Many Epileptic Women Face Sexual Issues

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sexual dysfunction is quite common among women with epilepsy, just as it is among men. "It's humbling how many women will spend most of their appointment time questioning me about their sexual health, because no one has ever talked to them about it," Dr. Mushtaq said in an interview.

Her own recent study, presented at the annual meeting of the American Academy of Neurology, clearly illustrated the scope of the problem. Dr. Mushtaq reported on 105 women with epilepsy who completed a comprehensive health questionnaire. The assessment included questions about decreased libido, pain during intercourse, difficulty becoming aroused, and difficulty or inability reaching orgasm. Women with diagnosed depression were excluded.

Almost 40% of the respondents reported at least one symptom of sexual dysfunction, Dr. Mushtaq said. The most commonly reported problems were decreased libido and difficulty obtaining orgasm.

Some antiepileptic drugs—particularly the older medications—interfere with sexual response because they affect the hypothalamic-pituitary-adrenal axis and induce hepatic enzymes (Psychiatry 2007;6:111-4). But Dr. Mushtaq’s study found no association between sexual problems and the type of antiepileptic medication, although patients on polytherapy were more likely to report sympto
toms than were those on monotherapy.

The effect of epilepsy on hormones plays a large part in sexuality, she said. "Problems with orgasm are probably related to a lack of testosterone. Epilepsy can disrupt the pulsatile release of follicle-stimulating hormone," a precursor of testosterone production. This disruption can also occur in men with epilepsy, but it isn't always profound enough to cause erectile dysfunction. "But in women, even a slight change can affect arousal, libido, and orgasm," she said.

Epilepsy and hormones present a chicken-or-egg scenario. While seizures can disrupt hormonal balance, neurons in the epileptic brain can also become hypersensitive to hormones, a force that seems to drive both catamenial epilepsy (a pattern of seizures that peaks near the time of menstruation) and the high prevalence of premenstrual dysphoric disorder (PMDD) in this population.

Dr. Andrew Herzog, a neurologist and director of the neuroendocrine unit at the Medical College of Wisconsin, Milwaukee, the first concern of the neurologist in epilepsy is controlling seizures. The issue of sexual well-being can become a low priority. But studies repeatedly show that 30% or more of women with epilepsy—even well-controlled epilepsy—experience problems with libido, arousal, orgasm, genital lubrication, and dyspareunia.

Often, just a few simple questions can uncover a cascade of troublesome issues. "It's humbling how many women will spend most of their appointment time questioning me about their sexual health, because no one has ever talked to them before, and they were shy or never even thought to bring it up," Dr. Mushtaq said in an interview.

One has ever talked to them before, and they were shy or never even thought to bring it up. But the success also speaks to the often neglected role of sexual dysfunction in epilepsy. The understanding of epilepsy's influence on hormones and sexuality is still in its infancy, Dr. Mushtaq said. "As research continues to unfold, we are likely to discover that this is also the factor behind the fertility problems women with epilepsy can experience."

In the meantime, clinicians should be vigilant about screening these women for sexual difficulties, and referring them to specialists. "When do [neurologists] ever ask patients about their sex life, or about their premenstrual emotional problems?" she said. "It's a topic that has been almost taboo."