/day).
- Children - 1 to 6 mg/kg/day.
- Regimen – Total daily dose can be administered once daily at bedtime or in divided doses.

Dosage should be individualized. Doses that can result in toxicity vary widely between patients.

## **Forms:**

Elixir - 4 mg/ml.

Tablets - 15, 30, 60, and 100 mg.

Injection - 30 and 120 mg/ml.

## **Missed Dose:**

Try to take each dose at the scheduled time. If you miss a dose, take it as soon as remembered. Do not take it if it is near the time for the next dose, instead, skip the missed dose and resume your usual dosing schedule. Do not “double-up” the dose to catch up. If you skip a whole day, inform your doctor.

## **Storage:**

Store at room temperature (15 to 30°C), protect from light heat and moisture and keep out of reach of children.

## **In Pregnancy:**

- Anti-epileptic medications do slightly increase the risk of fetal abnormalities.
- Safe use of phenobarbital during pregnancy or breastfeeding has not been established.
- Increased incidence of cleft lip/palate, heart malformations, changes in neural development with reduced head circumference and reduced birth weight in children of women receiving phenobarbital.
- Women who are considering pregnancy should first consult their doctor.
- Vitamin K may be given to correct neonatal coagulation defects.
- Newborns may experience withdrawal symptoms such as vomiting and irritability.

- Mothers should discontinue breastfeeding if they notice that the baby is drowsy, has feeding problems, a rash or other adverse affects.
- Discontinuation of breastfeeding may result in withdrawal symptoms.

**Warning:**

Abrupt withdrawal of any anti-epileptic medication may trigger status epilepticus, a potentially fatal condition of continued seizures without recovery. When there is a need for reduction, discontinuation or substitution of the medication, this should be done gradually and under the physician's care. Never discontinue anti-epileptic medications or make changes in activities unless specifically advised to do so by an attending physician.

*This material has been reviewed by the Ontario Drug Information and Research Centre and is offered to provide general information to the public. Its is not intended to be taken as medical advice. Epilepsy Toronto and its advisors accept no liability. Consult you physician and/or neurologist with any questions you may have.*