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Editorial

Sexuality and epilepsy in the COVID era: Tips and tricks



COVID-19 is negatively affecting the healthcare and economic systems worldwide, as well as human behavior with a worsening of both personal and social relationships [1].

The lockdown period and all preventive measures, including isolation, carried out to face the COVID-19 diffusion, have dramatically changed sexual behavior and a couple's sexual life.

Indeed, the more available private time might help couples to reconnect at an intimate level and improve their sexuality. However, it has been shown that the majority of quarantined couples experienced a reduced number of sexual intercourse per week, due to poor household privacy and lack of psychological stimuli [2,3]. Interestingly, a reduced autoeroticism was not reported [2].

These findings may be related to fears of the COVID-19 pandemic implications affecting either the couple's life or the lives of their friends and relatives (especially older parents), with the production of feelings of anxiety and panic, up to adjustment disorder and depression [2–4]. These deleterious psychological reactions negatively affect sexual health [4].

Poor knowledge on the potential sexual transmission of SARS-CoV2 may play a pivotal role on such an avoidant sexual behavior. Given that the virus has been found in seminal fluids of male individuals, it has been suggested that COVID-19 could be a sexually transmitted disease [5].

The fear for a potentially fatal disease, likely to cause death in a short period of time, could lead to the avoidance of sexual activities, with regard to kissing and oral sex. On the other hand, indifference to high-risk sexual behaviors could determine an increase of unprotected fast sex, especially anal intercourse [5,6].

This is the reason why more information on sexuality and COVID-19 is needed, not only for healthy subjects but also for patients, including those with epilepsy, who have less opportunity to visit outpatient clinics during the lockdown periods.

To face the pandemic, the healthcare system has totally and rapidly changed its organization worldwide; many wards dedicated to chronic neurological diseases and/or rehabilitation have been converted into acute ones, in order to manage medical and neurological complications of COVID-19 [7]. To prepare the overall reorganization of services, early discharge from neurology wards/rehabilitation units of negative patients was performed, with shortening of their diagnostic/rehabilitation plan. Moreover, access to routine medical care (especially for frail and vulnerable people) and outpatient services, including Centers for Epilepsy, has been suspended (or at least reduced) everywhere, with problems in their management, e.g., worse seizure control and health status [8]. On the other hand, the COVID-19 pandemic made patients more

motivated and informed in drug compliance and had no effect on stigmatization [9].

Sexuality in epilepsy is a hot, but still poorly understood, topic. Many people with well-controlled epilepsy have a comfortable, satisfying sex life. Having a supportive partner who provides emotional closeness, as well as sexual intimacy, is perhaps the greatest asset in helping people with epilepsy feel positive about themselves, which in turn seems to improve seizure control, also by reducing stress and anxiety. Nonetheless, although rarely, seizures may be triggered by orgasm, and this fear may lead to sexual intercourse avoidance. Finding a way for partners to talk about sexual needs and concerns can break through the guilt surrounding the avoidance of discussing issues for fear of causing pain, anger, or rejection. People living with epilepsy frequently encounter sexual difficulties [10]. These can be due to the epilepsy itself, the medications used to treat the illness (old antiepileptics can alter sexual hormonal levels, while new ones are believed to imbalance the brain neurotransmitter involved in sexual behavior), or due to reactions of partners and others to the diagnosis of epilepsy [11]. All these concerns may increase during the pandemic leading to both relationship and sexual problems in patients with epilepsy, and such problems need to be addressed.

To reduce the spread of the virus and guarantee the continuity of care, digital strategies have been adopted as an alternative mode to deliver healthcare services at community level. In particular, telecounseling consists of the psychological service carried out on the Web, which provides individuals, couples, or groups with psychological support and/or psychotherapy [12]. Digital tools minimize direct contact with vulnerable populations, without compromising assistance or methodological rigor. Telehealth solutions have been positively used and evaluated by patients with epilepsy [13], and the application of telemedicine in managing sexual concerns should be fostered.

Although still many aspects of the pandemic on people with epilepsy are yet to be determined, active investigation of psychological sequels of the pandemic is demanded, as higher levels of depression and anxiety have been reported [14]. As a multidisciplinary approach integrating medical, psychosexual, behavioral, and social perspective is therefore necessary in order to properly manage people with epilepsy, telemedicine could be helpful also in this field.

In particular, using psychological telesupport, clinicians, including sexologists and psychotherapists, should provide individuals with epilepsy with clear information on sexual health in the COVID-19 era. Based on expert opinion, it has been proposed that sexual practices should be avoided because of the risk of COVID-19

infection [5–15]. However, the risk question of COVID-19 sexual transmission is still unanswered, and it is unknown whether persons with sexually transmitted infections are at a greater risk of contracting COVID-19. Given that the risk of transmission between asymptomatic individuals through kisses, hugs, and physical proximity is known, these practices should be avoided for those who do not live in the same household [5]. Moreover, social distancing is still the best measure to be taken: Partners who live separately should reinvent loving and sexual relationships, whereas strengthened intimacy is recommended to those who live together [5,15]. Indeed, a high-quality relationship is beneficial for physical, mental, and sexual well-being, as negative relationships generally induce deeper responses to stress, and worsen both mental and sexual health and seizure control. Nonetheless, as physical proximity and contact are seen with much discomfort and physical contact is still discouraged, advising on new forms of intimacy, including cybersex, could be of great importance for sexual health in this dramatic period [15].

Finally, telehealth services may be also used to support couples and manage sexual dysfunction in patients with epilepsy. Indeed, although no study has been carried to investigate sexual concerns in epilepsy during this pandemic, it is plausible that there could be an increase in both relational problems and sexual dysfunction, as sexual health is affected by the COVID-19 stress-related disorders [1]. To this end, by applying telepsychology to the couples, psychotherapists should promote the resilience that enables them to face their traumas and sufferings, encouraging both coping strategies and adaptation processes. Indeed, to manage the “psychological crisis” caused by the COVID-19 pandemic with the potential repercussion on sexuality, the healthcare therapists should support the couple in recognizing its resources and qualities, helping the pairs to recover stability and restore roles and rules.

In conclusion, because the current pandemic is still unfolding and it is difficult to predict how long it is going to last, it is highly necessary to provide proper and scientific evidence-based information, to overcome the unrealistic beliefs and myths concerning sexuality, and to better manage the epilepsy-related sexual problems in the COVID-19 era.

Conflict of interest

The author states neither conflicts of interest nor financial support.

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Rocco Salvatore Calabrò *

IRCCS Centro Neurolesi “Bonino-Pulejo”, Messina, Italy

* Address: IRCCS Centro Neurolesi “Bonino-Pulejo”,

Cda Casazza, SS113, 98124 Messina, Italy.

E-mail address: salbro77@tiscali.it

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