

# Institute for Sexual Medicine

## Sexuality and Multiple Sclerosis: Tips from a Sex Therapist



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VA MS Centers of Excellence Webinar  
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# Learning Objectives

At the conclusion of this learning activity,  
the participant should be able to:

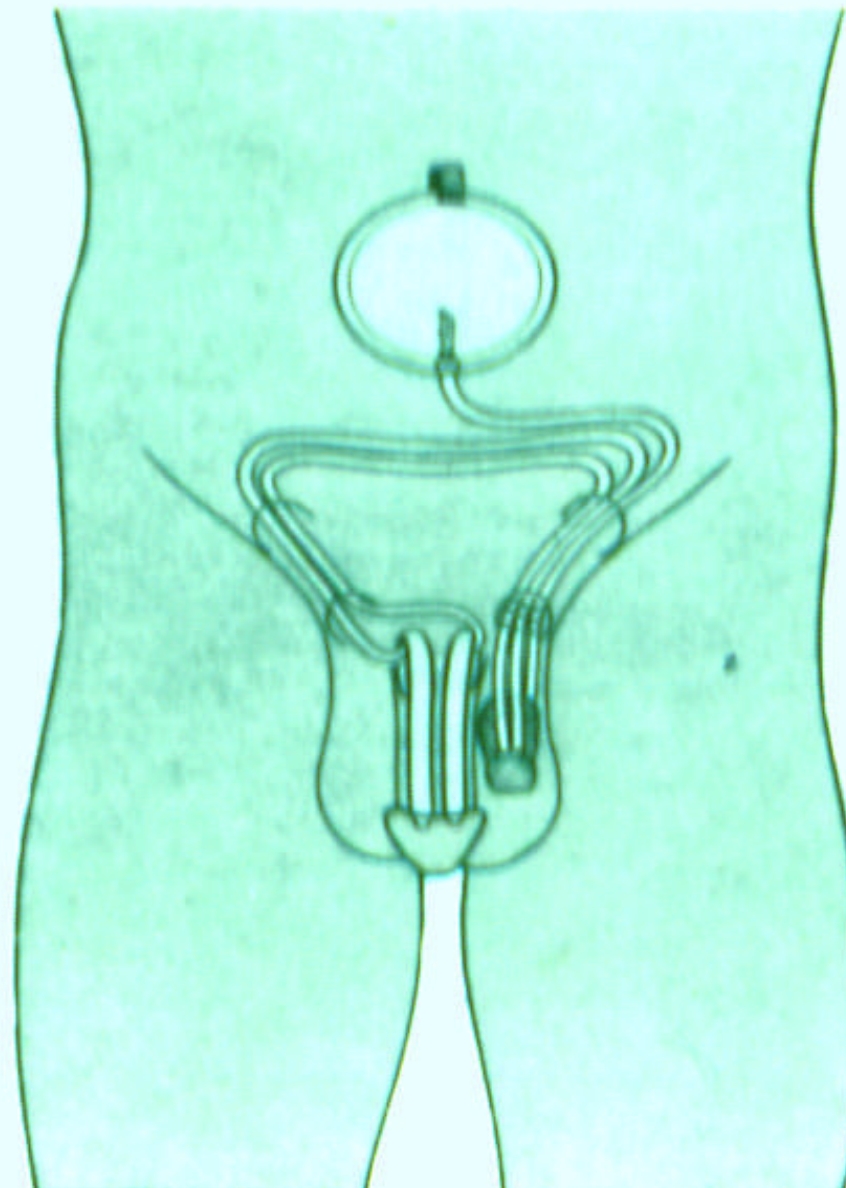
1. Explain the primary and secondary effects of MS on sexual dysfunction.
2. Describe the impact of psycho-social effects on sexual function.
3. Identify basic approaches to manage MS related sexual problems.
4. Discuss the role of the multidisciplinary team in sexual/medical communication with patients.

# Sexuality and Physical Disability: The Past

- ◆ People with disabilities were seen as asexual and received no information on sexuality.
- ◆ Health care providers felt uncomfortable with the topic and had little to offer to people with MS.
- ◆ Sexual functioning was not considered an important aspect of rehabilitation and medical care.
- ◆ The idea of sexuality for people with disabilities was academic with no agreement as to who, when and how services should be provided.
- ◆ No effective treatments available.



Figure 10-10



# Nature of Sexual Problems with MS

- ◆ Lack of interest
- ◆ Lack of erections
- ◆ Inability to experience orgasm
- ◆ Decreased sensation
- ◆ Inability to have intercourse secondary to problems of spasticity, fatigue and muscle weakness



# Incidence of Sexual Issues with MS

- ◆ Not all sexual difficulties may be due to the MS.
- ◆ Medications, lifestyle factors and psychological issues may contribute as well.
- ◆ May result from the demyelination of the sexual pathways or coexist with cognitive dysfunction and brain involvement.
- ◆ Men
  - More than 75% experience sexual difficulties
- ◆ Women
  - More than 50% at some time after diagnosis

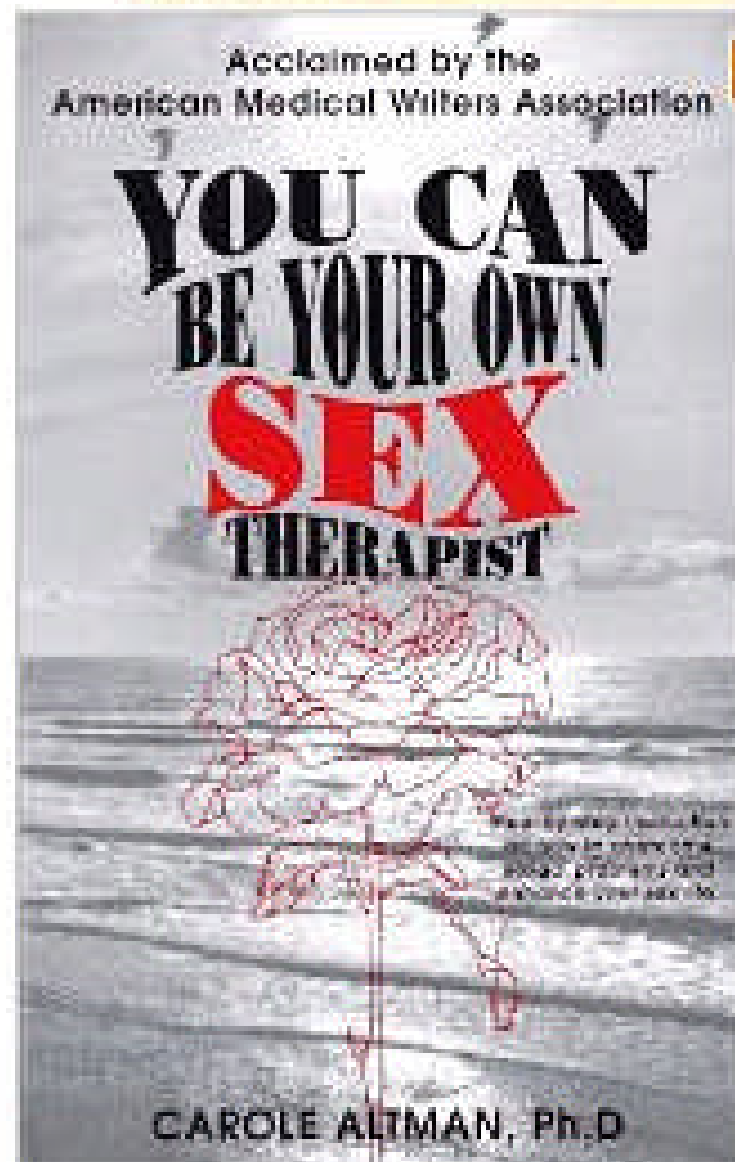


# Sexuality and MS

- ◆ Sexual difficulties may occur early in the course of MS.
- ◆ Predictive factors of sexual dysfunction include:
  - Increased disease activity
  - Depression and fatigue
  - Long duration of disease
  - Spasticity, bladder and bowel symptoms



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# Sex Therapy Tip Number 1

Learn About Your Body and How it Responds to Sexual Stimulation



# Genital Response in Men with MS

- ◆ Approximately 25 to 40% of men with MS between the ages of 18 and 50 typically have some form of erectile dysfunction.
- ◆ Varies from man to man and from time to time. Each sexual experience may be unique.
- ◆ Is often dependant on the length of time since diagnosis.
- ◆ Majority of men are able to achieve erections although sustaining the erection may be difficult.
- ◆ Intercourse may be a problem without some medical assistance.

# Genital Response in Women with MS

- ◆ Less likely than men to report sexual dysfunction.
- ◆ Movement of the pelvic area is limited.
- ◆ Lubrication may be limited or absent.
- ◆ Pain may be present during intercourse due to diminished lubrication.
- ◆ Numbness of the genital area and difficulty with orgasm are common.
- ◆ Manual and oral pleasuring of erotic areas are encouraged as an alternative to intercourse alone.

# Sex Therapy Tip Number 2

Be Aware Of Issues That Are  
Specific To Women

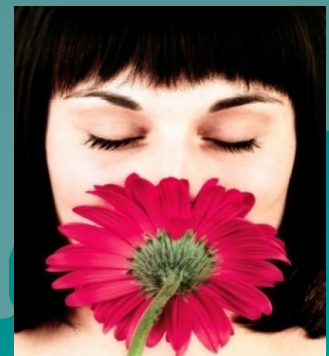


# Women's Sexual Response

- ◆ Women have many reasons (motives) for having sex—sexual desire is often not the primary motivation, especially in long term relationships
- ◆ Women may typically sense desire once a sexual experience is underway
- ◆ Psychological and biological factors influence women's arousability
- ◆ Women's sexuality is highly contextual
- ◆ Arousal is not primarily about the degree of vulval and vaginal vasocongestion

# Women with MS- Conceptualizations of Sexuality

- ◆ Most women conceptualized their sexuality in a way that transcended the physical and genital aspects of sexuality.
- ◆ Most women discussed relationships, communication, trust, concerns related to physical changes and lost independence.
- ◆ Women noted the importance of physical closeness and intimate touch regardless of whether intercourse was still enjoyable.



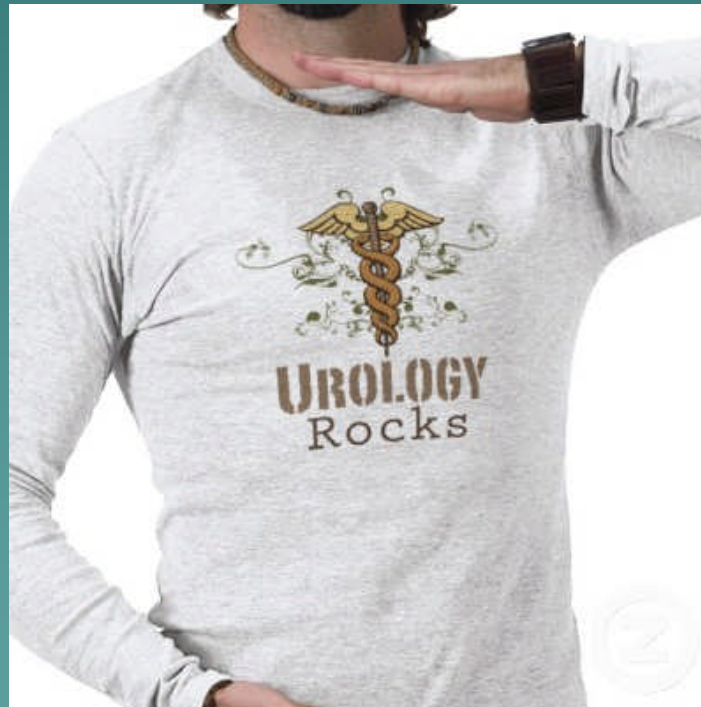
# Fertility for Women with MS

- ◆ Hand tremor, lack of coordination or hip spasticity may make it difficult to insert or remove mechanical contraceptive device.
- ◆ MS is not a contraindication to currently available contraceptives.
- ◆ Many women fear that pregnancy will increase the progression of the disease.
- ◆ Gynecological services, mammograms and reproductive health are important after diagnosis.



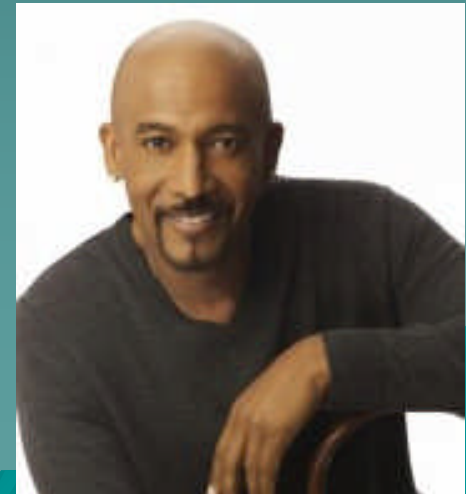
# Sex Therapy Tip Number 3

See a Urologist / Physician for Assistance  
with Improving Sexual Functioning



# Male Sexual Dysfunction with MS

- ◆ Disorders of libido/desire
- ◆ Disorders of arousal
- ◆ Disorders of ejaculation/orgasm
- ◆ Other-Not necessarily disability related
  - Sexual pain disorder
  - Deformity
  - Peyronie's Disease
  - Priapism



# Physiology of Normal Erections

- ◆ Erections are a complex event, requiring
  - Intact Neurological System
  - Intact arterial and venous system
  - Normal hormonal factors
  - Psychosocial adaptations
  - Functioning erectile tissue (the penis)

Abnormalities in any or all of these will lead to ED.



# Oral Medications: Sildenafil (Viagra)

- ◆ Relaxes the smooth muscle in the chambers of the penis allowing greater blood flow into the penis. Adverse effects include:
  - ◆ Headache
  - ◆ Sinus and nasal congestion
  - ◆ Flushing
  - ◆ Blue vision
- ◆ There is a lack of clinical evidence as to the effectiveness of Viagra with men who have MS and erectile dysfunction.
- ◆ Future double blind, placebo controlled trials are needed



# Sildenafil (Viagra) vs Tadalafil (Cialis)

- ◆ The advantage of Tadalafil over Sildenafil is not generally influenced by degree of demyelination in men with MS.
- ◆ Usual dosage is 10 to 20 mg 2 hours before sex.
  - Effective up to 36 hours
  - Headache, joint pain, congestion
- ◆ Cialis now available in 2.5 and 5 mg daily dosage.

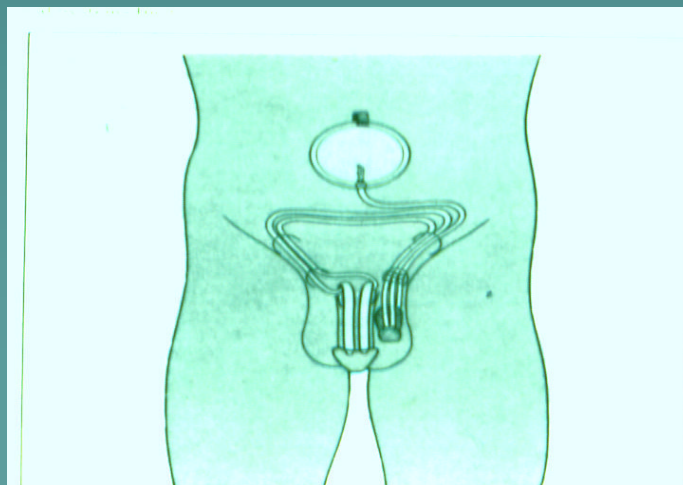
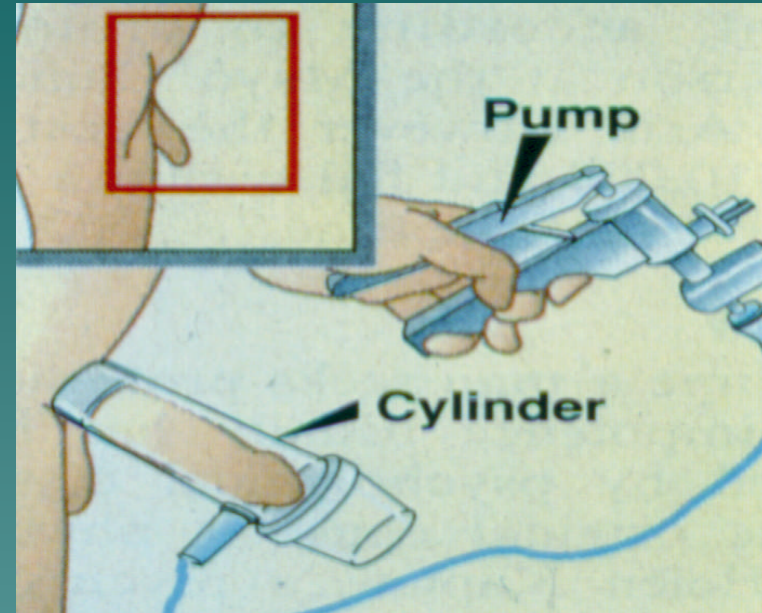
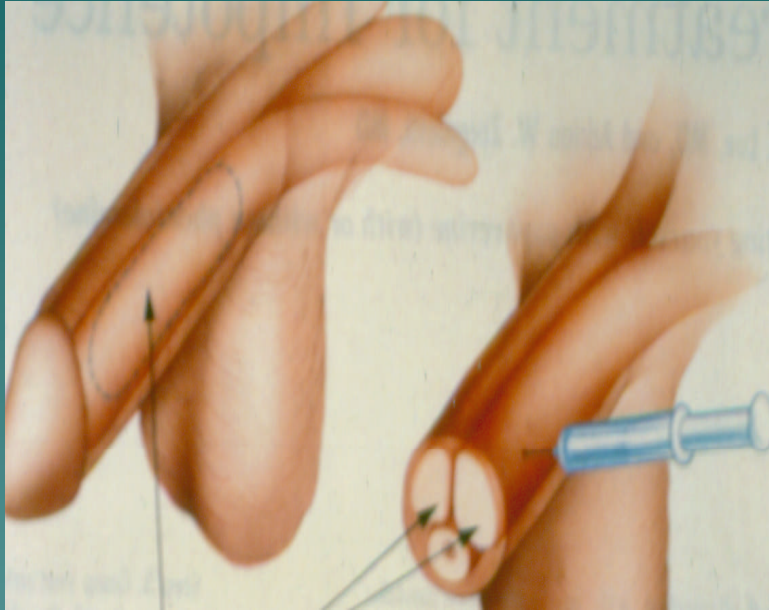


# Avanafil (dubbed “Son of Viagra”)

- ◆ Presented at the AUA, San Francisco, August 2010
- ◆ Next generation medication for E.D.
- ◆ Considered to be an “on demand medication” that works in 15 minutes.
- ◆ Clinical trials with 646 men demonstrate effectiveness of 64%, 74% and 77% over placebo with doses of 50mg, 100 mg and 200mg.
- ◆ No studies yet with disabilities.



# Erections



# Generic Viagra: Just Around the Corner

- ◆ Pfizer patent expired March 27, 2012
- ◆ Drug companies expected to flood the market with a generic brand.
- ◆ How will Pfizer fight back?
  - Over the Counter Viagra.
  - The “Super Viagra” longer lasting and quicker acting.
  - The “tried and true” Viagra that men will not want to leave.

# Viagra and MS: A Side Note

- ◆ Animal studies in Barcelona have reported that daily Viagra use has been effective in reducing symptoms of MS.
- ◆ Viagra reduced the infiltration of inflammatory cells into the white matter of the spinal cord thus reducing damage to the axon and facilitating myelin repair

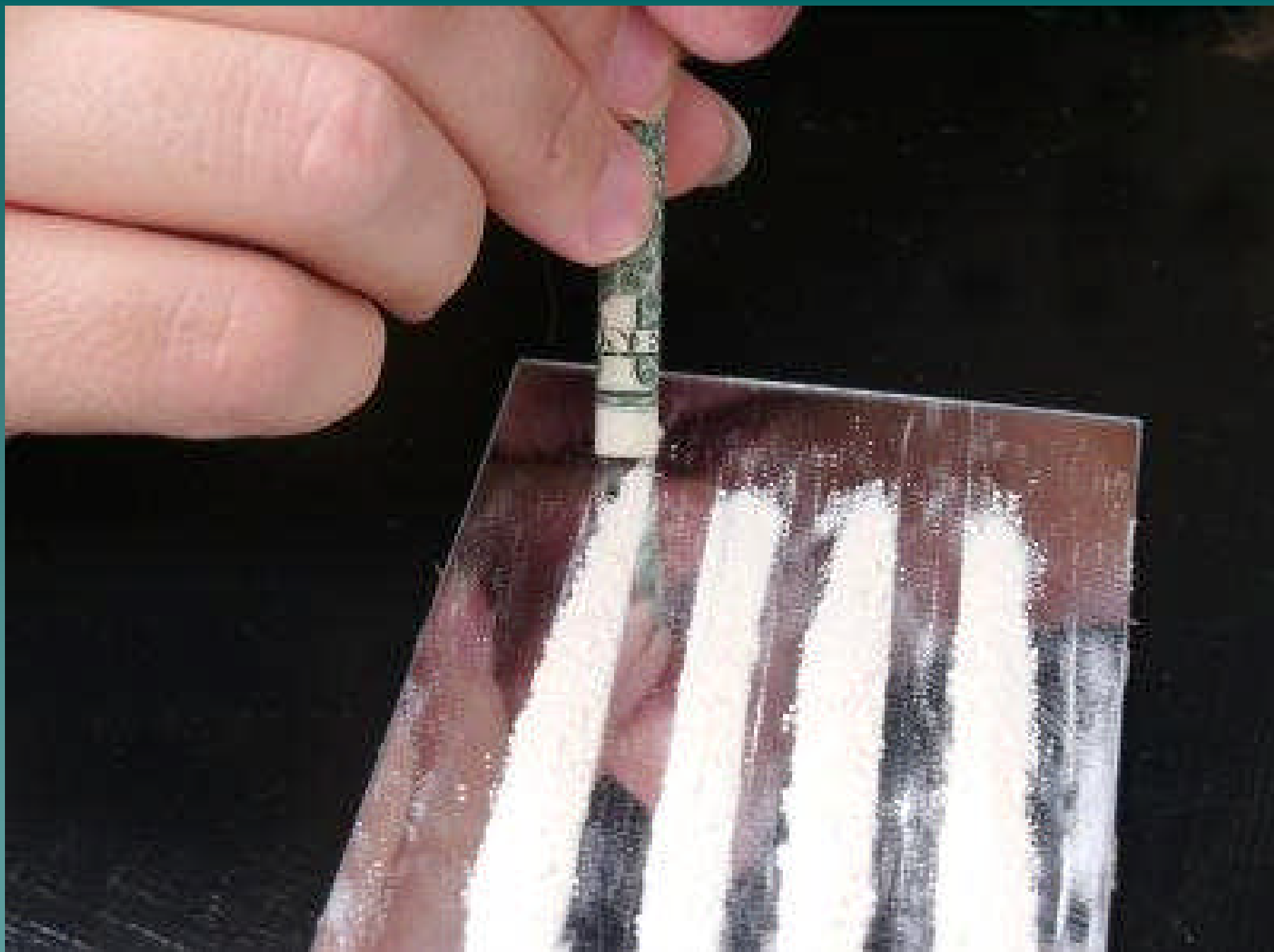


# Sex Therapy Tip Number 4

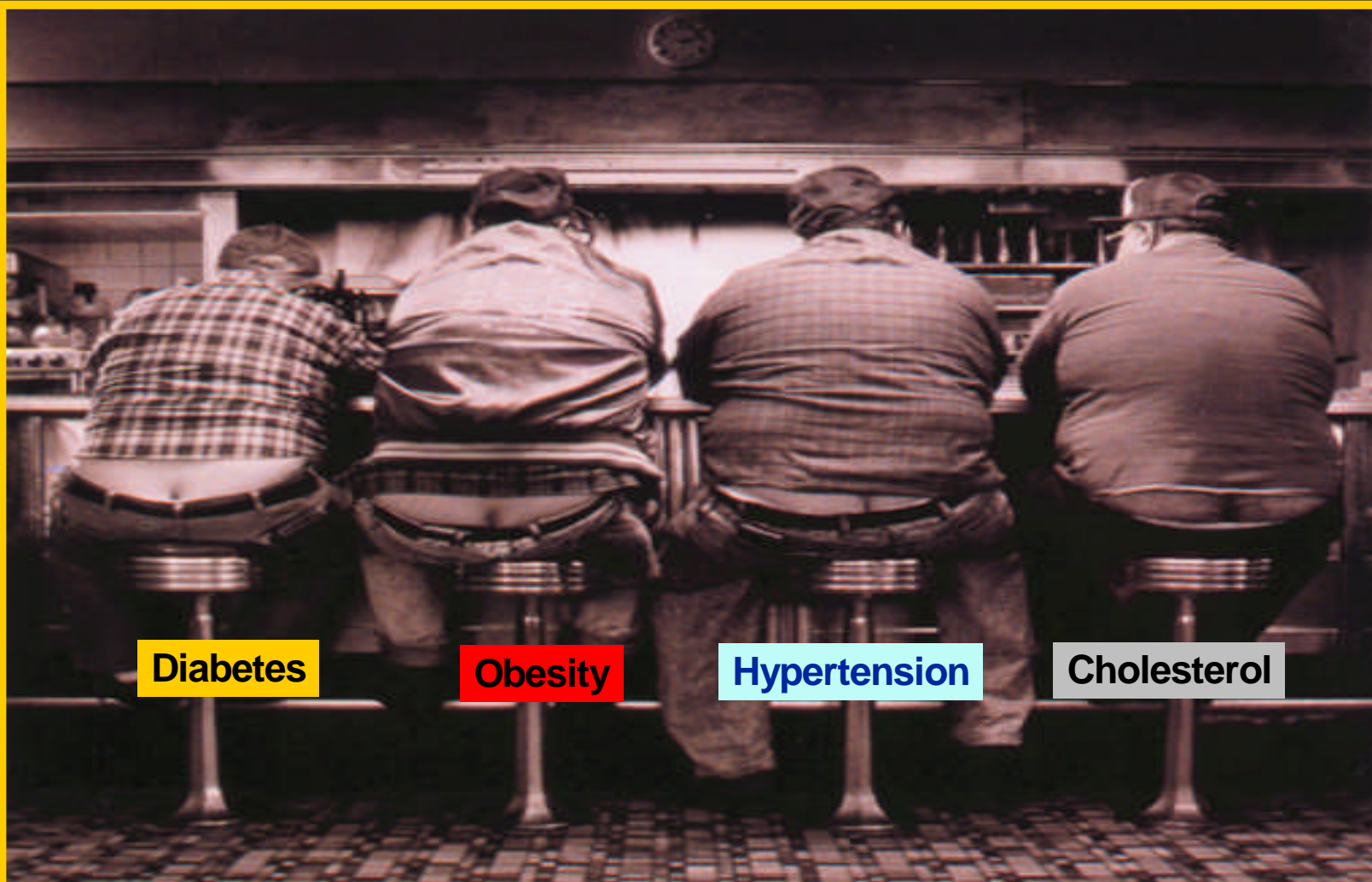
Be Aware of How Health and Life Style Affect Sexual Function







# Life style Factors



Diabetes

Obesity

Hypertension

Cholesterol



# Sex Therapy Tip Number 5

Be Aware of the Psychological  
Issues that Affect How You Feel  
about Yourself



# Successful Sexual Adjustment

- ◆ The ability of the person to
  - resolve the emotional issues of the disease
  - take emotional risks
  - value new sexual abilities
  - communicate.
- ◆ Successful resolution of any difficulties or sexual dysfunction prior to onset of MS
- ◆ Ability to regain self-esteem
  - Body image changes effects on men and women

# Psychological Responses with MS

- ◆ Fatigue and fear of increasing fatigue can lead to decreased participation in sexual activities.
- ◆ Fears
  - That sex may lead to a progression of the disease
  - By partner that sexual activity may worsen the disease
  - Of rejection and loss of sexual attractiveness
- ◆ Cognitive changes may impact communication and the quality of the relationship.

# Psychological Points to Consider

- ◆ Encourage emotional intimacy before sexual activity.
- ◆ Negative thinking can intensify or exacerbate physical difficulties.
- ◆ When sex is stressful, people avoid it.
- ◆ The goal is for every sexual encounter to be enjoyable. Eliminate the idea of failure.
- ◆ Involve the multidisciplinary MS team to address sexual dysfunction concerns.



# Sex Therapy Tip Number 6

Be Attentive of Relationship  
Issues with Your  
Significant Other



# Addressing Relationship Issues with MS

- ◆ Be realistic realizing that good sex takes time, practice and confidence.
- ◆ Realize that past issues may still get in the way of sexual enjoyment.
  - Issues of trust
  - Sexual addiction
  - Rape, sexual abuse history
- ◆ Partner issues need to be addressed.
  - Unresolved anger or resentment
  - Disappointment
  - Pre-existing conflict



# Relationship Issues To Consider

- ◆ Depression by one member of the relationship.
- ◆ Difficulty switching roles between care provider and lover.
- ◆ Loss of partner's libido.
- ◆ Lack of privacy and fatigue.
- ◆ Avoidance or withdrawal.
- ◆ Adjustment of partner may take longer than the person with MS.
- ◆ Fears of causing pain.



# Sex Therapy Tip Number 7

## Be Aware of the Practical Issues Involved in a Positive Sexual Adjustment

Positions  
Sensation  
Bladder &  
Bowel  
Safety Issues



# Sexual Positioning

- ◆ Limited mobility is a major physical and emotional issue.
- ◆ Pain and spasticity may be an issue.
- ◆ Personal Care Assistants may be an option.
- ◆ Creativity, experimentation, and communication are critical.
- ◆ Using a wheelchair for sexual activity can have distinct advantages for both partners.



# Positioning Aids

## Liberator shapes



## Love Bumpers



## Thigh Sling



# Practical & Safety Concerns

- ◆ Once home, avoid a hospital bed if possible.
  - Consider a King bed with separate controls for each side.
- ◆ If using the wheelchair for sex, insure that it does not exceed the 250 pound maximum.
- ◆ Be cautious of slippery and fragile shower chairs for sex.
- ◆ Be aware of skin related issues during sex.
- ◆ Understand medications and their impact on sexual functioning.



# How to Compensate for Decreased Sensitivity

- ◆ 30% Stated that they fantasized and thought about how sex felt in the past.
- ◆ 22% Reported that they kissed, touched and caressed erogenous and other zones of the body.
- ◆ 6% Watched the sex act directly or with the help of a mirror.
- ◆ 5% Longer foreplay or stronger stimulation.
- ◆ 21% Unsure what to do. (N=356)



# Bladder and Bowel Management

- ◆ Accidents are commonplace.
- ◆ Limit fluid intake prior to sexual activity.
- ◆ Timing of sexual activity around bladder and bowel routines.
- ◆ Empty bladder prior to sexual activity
- ◆ Preparation and communication are critical.



# Using a Vibrator for Pleasure, Orgasm or Ejaculation

## ◆ Vibratory stimulation

- Pleasurable for both men and women with diminished sensation
- Is not invasive
- Can be enjoyed by both partners
- Ejaculation frequently occurs within several minutes



# Sex Therapy Tip Number 8

Communicate, Communicate,  
Communicate



# The Best Thing a Sexual Partner Can Do

- ◆ 38% of women stated caressing, kissing or licking areas with sensation.
- ◆ 14% Take your time and extend foreplay.
- ◆ 7% Give a massage.
- ◆ Most women wanted a partner to be warm, tender and romantic.
- ◆ Qualities that were important were acceptance, honesty and understanding.



# For Men: The Best Thing a Partner Can Do

- ◆ Not put demands or expectations.
- ◆ Be Supportive and reassuring.
- ◆ Put no pressure regarding erections or performance.
- ◆ Help the man feel secure in the relationship.



# Talking about the Issues

- ◆ Feeling unattractive and unwanted by either member of the relationship.
- ◆ Fears of rejection.
- ◆ Inability to continue initiating sexual intimacy. Libido.
- ◆ Shifting of roles, fatigue depression of partner.
- ◆ Emotional distance and avoidance of affection.



# Sex Therapy Tip Number 9

Open Your Mind to New Possibilities of Getting and Receiving Sexual Pleasure



# Learning about Your Body

- ◆ Masturbation and self pleasuring is an important means to learning about your body. Share with partner.
- ◆ Explore other erotic areas of the body.
- ◆ Explore sensate and insensate areas.



# Enhancing Sexual Pleasure

- ◆ Utilizing memory and fantasy to enhance the experience of orgasm.
- ◆ Becoming more attuned to other bodily indications of sexual arousal.
- ◆ Incorporating other sensual stimulation such as visual, auditory and verbal.
- ◆ Exploring the potential of other erotic body areas where some sensation may be present.
- ◆ Don't try to re-create the past.



# Sex Therapy Tip Number 10

Find Ways of Integrating Sexual Education and Counseling into Your Clinical Practice



# Take Home Messages for HealthCare Providers

- ◆ Be aware of your own issues related to sexuality.
  - Your approach sets the tone for patients feeling comfortable to discuss their concerns with you.
- ◆ Take the initiative to bring up the topic.
  - Don't wait for the patient
  - Discuss sexual dysfunction as a possible MS symptom
- ◆ Encourage patient to have open discussion with partner.
  - ◆ Role of sexual intimacy in a relationship
  - ◆ Changing roles in sexual activity
  - ◆ Role of care giving and intimacy
  - ◆ Adapting to changes in positioning aids and devices

## Take Home Messages for HealthCare Providers (cont.)

- ◆ Providing information about common sexual problems helps to “normalize” the problem.
- ◆ Be sensitive to the emotional and relationship issues as well as the physical changes.
- ◆ Revisit the topic on a regular basis
  - Especially after changes in physical or cognitive functioning
- ◆ Redefining “sexuality” can be addressed by all MS team members

# Resources

- ◆ <http://stanleyducharme.com/>
- ◆ Sexuality and Reproductive Health in Adults with Spinal Cord Injury: A Clinical Practice Guideline for Health Care Professionals. Stanley H. Ducharme, PhD, Chairman, Clinical Practice Guideline Development Panel, Consortium for Spinal Cord Medicine
- ◆ <http://www.webmd.com/multiple-sclerosis/guide/multiple-sclerosis-maintaining-intimacy>
- ◆ <http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/symptoms/sexual-dysfunction/index.aspx>
- ◆ [http://www.va.gov/MS/articles/MS\\_Self\\_Report\\_Questi onnaires\\_Fatigue\\_and\\_Sexual\\_Function.asp](http://www.va.gov/MS/articles/MS_Self_Report_Questi onnaires_Fatigue_and_Sexual_Function.asp)
- ◆ [http://www.va.gov/MS/articles/Sexual\\_Dysfunction\\_an d\\_Multiple\\_Sclerosis.asp](http://www.va.gov/MS/articles/Sexual_Dysfunction_an d_Multiple_Sclerosis.asp)

# Thank You !

