

## Malformations seen in relation to use of drugs

No of cases (n=20)	Malformation	Drug (dosage (mg/day))
2	Spina bifida	Valproic acid (1200); carbamazepine with valproic acid (not known)
1	Phocomelia	Valproic acid (1500)
1	Caudal regression*	Carbamazepine (not known)
1	Cleft palate	Valproic acid (2000)
1	Rib anomalies	Valproic acid (1500), also lamotrigine (100)
1	Thick mitral valve	Carbamazepine (500)
4	Hypospadias	Valproic acid (1000); valproic acid (400); valproic acid (not known); no drugs
1	Hypoplastic left heart	Carbamazepine (400)
1	Coarctation	Carbamazepine (1200)
1	Pulmonary stenosis	Valproic acid (600)
1	Left duplex kidney	No drugs
1	Cleft lip	No drugs
1	Microcephaly	Valproic acid and phenobarbitone (not known)
1	Trisomy 21	Valproic acid (1000)
1	Lissencephaly†	Carbamazepine (200)
1	Right toe syndactyly	No drugs

\*Mother has insulin dependent diabetes mellitus in addition to epilepsy.

† This child, a boy, has X-linked lissencephaly, and his mother has subcortical band heterotopia on MRI manifesting clinically as epilepsy.

except for an excess of premature deliveries (8.2%).<sup>1</sup> One woman drowned in the bath while pregnant and another died five months post partum after a seizure, a death rate of 1 in 200. (No abnormal outcomes from the remaining 41/400 pregnancies were notified to the regional maternity survey office.) Vitamin K was given as recommended to 87/244 (36%) babies. Malformations were more common in babies born to mothers with epilepsy (20/400 (5%; 95% confidence interval, 3.1% to 7.6%) than in the background population (2.4%; 2.32% to 2.46%; odds ratio 2.15 (1.30 to 3.37),  $P=0.0037$ ) (table).<sup>2</sup> Four affected infants were among 48 born to women not taking drugs (8%,  $P=0.055$ ). The malformation rate in babies born to treated women was 16/352 (4.55%,  $P=0.024$ ).<sup>2</sup>

## Comment

The study shows that guidelines in the literature for the management of women with epilepsy are not being followed.<sup>3,4</sup> Most women with epilepsy in our region are supervised by their general practitioner, control of seizures is poor, compliance with medication is variable, and methods of preconceptional counselling are ineffective. Less than 50% of these pregnancies are planned, partly because of oral contraceptive failure. The malformation rate in their infants is double that of the background population, and not all malformations are attributable to antiepileptic drugs.<sup>2</sup> Most published guidelines are targeted at neurologists,<sup>3,4</sup> thereby failing to improve management of women under the care of their general practitioner. Considerable expansion of epilepsy services in primary and secondary care is needed if the guideline recommendations<sup>3,4</sup> are to be achieved.<sup>5</sup>

Contributors: SDF, MJ, and SAL were the lead investigators and wrote the paper. PJ, KW, TLM, and JB contributed to the design of the study and the collection of data and commented on drafts of the paper. DW carried out statistical analysis and commented on drafts of the paper. SDF, MJ, and SAL will act as guarantors for the paper.

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Competing interests: MJ has given educational lectures for Janssen Cilag, GlaxoWellcome, and Sanofi Winthrop. SDF gave an educational lecture for Janssen Cilag. JB has given four lec-

tures for GlaxoWellcome. GlaxoWellcome and Parke-Davies have funded MJ to attend four epilepsy conferences in four years. MJ has contributed to a clinical trial for Novonordisk. GlaxoWellcome, Sanofi Winthrop, and Parke-Davies have contributed £26 500 for equipment and a salary for a nurse to set up an epilepsy service coordinated by MJ. Sanofi Winthrop has contributed £2100 to pay for equipment for a related study coordinated by SAL. MJ has contributed to one advisory panel for Novartis. GlaxoWellcome was a donor, through its charitable arm, to the matching funds for the millennium landmark, Centre for Life, which includes the Institute of Human Genetics.

1 Regional Maternity Survey Office. The Northern Perinatal Mortality Survey Annual Report—1995. Newcastle upon Tyne: Regional Maternity Survey Office.

2 Regional Maternity Survey Office. Northern Regional Congenital Abnormality Survey (NorCAS) report 1991-1995. Newcastle upon Tyne: Regional Maternity Survey Office.

3 Wiebe S. Managing women with epilepsy. *BMJ* 2000;320:3-4.

4 Wallace H, Shorvon SD, Hopkins A, O'Donoghue M. *Adults with poorly controlled epilepsy*. London: Royal College of Physicians, 1997.

5 Ridsdale L, Robins D, Cryer C, Williams H. Feasibility and effects of nurse run clinics for patients with epilepsy in general practice: randomised controlled trial. *BMJ* 1997;314:120-2.

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## Corrections and clarifications

*Increase in high risk sexual behaviour among homosexual men, London 1996-8: cross sectional, questionnaire study*

Some readers might have been misled by the first sentence in this short report by Julie P Dodds and colleagues (3 June, pp 1510-1). The first sentence should have read: "Homosexual men in the United Kingdom continue to become infected with HIV [not "The incidence of HIV infection among homosexual men is increasing"] despite efforts to reduce high risk sexual behaviour."

### Fillers

In the filler "To coin a phrase" by Anthony Alment (29 July, p 272) the first sentence suggests that it was in the summer of 1929 that Alexander Fleming first noticed penicillin. In fact it was the summer of 1928.

A transcription error led to the wrong date being published in the reference at the end the filler "A patient who changed my practice: The internet and a 'small miracle'" by Di Jelly (15 July, p 165). The article cited was published in 1996, not 1966.

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