PARKINSON’S AND SEXUALITY

This article focuses on how Parkinson’s affects sexual function. People do not routinely ask about these questions, and doctors and nurses often don’t take the initiative to discuss this issue. However, sexuality is a concern of all people regardless of age. Aging does not exhaust the sexual drive and older people have a right to sexual expression.

It’s important to remember that sexuality means different things to different people. More than just the physical act of intercourse, sexuality is love, warmth, sharing and touching between people, and has a significant role in the promotion of total health.

Possible causes of sexual dysfunction

Much depends on the state of a couple’s emotional and physical relationship before a chronic illness intervenes. If your sex life was unsatisfactory before diagnosis, it won’t improve without help when you have to adjust to a chronic illness at the same time. But if your relationship has been happy and healthy, there is no reason why it shouldn’t continue that way.

While the autonomic nervous system may play a major part in primary sexual dysfunction in some people with Parkinson’s, other factors may contribute to secondary sexual dysfunction, in both the person with Parkinson’s and their partner.

The motor symptoms of Parkinson’s and fatigue may make sexual intercourse difficult. For many people, their motor functions are best in the morning and worst at night. Difficulties may occur in couples who don’t try or are unwilling to make changes in their sexual patterns.

Also, if the person’s movement disorder is disruptive at night a couple may decide to sleep in separate beds or rooms, decreasing the opportunity for spontaneous sexual contact.

Anti-parkinson medication may also have some effect on libido and sexual response.

The hypersexuality reported in some people may be a problem where both partners don’t share the desire for an increase in sexual frequency.

Diminishing physical capacity may mean the person with Parkinson’s takes on a more passive role.

Anger, grief and depression may affect libido and sexual performance.

Extra demands on the time and energy of the partner may require considerable adjustment to work commitments and leisure times, or dramatic role changes may cause disruption within a relationship.

Changes in body image, tremor, dyskinesia, lack of facial expression, skin texture and smell (drugs may cause a change in body odour for some) may make people seem less attractive to their partner at the very time when their self esteem is crumbling and they need encouragement.

Other problems may include non-communication (particularly in male patients), infrequency,
erectile problems, high levels of avoidance and non-sensuality, and difficulties with orgasmic function.

**Approaches to problems**

Adjustment to a different sex life within a relationship may vary enormously. The difficulty comes when one partner wants more than the other can give. Prior discussion with both partners and sometimes counselling is very important. The bedroom should not be a battleground; partners can always try to improve each other’s self-esteem by praising successes outside the bedroom.

Some practical help for male patients with erectile dysfunction includes use of drugs like Viagra or Cialis. Although generally safe to be used with Parkinson’s medications, there are several contraindications, so this needs to be discussed with a doctor. Other treatments include injectable medications, vacuum devices and prostheses, but in all cases it’s important to consult a urologist to see if the person is a suitable candidate.

However, it’s important to remember that not all intimacy needs to involve intercourse.

Female patients may have problems with inadequate vaginal lubrication caused either by insufficient stimulation or dry and narrowed vaginal tissues. A female patient or partner may have passed menopause, causing physical changes due to lack of estrogens. Intercourse can be painful and bladder infection is more common. The use of oral estrogens or creams, water soluble lubricants can help some women.

Fatigue and whether the drugs are working reliably are important in determining quality of orgasm in both sexes. For many women with or without Parkinson’s having an orgasm during intercourse may be difficult. Women may need some added stimulation. This is where the ability to communicate your needs is so important, and if we can speak about these concerns, there can be a solution.

As fatigue plays a huge role in the disruption of sexual relations and intimacy, be creative how you choose your time and place for sex. Last thing at night is not the best time: enjoy it at whatever time suits you both.

There are plenty of people with Parkinson’s who are single by choice, chance or through widowhood. Particular difficulties arise for men and women in nursing homes, and sometimes nursing staff can be very judgemental about the needs of these residents. For example, men and women may be used to masturbating regularly and staff should respect the privacy of residents by knocking on doors and withdrawing discreetly. Also, if only one partner is in care, conjugal visits with uninterrupted time should be allowed for men and women alike.

The sex drive may increase in a few men with late stage Parkinson’s, accompanied by some memory loss and lack of inhibition. Some researchers feel that dopaminergic drugs contribute to this. This situation is difficult both in the home and in a facility. It disturbs everyone including the patient who can become very agitated. A first step is to help everyone involved understand why the person is acting in this way, and to discuss practical ways to reduce the consequences of this behaviour. Following this, a trial of medication to reduce the effects of the male hormone testosterone may allow the person with Parkinson’s to remain where he is living, with restored dignity.
Intimacy need not involve sex, but is very important in a relationship. A cuddle is an effortless, smooth, responsive gesture of affection given to a loved one. Parkinson’s is an exhausting, uncoordinated, constrained state of being. With Parkinson’s physical expression is limited and even a ‘thank you’ hug for one’s partner requires careful operation.

When basic energies are easily exhausted every move has to be rationed to conserve as much energy as possible. When to hold hands or to put an arm round one’s partner’s shoulder involves planning every stage of a now complicated manoeuvre, then how much easier it is not to bother. When the simplest movement appears slow, clumsy and uncontrollable it seems more dignified not to try.

Truly, pride goes before a fall, and self esteem also. It is difficult to show love when one feels unlovely, yet everybody needs to feel attractive somehow. But don’t deny the opportunity for receiving such approaches as eventually the discouragement of such compliments – for that is what such approaches are – will only serve to strengthen the belief in one’s unloveliness.

A partner may feel at a loss to help or improve one’s condition and the giving and showing of affection may sometimes be the only form of reassurance one’s partner can think of. It can be tempting for people with Parkinson’s to limit all activities to the times when the medication has produced its best results. But think how much more reassuring it must be to receive gestures of affection when one is at one’s worst. It is easy to feel loveable at one’s best, but it is much better to feel loved at one’s worst.

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Please do not interpret anything in this fact sheet as personal medical advice, always check any medical problem with your Doctor.

Further information may be obtained from your local branch of Parkinsons New Zealand or Freephone 0800 473 463