

# Sexual Problems in Epileptic Women

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**ABSTRACT** *Using the Golombok Rust Inventory of Sexual Satisfaction (GRISS), the sexual activity of 14 epileptic women was compared with that of 30 normal controls. The epileptic women were found to have sexual intercourse less frequently, and to be less sexually active. Subscale results suggested a problem of arousal rather than orgasm.*

## **Introduction**

The low sexual interest of men with temporal lobe epilepsy has been reported in numerous studies but there is a paucity of literature on the effects of epilepsy on female sexuality. Shulka *et al.* (1979) found that 68% of female patients with temporal lobe epilepsy reported infrequent sexual outlets compared with only 8% of women with generalised epilepsy. In studies of women presenting for anterior temporal lobectomy (Hill *et al.*, 1957), low interest in sex was found to be common, with most of the patients reporting an increased sexual drive postoperatively. There is also evidence that epileptic women have difficulty in becoming aroused in response to sexual stimulation (Lundberg, 1977). The present study, unlike previous investigations, compares epileptic women with a control group of women from the normal population on a standardised measure of sexual dysfunction.

## **Method**

The Golombok Rust Inventory of Sexual Satisfaction (GRISS) (Rust & Golombok, 1986a) was administered to a random sample of 14 epileptic women attending the Maudsley Hospital as outpatients, and to a random sample of 30 women attending their General Practitioner for non-sexual problems. All of the women were under 45 years old and had a regular heterosexual relationship. Only one woman in each group refused to take part. The female version of the GRISS provides an overall score of the quality of the woman's sexual functioning within a relationship, as well as the following subscale scores: anorgasmia, vaginismus, infrequency, non-communication, non-sensuality, avoidance and dissatisfaction. The split-half reliabilities for the subscales are high for scales with this number of items, averaging 0.74 and

ranging between 0.61 for non-communication and 0.83 for anorgasmia. The main scale has a split-half reliability of 0.94. The GRISS has been shown to distinguish at a high level of significance between women presenting at a sexual dysfunction clinic and women in the general population, and has been successfully validated against clinical diagnosis (Rust & Golombok, 1985, 1986b).

## Results

*T*-tests were carried out to compare the two groups on the GRISS scores. Differences in age and length of current relationship were also examined to identify possible artefacts due to the influence of these variables. The results appear in Table I. It can be seen that age and length of relationship do not differ significantly between groups. Differences at the 0.05 level were found for infrequency of sexual activity and for vaginismus, the epileptic women having sexual intercourse less frequently and tending more to vaginismus. The overall GRISS score is marginally significant, indicating less interest in sex among the epileptic women, and would be so at the 0.05 level on a one-tailed test.

TABLE I. Means and standard deviations for the two groups on age, length of relationship and GRISS scores, with the *t*-test comparing the means. (*N*=14 for the epileptic group and 30 for the control group. \**p*<0.05, †*p*<0.1)

Variable	Epileptic group		Control group		<i>t</i> -test
	Mean	SD	Mean	SD	
Age (years)	29.64	6.67	28.90	5.59	0.36 NS
Months of relationship	93.43	72.75	76.73	60.29	0.80 NS
Overall GRISS	33.86	11.21	25.70	14.53	1.85 †
Infrequency	9.71	3.41	6.97	4.46	2.04 *
Non-communication	7.86	5.11	6.00	4.30	1.26 NS
Dissatisfaction	5.21	4.08	3.67	2.77	1.48 NS
Avoidance	3.43	2.53	3.17	3.35	0.26 NS
Non-sensuality	4.64	3.46	3.23	2.78	1.45 NS
Vaginismus	4.14	2.77	2.50	2.16	2.14 *
Anorgasmia	7.64	3.41	6.03	4.46	1.20 NS

## Discussion

Epileptic women, like epileptic men, appear to be less active sexually than the general population. They have sexual intercourse less frequently, experience more discomfort and are generally less interested in sex. This finding suggests that the problem is one of arousal rather than orgasm. Thus it appears that, rather than a specific fear of orgasm as a possible trigger to an epileptic fit as implied by Kinsey (Kinsey *et al.*, 1953), epileptic women have a general lack of interest in sex *per se*.

It is recommended that in treating epileptic women for sexual problems, emphasis is placed on increasing sexual arousal before intercourse takes place.

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