



Sexual Dysfunction in PD: Essential Facts for Patients

Issues related to sexual life in Parkinson's disease may not be easy to discuss. While not everyone with PD will experience sexual dysfunction, which may have different manifestations if you do.

SEXUAL DYSFUNCTION IN PD – LET'S TALK ABOUT IT

Sexuality is a fundamental human right and an important part of a healthy life. Altered sexual function is one of the commonest non-motor symptoms in Parkinson's disease in both men and women, equally. It can be a prodromal sign of PD. Besides diminished sexual desire, PD patients could also have increased sexual desire and hypersexuality or compulsive sexual behavior. Parkinson's can affect your partner's sexuality as well. Open communication and understanding are the best treatments for relationship and sexual problems.

WHAT ARE COMMON SYMPTOMS IN BOTH MEN & WOMEN?

Reduced sexual desire, hypersexuality and increased sexual drive, inappropriate sexual approach, arousal problems, lack of orgasm, sexual dissatisfaction, limited choice of sexual position, difficulties in sexual communication

Hypersexual behaviors can affect men and women with PD as well and include, increased frequency of erection, higher libido, compulsive masturbation, sexually demanding behavior (even in socially inappropriate settings), intense feeling of jealousy

GENDER SPECIFIC EXPERIENCES INCLUDE:

Women: Vaginism, an uncomfortable to painful sensation during intercourse due to muscles spasms, Urinary incontinence during intercourse, Less lubrication, Genital or pelvic pain during penetration, Orgasm difficulties and anorgasmia

Men: Erectile dysfunction (delayed, premature, or failure to ejaculate)

WHY DOES IT HAPPEN?

Sexual functioning requires functioning of the body's autonomic, sensory, and motor system. Sexual functioning depends on the blood supply to and from genital organs, a balanced hormonal system and a healthy emotional state. The autonomic nervous system in patients with Parkinson is affected, leading to abnormal sexual response and functioning, among many other motor and non-motor symptoms. Dopamine-producing neurons in the brain's substantia nigra are

influenced, thus the signals transmitted through them are poorly controlled leading to decreased or increased sex drive and sexual interest on one way, and control of body movements on the other. In addition, antiparkinsonian medication can cause changes of libido or desire and hypersexuality if an important potential complication after a few years of levodopa treatment (especially if used at high doses).

ADDITIONAL FACTORS TO CONSIDER:

For patients: negative body image, sleep difficulties, reduced self-esteem, depression, apathy, stress, anger, continence issues (frequent and urgent urination), disease related fatigue

For partners of patients: Connecting with their loved one's diagnosis, responsibilities, becoming a carer, loss of interest because of partners symptoms.

Sexual problems can produce frustration and impact your and your partner's quality of life. Therefore, sharing your concerns with your partner can improve the situation for both of you.

IS THERE TREATMENT OR WAYS TO CONTROL SEXUAL ISSUES IN PD?

Management of sexual dysfunction should be made by a multidisciplinary team. Therapies used for sexual dysfunction of any kind can be also used for patients with PD.

- Lubrication agents and systemic or local hormonal replacement help women with arousal problems and decreased libido.
- Standard treatment for erectile dysfunction is sildenafil, and drugs such as apomorphine can also play a role.
- Readjusting the doses of medication can help control hypersexual behavior and motor symptoms mostly.
- Counseling can improve psychological issues that might prevent sexual intercourse.
- Prevention and treatment of unrelated illness is advisable in PD patients, as chronic disorders can aggravate sexual dysfunction.

INTIMACY TIPS:

- Plan sex in the best time window – motor symptoms at minimum
- Use water-based lubricants during intercourse to reduce dryness and discomfort
- Use satin sheets to ease movement and plan positions to minimize uncomfortable movements
- Having an honest discussion with your treating team could be more helpful than expected