

Webinar Series



Sexuality and Sexual Health in MS

February 13, 2018

Presented by:



Sanofi Genzyme | Genentech

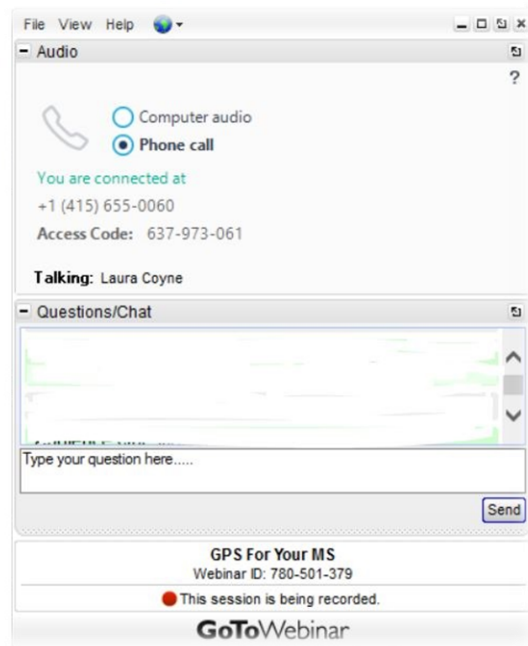


**National
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Agenda

- **Broaden existing knowledge about:**
 - Sexuality & Intimacy
 - Disability
 - View sexuality as an important within the context of life changes with disability
- **Challenge personal views and beliefs**
 - About intimacy & sexuality
 - About MS
- **What you can do**
 - Your relationship to yourself
 - Your relationship to your partner
 - Your relationship to your health & healthcare team

The Burning Questions

- **Why are we having this discussion?**
- **Reality is....**
 - Our thoughts, behavior, emotions, and beliefs about disability can affect sexual activity and intimate relationships
- **How much do you care?**
- **Are you concerned that sex is not on your mind?**

Topic Sensitivity

- **Personal topic**
 - Personal value system
 - Moral beliefs
 - Religion/Spirituality
 - Cultural beliefs
- **Respect for self and your beliefs**

Sex is an important part of our overall health

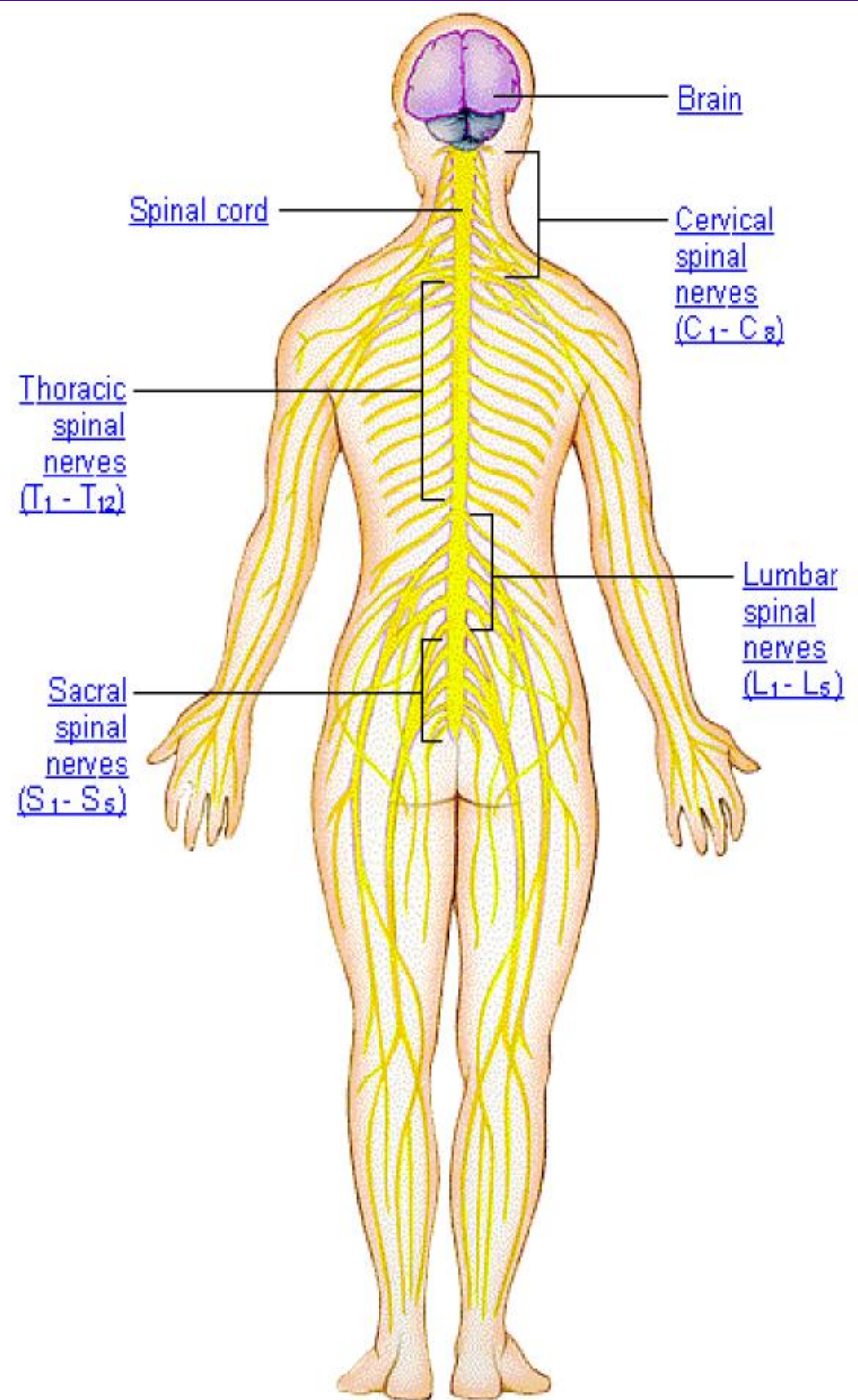
- Improves immunity
- Improves sleep
- Improves heart health
- Reduces pain
- Reduces risk of prostate cancer
- Reduces stress
- Increases brain power
- Increases self esteem
- Increases life span

MS Can Interfere With Sex

- 35%-40% of general population report at least occasional problems with sexual functioning
- 80% of people with MS experience some type of sexual problem at some point
- It is your right to ask questions as a regular part of your health care!

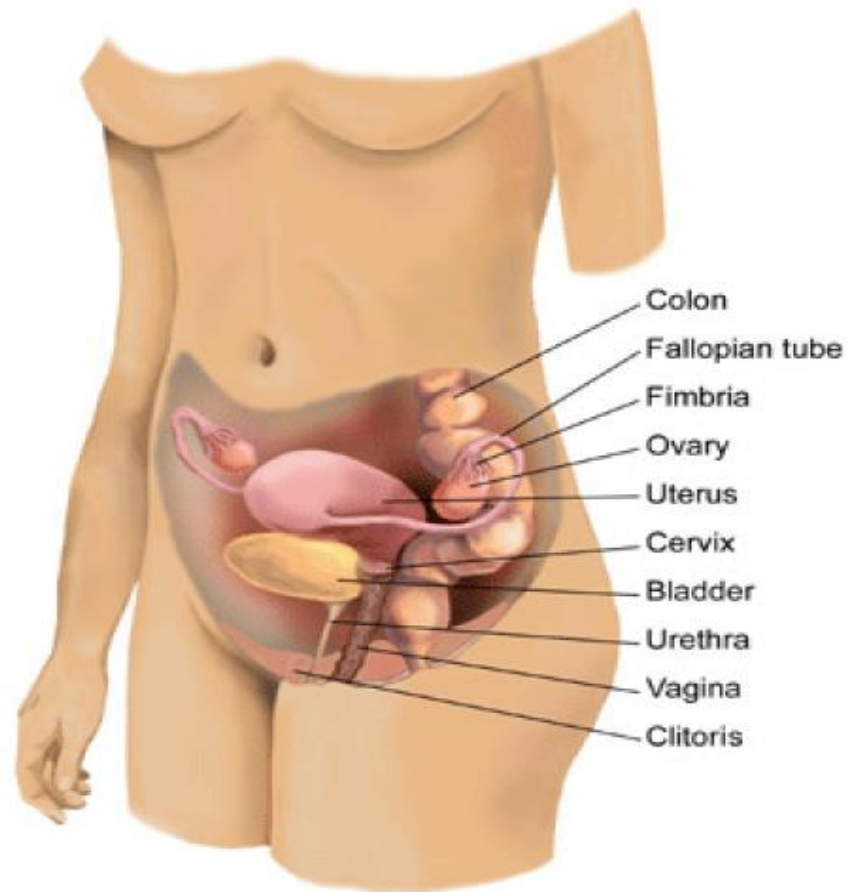


Physiology Of The Sexual Response

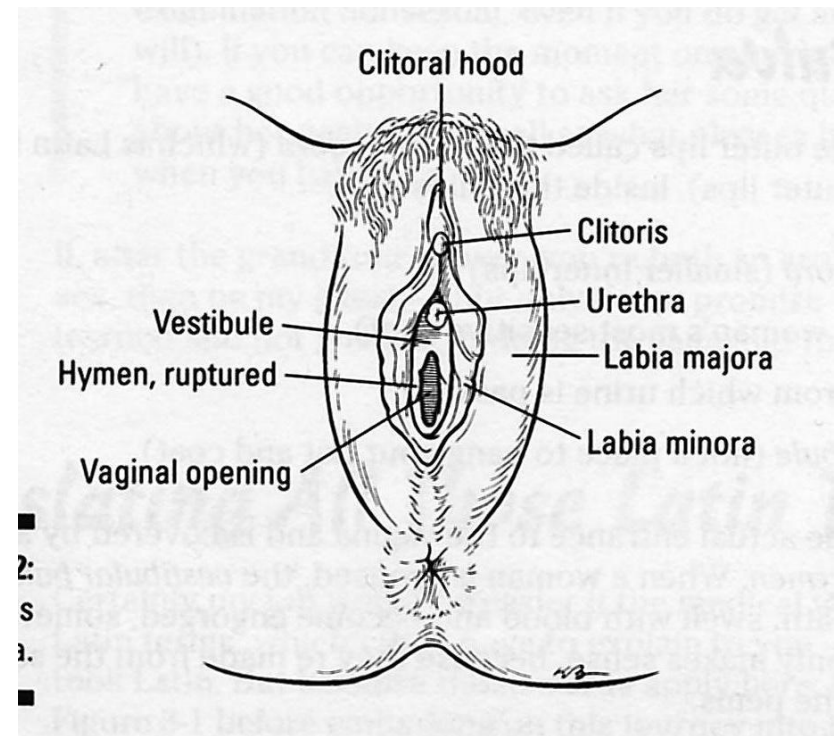
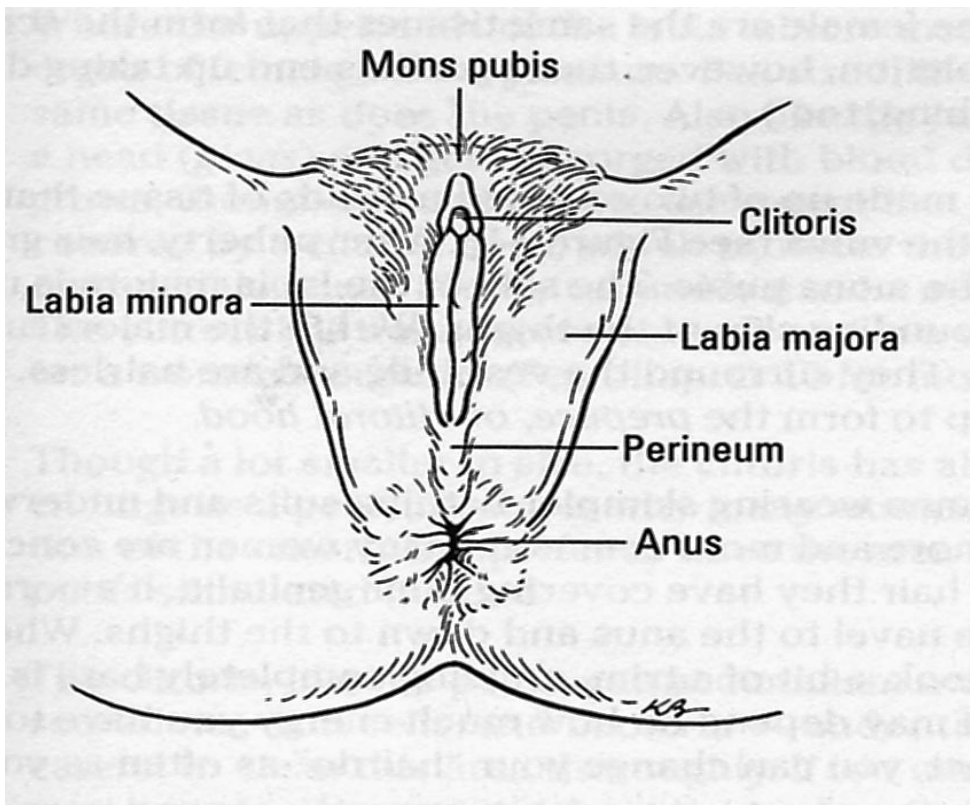


Female Sexual Anatomy

Front View

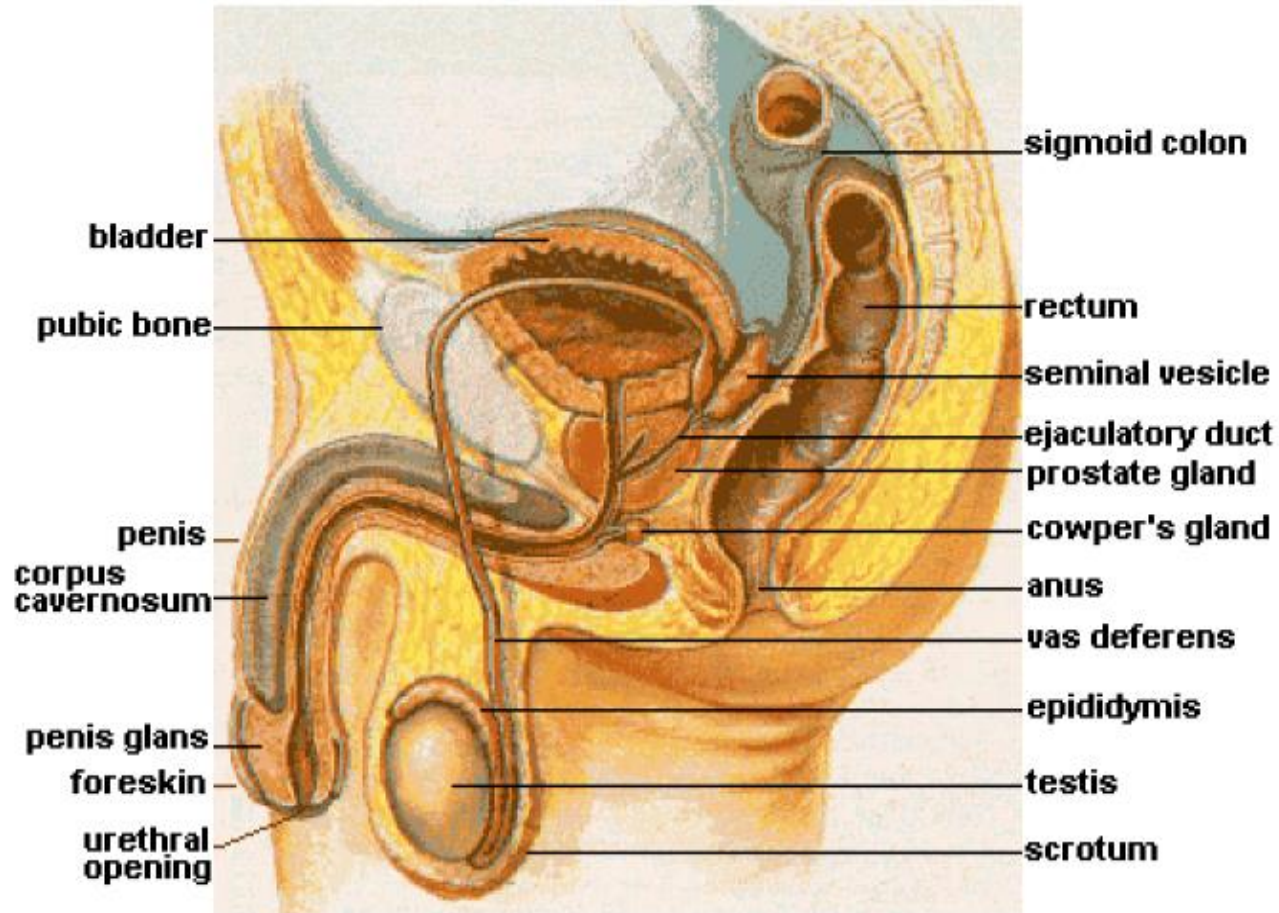


Female Sexual Anatomy

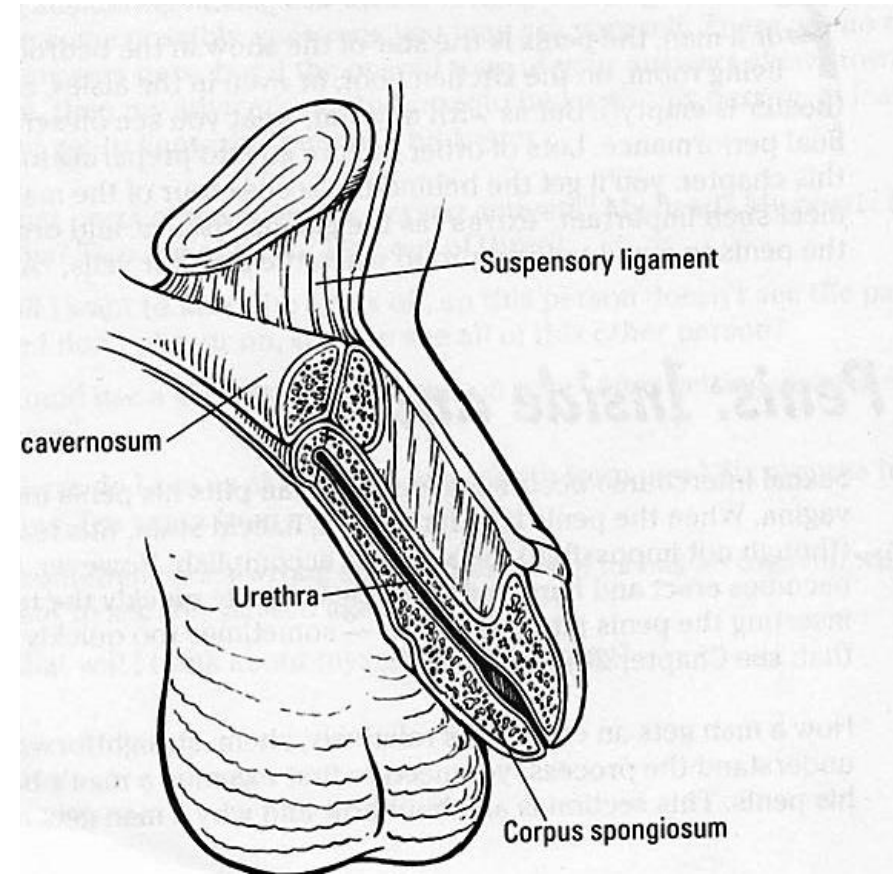
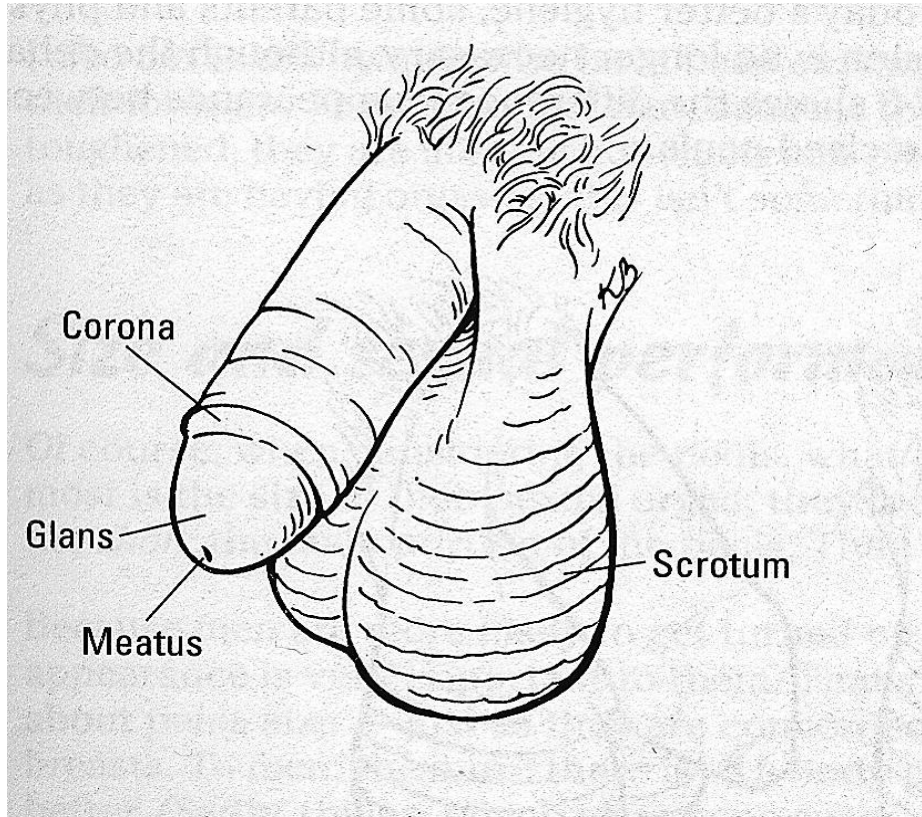


Male Sexual Anatomy

Cross-sectional View



Male Sexual Anatomy



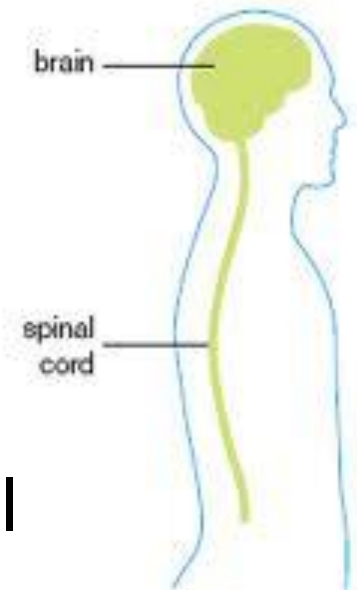
Masters & Johnson's Human Sexual Response Cycle

MS can alter typical sexual responses:

- Excitement phase (initial arousal)
 - Engorgement vaginal lubrication
 - Penile erection
- Plateau phase
 - Full arousal, but not yet at orgasm
- Orgasm
- Resolution phase
 - After orgasm

Central Nervous System (CSN)

- Sexual arousal begins in CSN; the brain sends messages to sexual organs along the nerve pathway in the spinal cord
- MS lesions in spinal cord or brain can change nerve pathways & create disconnect between the brain and physical sexual functioning
- Can directly or indirectly cause sexual dysfunction
 - Primary / Secondary / Tertiary



Most Common Sexual Dysfunctions with MS

- Women ♀
 - Altered sensation
 - Decreased sexual interest
 - Lack of lubrication
 - Problems with orgasms
- Men ♂
 - Erectile dysfunction
 - Decreased sensation
 - Decreased sexual interest

Types of Sexual Dysfunction

Primary:

Physiological impairment directly due to demyelinating lesions in spinal cord or brain

- Numbness, paresthesia
- Decreased lubrication
- Erectile dysfunction

Types of Sexual Dysfunction

Secondary:

MS-related physical changes:

- Poor mobility
- Fatigue
- Spasticity and pain
- Concentration / cognitive problems
- Medications used to treat MS symptoms
- Non-genital sensory changes
 - Numbness, burning
- Bladder and bowel dysfunction
 - More severe in women

Types of Sexual Dysfunction

Tertiary:

MS-related psychosocial, emotional, and cultural influences:

- Low self-esteem and altered self-image
- Change of mood or body imaging
- Communication difficulties
- Fear of being rejected by one's partner
- Feeling less masculine / feminine
- Fears of isolation and abandonment
- Depression and stress

Depression, Stress, and MS

- MS population more likely to experience depression than general population
- Stress = increased risk of depression
- Intimacy & Sexuality Changes = Stress
 - Couples may be drained by the disease and its management
 - Feelings and fears can preoccupy both partners
 - Role and responsibility changes can affect partnerships
 - Communication is challenged

Steps You Can Take

- Treatment
- Communicate with your healthcare team
- Communicate with each other
- Redefine sexual expression

Treatment - Tertiary Sexual Dysfunction

- Counseling, education concerning ways to talk openly about sex
 - Body mapping
- Counseling on psychological factors that interfere with sexual enjoyment
 - Intimacy vs sex
 - Orgasm only mentality
 - Body image/poor self esteem

Treatment - Tertiary Sexual Dysfunction

- Couples counseling
 - Other issues in relationship (1/3-1/2 reported marital problems)
- Stress and anger management
- Resources

Treatment - Secondary Sexual Dysfunction

Bladder dysfunction

- Urinary leakage
 - Bathroom or cath before sexual activities
 - Avoid fluid intake several hours prior to sex
 - Pad on bed
 - Males condom
 - Kegel exercises
- Urinary tract infection
 - Bathroom after sexual activity

Treatment - Secondary Sexual Dysfunction

Spasticity

- Stretching
- Anti-spasticity medications
- Positioning

SSRI side effects

- Possible to omit or delay dose one time per week (speak with MD)
- Certain SSRIs do not effect sexual functioning

Treatment - Secondary Sexual Dysfunction

Fatigue

- Timing
- Anti -fatigue medications

Medications Inhibiting Sexual Response



- Benzodiazepines
- Tricyclic antidepressants
- Antispasmodic
- SSRI's
- Antihypertensives
- Anti-PD meds
- H2 Blockers

Treatment - Primary Sexual Dysfunction

Treatment strategies for:

- Men
- Women

♂ Treatment Strategies - Men

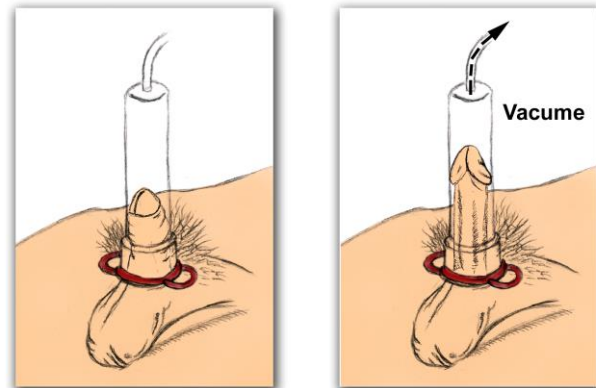
- Phosphodiesterase inhibitors:
 - Sildenafil (Viagra®) PO 30-60 min before sex
 - Improve 89% of men vs. 24% placebo
 - SEs (6-18%) : headache, flushing, dyspepsia
 - Contraindicated: in patients taking nitrates or had a MI / stroke within past 6 months
 - Vardenafil (Levitra®)
 - Tadalafil (Cialis®)



"Be sure to ask about side effects."

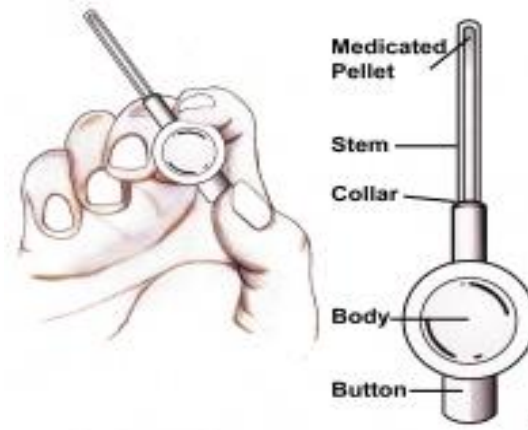
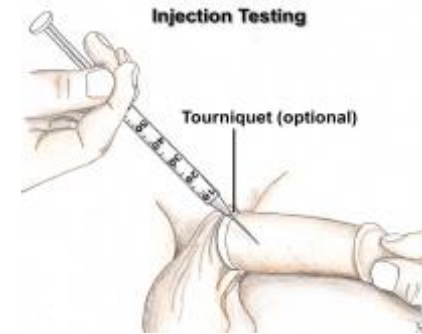
♂ Treatment Strategies - Men

- Vacuum erection device
 - Negative pressure produced by either manual pumping or battery operation



♂ Treatment Strategies - Men

- Prostaglandin E1 (alprostadil):
 - Injectable prostaglandin (alprostadil, Caverject, Edex) into penis
 - 30 minutes before intercourse (95%)
 - SEs: dysethesias, priapism, seizures, intracorporeal fibrosis
- Urethral suppository:
 - MUSE (Medicated Urethral System for Erections)
- Kegel exercises



♂ Treatment Strategies - Men

- Penile prosthesis:
 - Semi-rigid
 - Malleable
- Avoid drugs & alcohol
- Familial support
- Sexual counseling



Treatment Strategies - Men

- Sexual Arousal Disorder
 - Low libido
 - Flirting & foreplay
 - Avoid routine, alter love making technique
 - Experiment with different sexual positions
 - Schedule love making, vary place & time
 - Mentally stimulate
 - Fantasy, toys, visual aids e.g., sexually explicit images or movies
 - Body mapping – self-exploration

♀ Treatment Strategies - Women

- Decreased lubrication
 - Liberal application of water-soluble lubrications
- Reduced genital sensation
 - Medications – carbamazepine or amitriptyline
 - Cool pack / bag of frozen peas
 - Pressure of water from showerhead
 - Creams containing mint





Treatment Strategies - Women

- Alterations in orgasms
 - Vibrators / clitoral vacuum device
 - Estrogen replacement
 - Explore alternative sexual touches
 - Oral sex
 - Different sexual positions
- Kegel exercises
- Communication
- Avoid drugs & alcohol



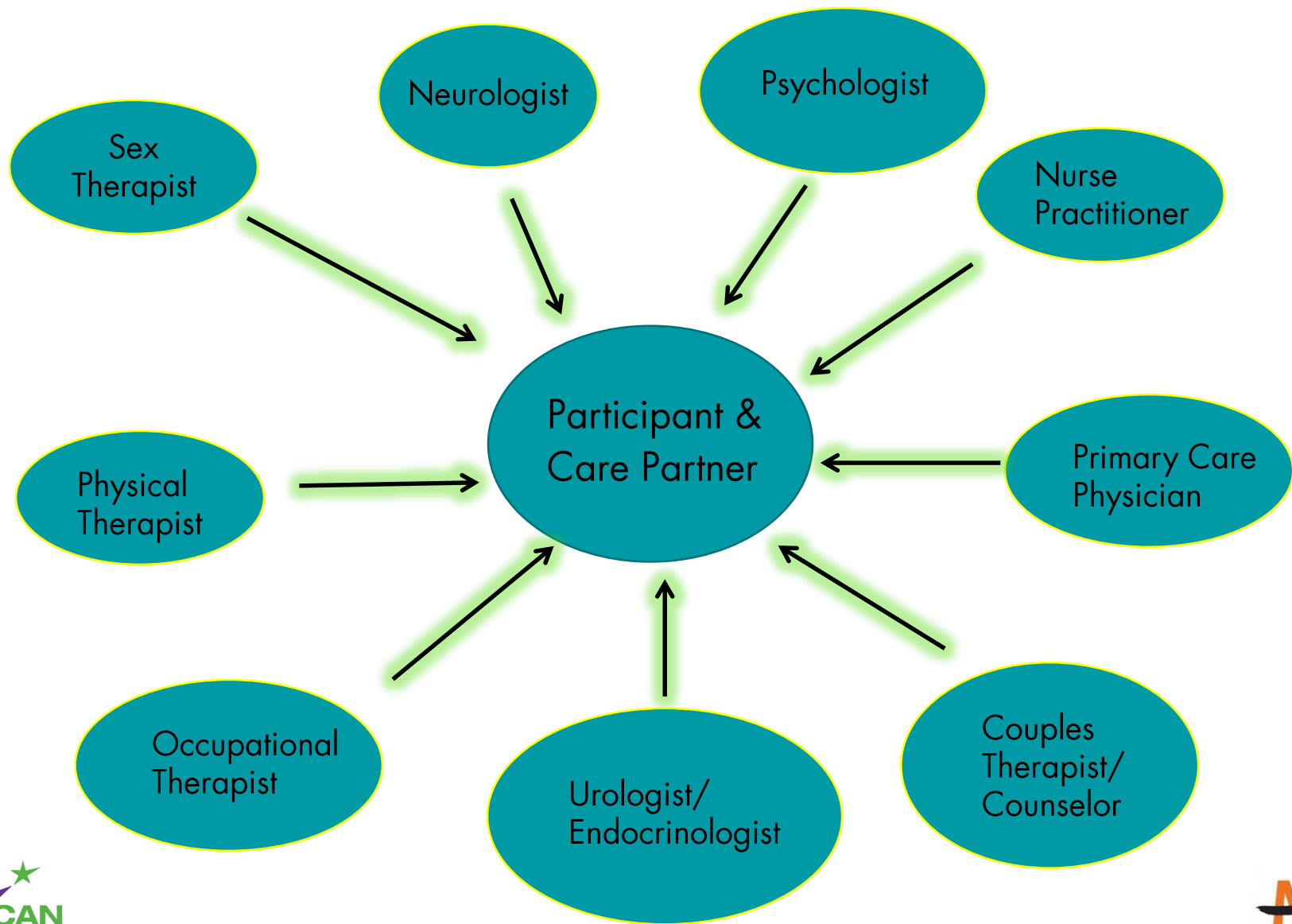
Future Treatments

- EROS therapy:
 - Female vacuum pump
- Orgasmatron:
 - Electronic device surgically implanted
- Genital creams
- Estrogen replacement therapy
- Testosterone patch
- Electroejaculation or penile vibratory stimulation



Communication is ESSENTIAL with Your Healthcare Team





Communicate with Your Healthcare Team

Get the conversation going...

- *I have some questions about how my MS might be affecting my sexuality*
- *I am concerned about my sex life now that I am living with MS. Do you have any suggestions about what I should look for or how I can plan for these changes?*
- *I don't know how to talk about my MS to a new person that I'm dating. Who can I talk to about this issue?*

Communicate with Each Other

Sex is an important part of our overall health:

- Closeness with another
- Trust
- Respect
- Mutual concern
- Giving and receiving
- Physical and emotional connection

Communicate with Each Other

- Accurately and unambiguously convey your ideas, feelings, and needs
- Listen and respect the ideas, feelings, and needs of the other person
- Consider tone, facial expression, and body language
- Demonstrations of affection through actions and physical contact/touch

Redefining Sexual Expression





Sexual Enhancement Products and Accessories

- Sex is supposed to be fun....just in case you forgot
- Experiencing pleasure and sexual activity are Activates of Daily Living (ADLs)...
 - Functional limitations and abilities
 - Comfort and desire for product



Summary

- Sexuality is a crucial component of life
- Importance of exploring personal belief system
 - Disability
 - Sexuality
- It is your right to ask questions as a regular part of your health care!
- If your medical team is unsure of how to answer your questions, send them my way!

Questions/Comments



Linda R. Mona, Ph.D.



Kathleen Healey, APRN, Ph.D.

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National MS Society Resources



[Talking About Sexual Dysfunction and MS](#)

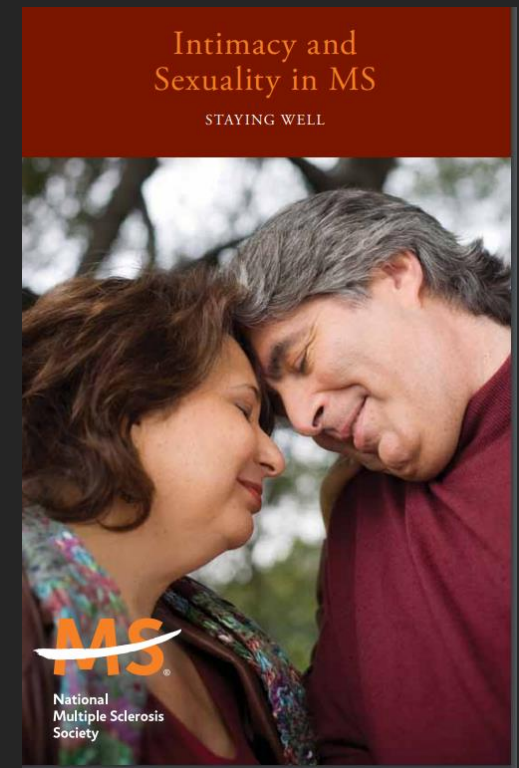
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[Staying Well: Intimacy and Sexuality in MS](#)

[Sexual Dysfunction Problems](#)

[MS, Sex & Intimacy](#)



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MS Path 2 Care

An initiative to empower people affected by MS to be active partners in their healthcare experience.

Visit www.MSPath2Care.com to learn more about the importance of shared decision making in MS care, and to hear important tips directly from people living with MS, their support partners, and MS specialists.

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March 13, 2018

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