

## Sex and Sexuality

**By Thomas Keeler, MD**

At one time or another, people with Parkinson's disease may have issues related to sexual function. Quality of life studies report sexual dysfunction in young people with PD at rates in the 30% range. This compares to healthy populations of young individuals reporting 3%-15% rates of sexual dysfunction. Because sexuality plays an important role in the lives of most people, the onset of PD may bring special challenges. However, with proper diagnosis and treatment, it may be possible to resolve or improve any sexual problems that may develop.

### Sexual Dysfunction and Its Treatment

The most common sexual problem reported by men is erectile dysfunction (the inability to have or sustain an erection). One of the most significant advances in the treatment of male erectile dysfunction has been the introduction of a class of medications called phosphodiesterase (PDE) inhibitors. PDE is an enzyme found in many areas of the body. PDE-5 has been determined to be highly concentrated in penile tissues as well as clitoral and vaginal tissues. By blocking this enzyme, an increase in blood flow will occur, thus improving the quality of an erection.

Currently, there are three PDE-5 inhibitors available: sildenafil (Viagra®), vardenafil (Levitra®), and tadalafil (Cialis®). All three medications are effective in the treatment of erectile dysfunction and, with a few variations in their side effects, are safe and well tolerated. Caution must be taken in patients with Parkinson's disease who have autonomic nervous system dysfunction such as low blood pressure because these medications can cause a further lowering of blood pressure. This could result in dizziness or fainting. Patients with low blood pressure conditions should have their initial dosing at the doctor's office so that blood pressure effects can be assessed. Patients diagnosed with coronary artery disease should also avoid this class of medications. To date, female sexual dysfunction has not been found to respond as dramatically to these medications, and these medications continue to be studied.

Not all men respond to PDE-5 inhibitors or they may not tolerate certain side effects. Other forms of therapy are available and effective. Oral medications such as yohimbine and trazodone have shown some success. Apomorphine, which stimulates central dopamine receptors, is under study for erectile dysfunction. Injectable therapies with alprostadil (Caverject®) or other injectable

medications can be quite effective. This form of therapy requires direct injection of medication into the penis. This is a minimally invasive, well tolerated therapy and can be taught to one's partner if the hand coordination of the person with PD is not steady. Topical medications are also being studied. MUSE® is alprostadil available in the form of a topical urethral pellet (inserted into the penis). Lastly, mechanical intervention with a vacuum device or a surgically placed penile prosthesis may be right for some patients.

Less is known about sexual problems in women. Decreased sexual drive is a common complaint, but it is unclear how or in what ways it may be related to the disease process, medication side effects, or hormonal changes due to advancing age. Women may benefit from estrogen replacement, either topically (in the form of a cream or vaginal suppository) or systemically, for vaginal dryness and improved vaginal elasticity. Various types of vaginal lubricants may also be helpful if intercourse is painful.

Some people with PD, men or women, can experience hypersexuality which can be a side effect of PD medications. It is important to discuss any concerns about this type of behavior with your physician so changes in medications or other treatment can be considered.

Some cofactors related to sexual dysfunction can include cigarettes, alcohol, and certain drugs or medications which may need to be modified or eliminated. Other important factors contributing to sexual dysfunction in Parkinson's disease patients are sedentary lifestyle and depression. Staying physically active with exercise helps maintain cardiovascular integrity and a sense of well-being. Depression, when aggressively treated and corrected, may help resolve many sexual problems in both men and women. Although depression is a common cause of sexual dysfunction, it is important to note that some antidepressants may also cause sexual problems.

Patients are often reluctant or embarrassed to discuss issues of sexual functioning with their physicians, and physicians often neglect to ask questions about this subject. However, if you will initiate conversation about sexual problems with your doctor, he or she may be able to help you and/or make a referral to a specialist for evaluation, usually a urologist for men or gynecologist for women.

In summary, evaluation and treatment of sexual dysfunction in patients with Parkinson's disease has been shown to effectively improve quality of life and reduce depression. Treatment for men is generally well tolerated and effective. Treatments for women remain elusive and continue to be under study.

## Sex and Intimacy

Intimacy is important for everyone. We interact and communicate with our partners in all kinds of intimate ways, sexual and non-sexual. Often these patterns of behavior have become well established over time. Symptoms of Parkinson's disease such as tremors, problems with movement (either too little or too much), fatigue, or decreased libido (sex drive) can interfere with some of the activities that may have historically provided a deep sense of connectedness. With imagination, creativity, and flexibility, new and satisfying ways of relating intimately can be discovered together.

It is not true that the best sex is spontaneous sex —a little planning can go a long way in enhancing the experience for both partners. Try to plan sexual activity for a time when PD medications are working best. Foreplay can take many forms and will help set the stage for a positive experience. This might include candlelight, soft music, loving words, and an assurance of privacy. If slowness of movement interferes with sexual relations, new positions which require less movement on the part of the person with PD can be explored.

Sex is a two-way street; it involves two people, each of whose needs and feelings are mutually important. It is helpful for each person and couple to define their own goals regarding intimacy and sexual activity. Remember, sex isn't just about penetration and orgasm. If either partner no longer wants or cannot have full sexual intercourse, hugging, holding hands, kissing, and touching are important ways of being intimate and showing affection which can keep a loving relationship alive.

Depression can be both a cause and a result of sexual problems. Stress and anxiety can have a profound effect on libido, whether caused by the sexual problem itself or other things happening in a person's life. Trained sex therapists can be very instructive in addressing communication barriers and in helping identify mutually satisfying ways of interacting with each other.