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epilepsy and sexual dysfunction

Sexual dysfunction is more common in people with epilepsy than those who have other neurological disorders. It is estimated that up to one third of people with epilepsy experience problems directly related to sexual desire and arousal.

The reasons for sexual dysfunction in relation to the person who has epilepsy vary from psychological problems to neurological and endocrinal factors.

Low self esteem can be a major factor in so much as some people subject to seizures sometimes find it difficult to comprehend that others could find them sexually attractive and so they limit their social contacts and miss out on opportunities to mix in normal social circles.

Quite a lot of people worry that the exertion of sexual activity may precipitate a seizure particularly if there is a history of seizures being provoked by hyperventilation or exertion. They understandably avoid what to them is an obvious trigger.

Sexual desire can be suppressed by anxiety or depression and, since people with epilepsy can become depressed and anxious, for those affected in such a way it is hardly surprising that they do not experience normal levels of desire.

Both women and men can, whilst having normal levels of desire, experience problems with sexual arousal. Studies have shown that women with epilepsy experience a higher incidence of dyspareunia (pain during intercourse), lack of vaginal lubrication and vaginismus (painful spasms during intercourse) . These problems are more likely to be attributed to physical rather than psychological causes. The same is true of men who have trouble in sustaining erections to achieve ejaculation.

The affects of antiepileptic drugs can have a direct bearing on sexual dysfunction. They are associated with increased levels of hormones which suppress sexual activity.

Enzyme inducing drugs can decrease the levels of androgens and a reduction would cause loss of sexual interest and arousal in both men and women. Sedative drugs can result in a pronounced loss of desire and arousal.

From evidence available it is believed that electrical discharges in particular areas of the brain viz the temporal and frontal lobes may be the cause of sexual dysfunction although the reasons are unknown. Many seizures result in a temporary heightening of prolactin, a hormone produced in the pituitary gland, which has been associated with a reduced desire and arousal, possibly leading to impotence.

Since sexual function is a very important facet of life, and dysfunction can be associated with all the factors discussed above, it is vitally important that efforts be made to alleviate the problems and promote a more satisfying and resulting independent lifestyle. This can be approached in a variety of ways which can involve psychological therapy, medical intervention or indeed both.

Many epilepsy clinics provide extensive neuropsychology expertise which can be accessed to help with problems such as low self esteem, depression and anxiety. Therapies can range from professional counselling to clinical psychology techniques whereby it may be that problems come to be seen rather differently than simply being personal inadequacy as a result of having epilepsy.