

# Sexual dysfunction in Multiple Sclerosis.



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# Why such a presentation;



- During a routine examination Joanne's new doctor asked: "Have you noticed any changes in your sex life as a result of MS?"
- Although she felt comfortable talking about sex and had enjoyed her sexual relationship with her husband she was a little taken aback by the question.
- She wanted to tell him a lot but she just answered "Well we've had our ups and downs".

Unfortunately, healthcare providers rarely bring up the subject of sexuality, because of personal discomfort, lack of professional training in this area, of fears of being overly intrusive.



# World Association of Sexology, 2000

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- For most people, sexuality and its expression are a natural and important component of self-concept, emotional well-being and overall quality of life.
- Factors such as culture, religion and self-esteem contribute to how a person experiences sexuality.

# Sexual changes in MS

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- While MS may alter functioning, the desire for a sexual identity, love, affection and intimacy remains.
- Given this, sexuality may be a source of significant frustration for many people with MS.

# Sexual changes in MS: frequency and characteristics

Studies on the prevalence of sexual problems in MS indicate that

- ❑ 40-80% of women and
  - ❑ 50-90% of men
- have sexual complaints or concerns.

*F.Foley et al. Introduction to intimacy and sexuality in MS. MS in focus 1s 6, p4 2005*



# Sexual changes in MS

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- Sexual changes in MS can best be characterized as:

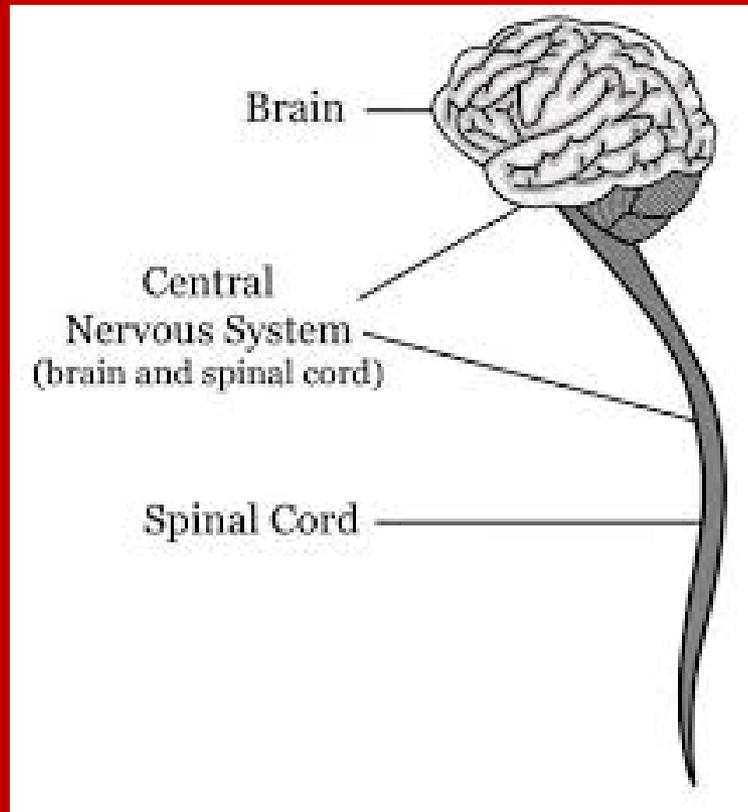
Primary

Secondary

Tertiary

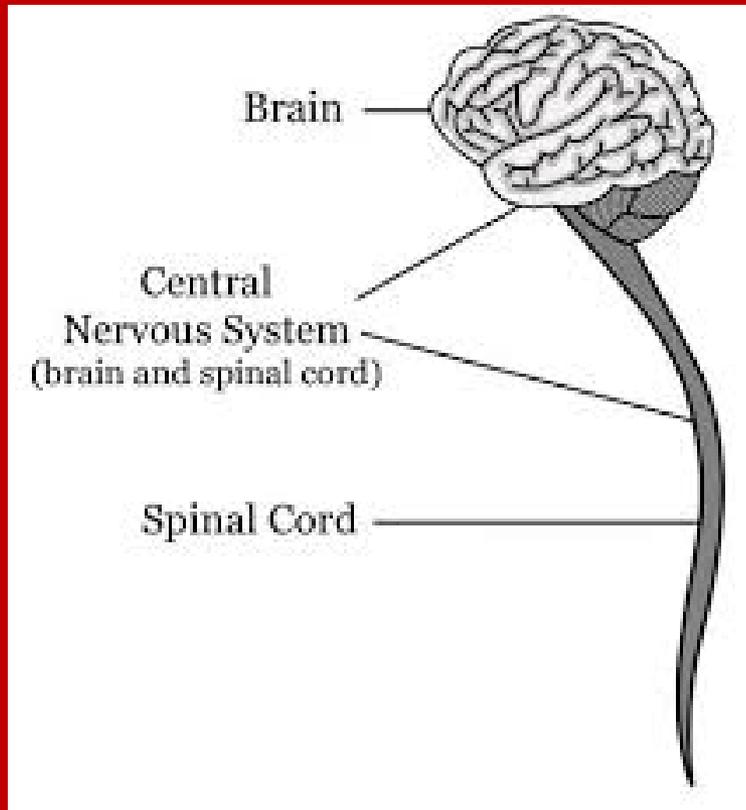
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# Primary sexual dysfunction



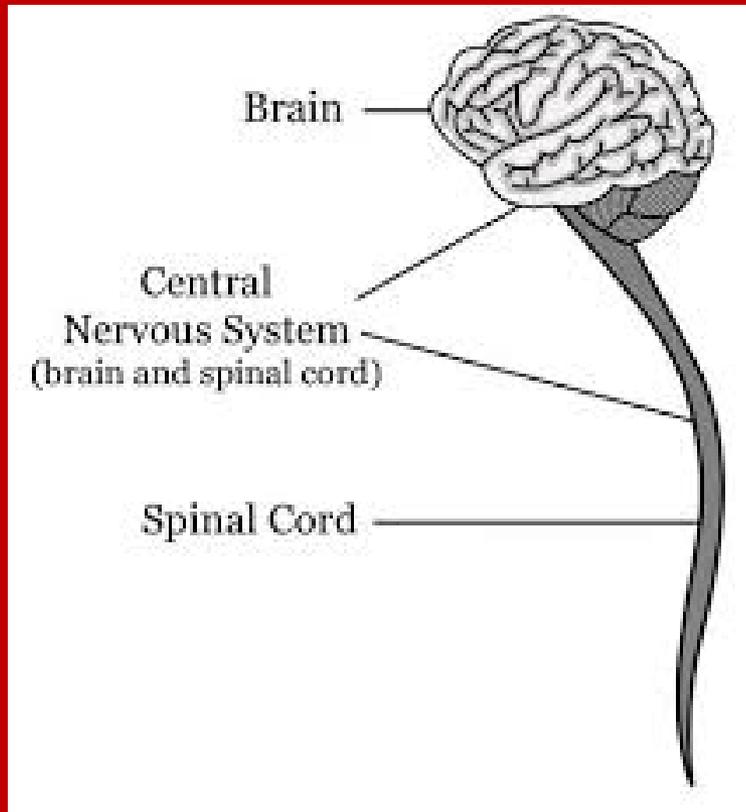
- Sexual response is mediated by the central nervous system – the brain and spinal cord.
- There is no single sexual centre in the central nervous system.
- Many different areas of the brain are involved in various aspects of sexual functioning, including:
  - sex drive
  - perception of sexual stimuli and pleasure
  - movement
  - sensation, cognition and attention.

# Primary sexual dysfunction



- The good news is that there are likely to be neurologic pathways that mediate aspects of sexual feelings and response that are widely distributed and therefore unaffected by MS lesions.

# Primary sexual dysfunction



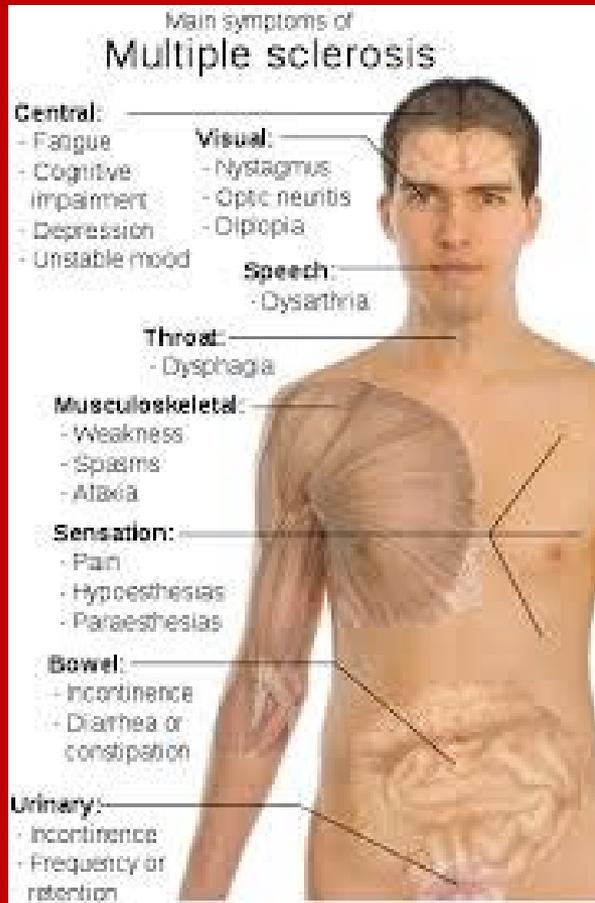
- Primary sexual dysfunction stems from changes to the nervous system that directly impair the sexual response and/or sexual feelings.
- Primary disturbances can include:
  - partial or total loss of libido,
  - unpleasant or decreased sensations in the genitals,
  - decreased vaginal lubrication or erectile capacity, and
  - decreased frequency and/or intensity of orgasm.

# Primary sexual dysfunction: Evaluation and Treatment

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- The evaluation process may include a physical history and examination, a review of current medications for their potential effects on sexual functioning, a detailed sexual history and perhaps some specialized tests of bladder and/or sexual function.
- It is advantageous to conduct a joint interview of the sex partner of the patient.
- Treatment typically begins with feedback from the assessment process, education about the effects of MS on sexual function and suggestions for managing these symptoms.

# Secondary causes of sexual problems



- Fatigue
- Weakness
- Spasticity
- Lack of coordination and tremor
- Bowel and bladder problems
- Pain
- Sensory issues
- Mobility
- Cognition

# Secondary sexual dysfunction: Evaluation and Treatment

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## Fatigue:

- Fatigue greatly interferes with sexual desire and the physical ability to initiate and sustain sexual activity.
- Fatigue can be managed either by drugs or by non pharmacological ways such as setting aside some time in the morning for sexual activity (because this is often when MS fatigue is at its lower ebb), energy conservation techniques (taking naps, using ambulation aids), choosing sexual activities and positions that are less physically demanding or weight-bearing for the partner with MS.

# Secondary sexual dysfunction: Evaluation and Treatment

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## Spasticity:

- Spasticity can make changing leg positions or straightening the legs uncomfortable or painful.
- Active symptomatic management of spasticity will minimize its impact on sexuality.
- Range of motion and other physical therapy exercises as well as antispasticity medication will help too.
- Taking an antispasticity medication 30 minutes before anticipated sexual activity can be helpful.
- Exploring alternative sexual positions for intercourse is frequently necessary when spasticity is a problem

# Secondary sexual dysfunction: Evaluation and Treatment

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## Weakness:

- Weakness is a common MS symptom and it frequently necessitates finding new positions for satisfactory sexual activities.
- Sustained myotonia (increased muscle tension) is part of the sexual response cycle that helps lead toward orgasm, and muscle weakness can interfere with it.
- Reclining (non-weight-bearing) positions do not place as much strain on muscles and are therefore less tiring.
- Pillows can be used to improve positioning and reduce muscle strain.

# Secondary sexual dysfunction: Evaluation and Treatment

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## Distractibility and Cognitive Changes:

- Sustained attention helps sexual feelings to build progressively toward orgasm.
- MS can cause impairments in attention and concentration that may interfere with maintaining sexual desire during sexual activities.
- Providing pharmacological intervention may help this symptom and reduce its impact in relationships.
- From rehabilitation counselling perspective, one of the main strategies is to minimize nonsexual stimuli and maximize sensual and sexual stimuli.

# Tertiary causes of sexual problems



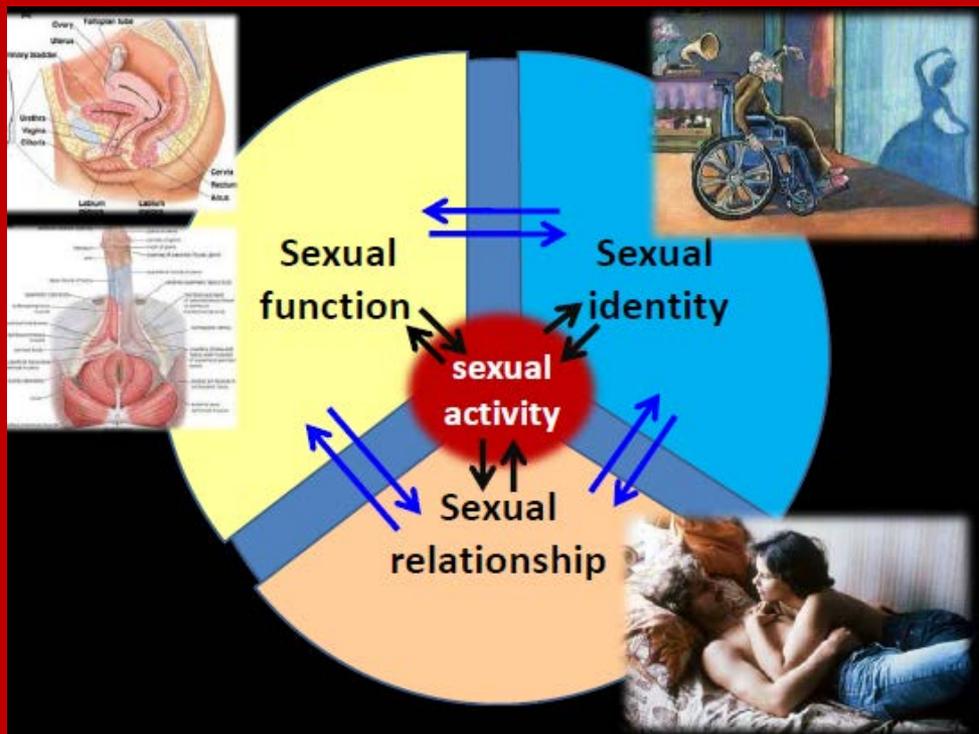
**Results from psychosocial and cultural issues that can interfere with sexual feelings and sexual response.**

# Tertiary causes of sexual problems



- Depression,
- Performance anxiety,
- Changes in family roles,
- Lowered self-esteem,
- Body-image concerns,
- Loss of confidence,
- Internalized beliefs and expectations about what defines a “sexual man” or a “sexual woman” while having disability.

# Tertiary causes of sexual problems



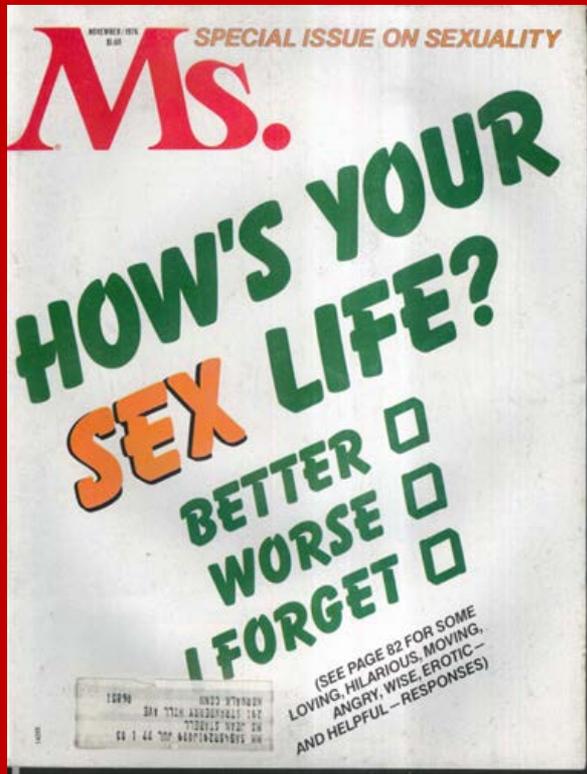
The onset of MS can alter a person's perception of himself or herself as an individual, altering sexual development and expressions of sexuality, and it can have a negative impact on sexual and intimate relationships

# Tertiary causes of sexual problems



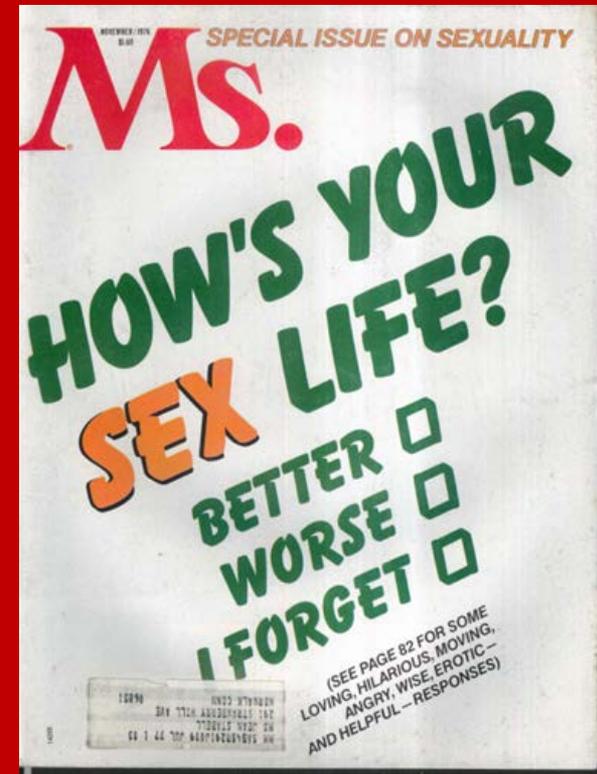
People with MS can find it difficult to see themselves as being “sexual”, having sexual thoughts, desires and needs whilst at the same time identifying with the role of a person with a chronic illness.

# Management of tertiary sexual problems



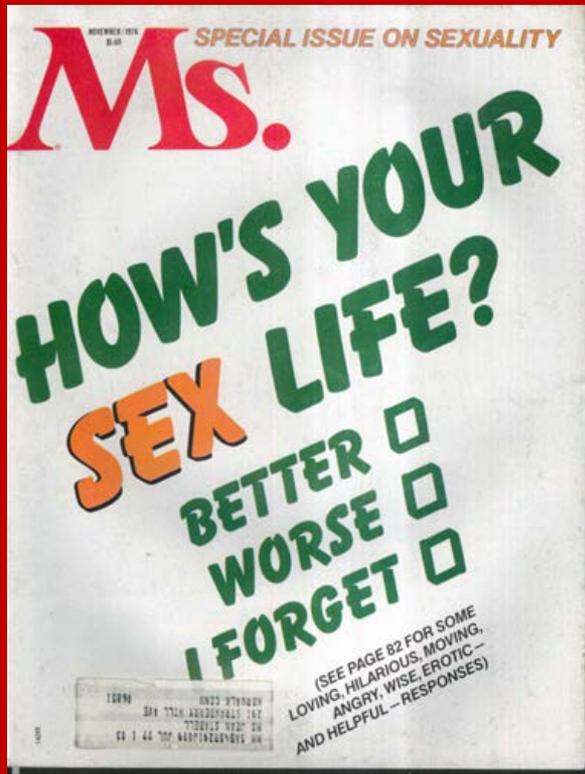
- The key to managing tertiary sexual problems in MS is firstly to identify what issues are having a negative impact on the well-being and sexuality of the individual.
- This includes identification of primary and secondary sexual problems, as well as the psychosocial factors and their complex interaction.

# Management of tertiary sexual problems



- Of primary importance is to recognize the person with MS as a whole person in the context of lifestyle, values, roles. Desires and relationships.
- Counselling can help individuals to explore feelings and facilitate discussion in a respectful and professional way.
- Negative emotions such as guilt, anger and resentment can be identified and worked through, in a non-judgemental environment

# Management of tertiary sexual problems



- Topics perhaps seen as too embarrassing to discuss alone, can be discussed in an open and supportive atmosphere.
- Strategies for improving the situation, or adopting new ways of considering and developing sexuality, can be introduced.

Everyone with MS retains the capacity to give and receive love and pleasure, although creative problem-solving is sometimes necessary to find avenues for intimate expression.

Understanding how MS symptoms might affect intimacy and sexuality represents a crucial step towards overcoming obstacles effectively.

Whether one is newly diagnosed, physical disabled, young, mature, single or in a committed relationship, MS does not diminish the universal human need to give and receive love and intimate pleasure.

**Σας ευχαριστώ!!!**  
**Thank you!!!**

