ORIGINAL RESEARCH—WOMEN'S SEXUAL HEALTH

Sexual Function and Distress in Women Treated for Primary Headaches in a Tertiary University Center

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ABSTRACT

Introduction. Primary headaches are common in women and impact on their quality of life and psychosocial functioning. Few data are available on sexuality in female headache sufferers.

Aim. An observational pilot study was conducted to assess sexual function and distress in women treated for primary headaches in a tertiary university center.

Methods. From a total of 194 women consecutively observed over a 3-month period, 100 patients were recruited. Migraine with and without aura, and tension-type headache, both episodic and chronic (CTTH), were diagnosed according to the International Classification of Headache Disorders. A detailed pharmacological history was collected, and anxiety and depression were assessed using validated scales. The Female Sexual Function Index (FSFI) and Female Sexual Distress Scale-Revised were administered.

Main Outcome Measures. The main outcome measures are sexual symptoms and distress in women treated for primary headaches.

Results. More than 90% of the women had a median FSFI full-scale score under the validated cutoff, while 29% reported sexual distress. Hypoactive sexual desire disorder (HSDD) was diagnosed in 20% of the women and the pain domain score (median 2, score range 0–6) was highly affected by the head pain condition. However, the FSFI domain and full-scale scores did not significantly differ by headache diagnosis. The women with CTTH displayed a high rate of sexual distress (45.5%) and a strong negative correlation between desire, arousal, and full-scale FSFI score and number analgesics/month (r: –0.77, $P = 0.006$; r: –0.76, $P = 0.006$; and r: –0.68, $P = 0.02$, respectively). Depression was positively correlated with sexual distress (r: 0.63, $P = 0.001$) only in the women with CTTH.

Conclusion. Women treated for primary headaches were found to display a high rate of sexual symptoms and distress. Both migraine and tension-type headache were associated with sexual pain and HSDD, but women with CTTH seem to be more prone to develop sexual distress. **Nappi RE, Terreno E, Tassorelli C, Sances G, Allena M, Guaschino E, Antonaci F, Albani F, and Polatti F. Sexual function and distress in women treated for primary headaches in a tertiary university center. J Sex Med 2012;9:761–769.**

Key Words. Sexual Function; Distress; Sexual Pain; Hypoactive Sexual Desire Disorder; Migraine; Tension-Type Headache

Introduction

The primary headache disorders, which are common in the general population, can cause a high burden of personal and social disability in both sexes [1]. According to the second edition of *The International Classification of Headache Disorders* (*ICHD-2*), the two most common primary headache categories are migraine, with (MA) and without aura (MO), and tension-type headache, which may be episodic (ETTH) or chronic (CTTH) [2]. Globally, the percentage of the adult population with an active headache disorder is 47% for headache in general, 10% for migraine, 38% for tension-type headache, and 3% for chronic headache that lasts for more than 15 days/month [1,3]. Primary headaches are lifelong disorders characterized by recurrent acute or chronic pain that requires symptomatic and preventive treatments over time. An individual may have more than one concurrent primary headache diagnosis [2,4]. In addition, primary headaches can be comorbid with other medical conditions, such as mood disorders and hypertension, with which they probably share a common neurobiological substrate [5]. It is therefore not surprising that the burden of primary headaches, which impact on quality of life and psychosocial functioning, is very high. Head pain influences many aspects of a person's life (family relations, work, love, and sex life), especially when the condition is chronic, and combination treatments are used [1,6]. Although the relationship between headache and sexual function is still underinvestigated, the evidence that is available suggests, mainly, that sexual activity is a precipitating factor during sexual arousal and at orgasm [7,8]. Headache has also been reported as an adverse event of phosphodiesterase type 5 inhibitors in men with erectile dysfunction and in women with sexual arousal disorder [9,10]. Although several general medical conditions and many pharmacological agents have been linked with sexual symptoms [11,12], few data are available on sexual function and distress in clinical populations of female headache sufferers. Very recently, Bestepe et al. [13], using the Arizona Sexual Experiences Scale, showed that patients with either migraine or tension-type headache, compared with controls, experience problems in several areas of their sexuality. Data from a prospective follow-up mail survey in a Finnish adult population indicated that the association between migraine and sex life issues was different for men and women, the women being found to lose interest in their sex life and the men the opposite [14]. In a small sample of men and women (members of the community or students), subjects with migraine reported higher levels of sexual desire than those suffering from tension-type headache in the absence of any interaction between diagnosis and gender [15]. Chronic pain (back pain, headache, pelvic pain, etc.) was present in women with sexual abuse [16]. On the other hand, a constellation of painful conditions, including migraine and chronic pelvic pain, was described [17]. Psychological distress deriving from the chronicity of headache may lead to an increase for sensitization to pain generally [18]. In a sample of female university students in Israel, sex life was negatively affected by migraine and sexual pain disorder was more common among migraine sufferers than among nonmigraineurs [19].

The aim of the present study was to provide a snapshot of the situation as regard to sexual function and distress in women treated for primary headaches at a tertiary university center. The women's headache diagnoses were established and their pharmacological history investigated for relevant data (use of preventive and symptomatic treatments) were collected. They were also screened for mood disorders (anxiety and depression).

Materials and Methods

This observational pilot study was carried out at the Headache Science Centre, Mondino National Institute of Neurology Foundation, Pavia, Italy, in collaboration with Research Centre for Reproductive Medicine, Section of Obstetrics and Gynecology, IRCCS S, Matteo Foundation. The study protocol was approved by the local university ethics committee.

From a total of 194 women consecutively seen for headache evaluation and treatment over a 3-month period, 100 were recruited for the present study, having first given their informed consent to participate.

The women underwent a general and neurological examination, laboratory testing, a medical history, and a structured interview for the diagnosis of primary headaches according to The ICHD-2 [2]. A detailed pharmacological history (use of preventive and symptomatic treatments for head pain during the previous 3 months) was also collected. The exclusion criteria were a history of major neurological, psychiatric, or cardiovascular disease, the presence of thyroid dysfunction or any other endocrine abnormalities and dismetabolisms, BMI > 29.9 m/kg^2, smoking > 5 cigarettes/day, the