

EVOLUTION OF SEXUAL HEALTH IN PARKINSON DISEASE

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QUIZ – OPTIONAL PARTICIPATION

1. Who's at least a little embarrassed to hear what I have to say?
2. Who's at least a little embarrassed to discuss sexual health, satisfaction, and problems that they are having?
3. Who's fearful about how their romantic and/or sexual life will look in the next 5-10 years?
4. Who thinks nothing can be done to help their sexual health symptoms?

OBJECTIVES

- **Define important factors and changes in sexual health during aging and Parkinson disease**
- Analyze the psychological and motor obstacles an individual may have related to their sexual health
- Recommend multidisciplinary approaches for managing sexual dysfunction and/or dissatisfaction

TERMS RELATED TO SEXUALITY

- **Love:** strong affection or attachment (for self or other)
- **Intimacy:** close, familiar, affectionate, in close association with, or with detailed knowledge of
- **Libido:** sexual desire
- **Sexual arousal:** mental and physiological responses (many autonomic) in preparation for sexual activity
- **Orgasm:** rhythmic muscular contractions of the pelvic region and brain response (pleasure)
- **Refractory/Resolution period:** the time after orgasm where most men cannot achieve an erection, and both men and women may have genital hypersensitivity

AGING AND SEX

- Sexuality during aging may be **affected by general physical and mental well-being**, quality of relationship, life situation, marriage status, menopausal status, education, social class, **stressors**, and **self-perception**.
- A review of evidence shows that libido, sexual activity, and a reported good-quality sex life are all typically higher in men than women, and this gap widens with age.
- In a survey of 3,000 US adults: the following numbers of people were sexually active:
 - 73% aged **57-64**
 - 53% aged **65-74**
 - 26% aged **75-85**

WOMEN, AGING, AND SEX

- Women live on average, about 30 years after menopause, and lowered estrogen and other factors can lead to:
 - decreased vaginal lubrication (50-55%) - may lead to dryness and tightness
 - pain with intercourse (35-40%): due to pelvic floor disorders such as urinary incontinence, dropping down of internal organs (uterus, bladder), and other causes.
 - decreased genital sensitivity (35%)
 - decreased frequency/intensity of orgasms (30-35%)
 - loss of libido (25-30%)

MEN, AGING, AND SEX

- Sexual difficulties reported in older men include:
 - Erectile dysfunction, which partly occurs due to age-related decreases in penile smooth muscle and sensitivity, as well as blood vessel disease (40% of men), hormonal, medication side effect, neurological and psychological reasons. How common is it? Rough estimates are:
 - 50% of men in their **60s**
 - 70% of men in their **70s**
 - 75% of men age **80+**
 - Loss of libido (25-30%)
 - Premature ejaculation (25%)
 - Inability to climax (20%)
 - Anxiety about performance (25-30%)

OBJECTIVES

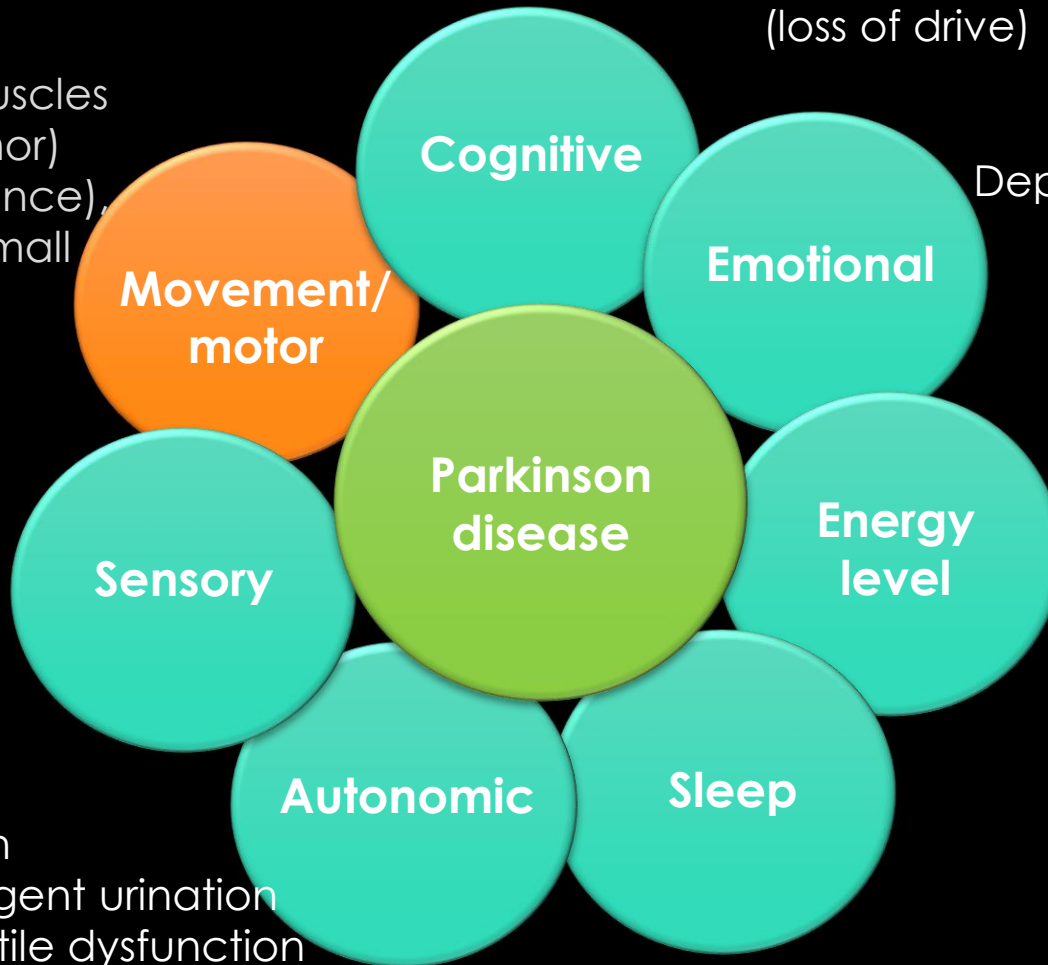
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OVERLAPPING SYMPTOMS IN PD

Slowness of movement
Stiffness of muscles
Shaking (tremor)
Stability (balance), shuffling & small steps

Apathy
(loss of drive)

Depression, anxiety



**Movement/
motor**

Cognitive

Emotional

Sensory

**Parkinson
disease**

**Energy
level**

Fatigue, etc

Autonomic

Sleep

Constipation
Frequent/urgent urination
Sexual/erectile dysfunction
Low blood pressure
Sweating changes (oily or scaly skin)
Temperature regulation dysfunction

TYPES OF SEXUAL DYSFUNCTION IN PD

- Roughly 35-75% of men and women with PD have the following difficulties:
 - Decreased libido
 - Orgasm difficulties
 - Decreased sexual satisfaction
 - Pain with sexual intercourse (**women** or **men**)
 - Erectile dysfunction (**men**): 40% higher than age-matched men without PD
 - Premature ejaculation (**men**)
 - Vaginal dryness or tightness (**women**)
 - Involuntary urination with sex (mostly **women**)

SEXUAL DYSFUNCTION IN PD

- Sexual dysfunction is associated with **reduced quality of life**.
- Overlapping influences include:
 - **Movement** difficulties
 - **Pain**
 - **Autonomic** difficulties: urinary incontinence, blood pressure changes, sweating/temperature changes
 - **Psychological** factors
 - **Medication side effects**: including anti-depressants, but also medications for high blood pressure, allergies, stomach acid

MOVEMENT FACTORS IN PD

- Difficulties can arise from slowness, muscle stiffness, tremor, unstable hand & finger fine motor control, imbalance, and trouble stabilizing head/trunk posture may create hurdles in engaging in sexual activity.
- Dopamine medications (levodopa, dopamine agonists, etc) and deep brain stimulation likely have minimal or no direct effects on sexual health.

PAIN

- 1/2 to 2/3 of PD patients report some degree of **chronic pain** (which may or may not be due to PD).
- If **chronic pelvic pain** is present, it can be associated with erectile dysfunction for men or pain during intercourse for women.

PSYCHOLOGICAL & INTERPERSONAL FACTORS

- **Body image** and sexual image
 - associated with motor problems, excess salivation, swallowing problems, change in family roles, dependency
- **Communication** difficulties
 - due to speech, and language or other cognitive changes
- **Sexual passivity**
 - associated with motor problems, depression, etc
- **Hypersexuality**, causing partnership difficulties
 - sometimes is associated with dopamine agonists or other PD medications, or occasionally due to cognitive difficulties

DEPRESSION

- **Depression** may be present in around half of PD patients and correlates with sexual dysfunction, loss of libido and sexual dissatisfaction.
- **Antidepressants** may ALSO cause sexual problems. What to do?:
 - lower the medication **dose**
 - **add** bupropion (Wellbutrin), buspirone (Buspar), or sildenafil (Viagra)
 - **switch** antidepressant to bupropion (Wellbutrin), mirtazapine (Remeron), or nefazodone (Serzone)
 - use **weekend holidays** from the medication (with doctor supervision)
 - use **efficient physical stimulation**

HYPERSEXUALITY AND INAPPROPRIATE SEXUAL BEHAVIORS

- Hypersexuality and compulsive sexual behaviors have been seen in around 7% of patients on dopamine agonist treatment, and around **3% of patients on any PD treatment.**
- 2-17% of patients with **any type of dementia** demonstrate inappropriate sexual behaviors (more commonly in men).
- Defining a change from baseline and what the new pattern is, are both helpful. Then, it is usually important to **validate desires, set boundaries,** and find **solutions that work for both individuals.**

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TREATMENT – PERSONAL STEPS

- **Become educated** about aging, sexual health, and PD
 - www.helpguide.org/articles/aging-well/better-sex-as-you-age.htm
- **Intimacy can be the goal** and doesn't have to always involve sexual activity.
- Focus on **“pleasure-oriented” outercourse** instead of “goal-oriented” intercourse.
- **Plan sexual activities** at your best time of day (least fatigue and sleepiness, and best Parkinson medication benefits)
- **Change positions** during sexual activity when pain or other symptoms are problematic.
- **Gradually use more intense stimulation** during sex as needed (potentially more than previously needed).

TREATMENT – WITH PRACTITIONERS

- Remove/reduce offending medications
- Treat contributing health issues: depression, fatigue, pain, hormonal deficiency, couple relationship problems, etc.
- **Consultation** with physicians:
 - Primary care
 - Neurologist
 - Psychiatrist
 - Urologist – urinary, and male sexual problems (sometimes female sexual problems too)
 - Gynecologist – female sexual problems
- **Consider counseling** – individual or couples
 - General counselors
 - Sex counselors – for listings:
 - American Association of Sex Counselors, Educators, and Therapists (AASECT)
 - American Association of Couples and Sex Therapists (AACAST)

DISCUSSION WITH DOC'S & COUNSELORS

- **Describe** the sexual problem as you see it. If there's more than one, which is most bothersome?
- When and how did it first appear? Has it **changed over time**?
- Does it occur only in **certain situations or circumstances**? (time of day, type of sexual activity, dynamics in your relationship, etc.)
- How is this **different** from your **sexual life prior to PD**?
- List the **medical and recreational drugs** you use.
- Describe **psychological** (anger, anxiety, guilt) **or relationship factors**.
- Does your **partner** have **additional sexual problems**?

FOR SEXUAL DESIRE ISSUES

- **Libido differences** can happen between members of any couple and may be normal or abnormal.
 - If **loss of libido** is an issue: investigate factors such as depression, fatigue, pain, hormone deficiency, couple relationship problems, and medication side effects (i.e. anti-depressants, etc).
 - If **hypersexuality** is an issue: consider reducing the dose or stopping a triggering medication. Less commonly, if it's related to cognitive impairment, then treatment of this issue and setting up healthy boundaries may be needed.

ERECTILE DYSFUNCTION TREATMENT

- Treatments for erectile dysfunction:
 - Healthy **lifestyle** choices: exercise regularly, lose extra weight, stop smoking, drink less alcohol, and do not abuse drugs
 - Psychological **counseling**
 - **Oral medications**
 - **Testosterone supplementation** – increases libido, but limited/mild improvements in erectile dysfunction (and usually is **not** helpful if ED is the only symptom of low testosterone).
 - Penile **self-injection** therapies (blood vessel dilators)
 - External **vacuum + constriction devices**
 - **Arterial revascularization** procedure
 - **Penile prostheses**, including internal inflatable penile implants, etc

TREATMENT – ORAL MEDICATIONS

- phosphodiesterase (**PDE5**) inhibitors:
 - **sildenafil (Viagra)** 25, 50, or 100mg per dose 0.5-4 hours before sex, max: 100mg/day.
 - **ildenafil (Levitra)** 5, 10, or 20mg per dose, 1 hour before sex, max: 20mg/day.
 - **tadalafil (Cialis)** 5, 10, or 20mg per dose as needed, max: 20mg per 1-3 days depending on response & other meds. For daily use: 2.5 or 5mg every day.
- Monitor for **low blood pressure upon standing** and these may be dangerous if **nitrates** are prescribed for chest pain.
- Slowed digestive motility can **delay absorption** of these medications, so they **may need to be taken a few hours prior** to sexual activity.
- ?? These might also increase libido or help with orgasmic dysfunction, but *data is lacking on these issues.* ??

FEMALE SEXUAL HEALTH TREATMENTS

- For **pain** during sexual intercourse:
 - Address underlying urinary urgency/incontinence
 - Address internal organ dropping (uterus, bladder, etc)
 - For vaginal tightness (thinning, narrowing, shortening): progressive dilators can help over time
- For **decreased sensation, vaginal dryness, or for pain** with intercourse:
 - Vaginal **lubricants**
 - Topical or oral **estrogen** (may help with vaginal thinning and dryness)
 - ?? Testosterone might help with some types of sexual dysfunction (for women not on estrogen replacement) such as potentially increasing low libido *but more data are needed.* ??

IN THE END...

- Optimal management of PD and all other health conditions **reduces the number of variables** that could be causing sexual health problems.
- **Challenge your notions** of what it means to age and have PD when it comes to intimacy, love and sex. Some changes may be needed, but you may also surprise yourself. When do you say or think “**since ____ then ____ will happen**” or “**I can’t ____**” ?
- **Talk openly** about romance and sex with your partner and treating healthcare providers.
- Get advice from **more than one type of provider** as there are many factors that contribute to sexual health and dysfunction.



QUESTIONS ??

COMMENTS ??

CONFESSIONS....??

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