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Sexual Activity Is a Common Precipitant of Subarachnoid Hemorrhage

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Table 1. Activities of events preceding aneurysmal SAH

Activity/events	■ Gas	
	n	%
<i>Stress/exertion</i>		
Sexual activity	16	31
Defecation/micturition	2	4
Driving Sport/exercise	4	4
Other effortful activity	3	3
Other valsava maneuver		3
		2
Strong emotion/arguing	2	1
Total	34	2
<i>Nonstrenuous events</i>		
Working at workplace	6	4
Working at home	11	8
Walking/shopping/outing	4	3
Taking a bath	3	2
Brushing teeth/combing hair/shaving/(un)dressing	3	6
Other activities		4
Total	33	2
<i>Rest/sleep</i>		
Talking/watching TV	3	2
Sleeping/resting/sitting/eating/drinking	38	27
Total		

Not known

41 29

33 23

Contrary to the common belief that subarachnoid hemorrhage (SAH) is often precipitated by intense physical effort [1-3], a recent investigation by Matsuda et al. [4] concluded that there was no evidence that aneurysmal rupture was prone to occur during physical work. The

commonest activities in their series were defecation and micturition. Surprisingly, they do not mention sexual activity, which is usually considered a common preceding event of SAH [1-3].

We analyzed the activities immediately preceding the first symptoms of SAH for 141 cases of aneurysmal SAH admitted to the Departments of Neurology and Neurosurgery of Hospital Santa Maria, from 1 January 1985 to 31 December 1990, whose clinical data were registered prospectively on a data base.

Activities and events immediately preceding the onset of SAH are shown in table 1. Following Schievink et al. [5] we distinguished between effortful/stressful activities, nonstrenuous events and rest. In 33 patients the antecedent events were unknown, mainly because the patient was unconscious or amnesic and/or no reliable witness was available.

In conclusion, in 67% of our patients, SAH was coincident with at least moderate activity, a proportion similar to that in the series of Matsuda et al. [4] (60%). Because the circumstances preceding SAH were unknown in 23% of our cases, in contrast to only 4% in the Japanese series, the proportions of SAH occurring during rest/activity cannot be confidently compared.

The main inconsistent result is related to sexual activity as an event preceding SAH. While it was the immediate preceding activity in 11% of our patients, no such instances were reported by Matsuda et al. [4]. This discrepancy may be related to cultural differences in sexual behavior. However, in our experience, patients usually avoid reporting the fact that they were engaged in sexual activity before the onset of severe headache or other initial symptom of aneurysmal rupture, unless this information is specifically requested. This probably explains the deviant results of the Japanese series, and confirms that sexual activity is a common precipitant of aneurysmal rupture.

References

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