Intimacy and Sexuality in Parkinson Making the Impossible – Possible

Parkinson’s Disease Foundation
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“Let’s Talk about Sex” – Why?

Natural aspect of life
Sprintia: ancient Roman coins 1-2 ac with sex scenes

Always in human history
Khajuraho Temple
INDIA
950–1050 ac
Benefits of Intimate and Sexual Relationship

- Emotional Relaxation
- Physical Relaxation
- Increase of Self esteem
- Increase confidence
- Increase Vitality
- Pain Relief
- Expression of gratitude towards your partner
- Better Quality of Life
- Increased life Satisfaction
Intimate and Sexual Relationship

How do couples maintain them?
Invest in Four Domains

1. Couple Time
2. Intimate Time
   (emotional & physical)
3. Sexual Time
4. Personal Time 🧐
Couple Time

Beryl Cook 1926-2008
Intimate Time
(emotional)

Talk / Share
Support / Listen
Love / Care
Intimate Time
(physical)
• Relax / Touch
• Non-sexual touch
Sexual Time

Erotic thoughts

Erotic touch

Sexual excitement

Sexual satisfaction

Sexual Activity
What is Sexual Activity?
**Intercourse**

Sexual Activity involving penile penetration into vagina

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**What is Sexual Activity?**

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**Outercourse**

Sexual Activity without penile penetration into the vagina.

Includes: petting, kissing, erotic touch, oral, manual or genital stimulation, with or without orgasm.
Are Elders Sexual Active?

Beryl Cook 1926-2008
Goethe completed his Faust at age 82
Titian (Tiziano) was still drawing at 98
Toscanini still conducted an orchestra at 93
Edison continued working in his lab until 89
Ben. Franklin wrote
the US constitution at 81

“Beautiful Melodies can be played with old Banjos”
Film written & directed by Roger Donaldson
What do we know about Elders and Sex

☑ 98% Swedish Men age 50-59: “sex is important”
☑ 72% men age 70-80 say “sex is important” and 46% of them report orgasm at least 1/per month

Helgason et al. Age Aging 1996

Frequency of sexual activity – among 3005 men and women in the US:

☑ 73% of 57-64 years old
☑ 53% of 65-74 years old
☑ 26% of 75-85 years old

Lindau, Gavrilova, BMJ 2010
Motor Symptoms in PD

- Tremor
- Rigidity
- Bradykinesia
- Akinesia
- Gait disturbance
- Postural instability
- Speech disturbance
- Swallowing disturbance

Fox SH et al. Mov Disord. 2011; 26 Suppl 3:S2-41.
Non Motor Symptoms in PD onset- a few years before motor symptoms

- Constipation
- Bladder dysfunction
- Orthostatic hypotension
- Sleep disorders (daytime somnolence, nocturnal restlessness)
- Breathlessness
- Sweating
- Sialorrhea (dribbling)
- Fatigue
- Anosmia (olfactory loss)

- Orthostatic hypotension
- Pain
- Difficulty in concentration
- Memory problems
- Mood disorders (depression, anxiety)
- Delusions, hallucinations, paranoia, confusion episodes
- Impulse control disorders
- Sexual dysfunction

Chaudhuri et al. 2006; Truong et al. 2008
Sexual Dysfunction in PD is the most demoralizing and disabling feature of PD  
Frohman EM. Clin Neuropharmacol 2002

Sexual dysfunction of PD patients affects partners

Partners report:

Sex problems ▲  Sexual satisfaction ▼
Couple relationship ▼  Intimate touch ▼

Beier et al. (2000) Fortschr Neurol Psychiatr
Brown RW et al. 1990, J Neurol Neurosurg Psychiatry
Basson R. 1996, Parkinsonism and related disorders
Calne SM. et al. 2003, Adv Neurol 2003
What can you do?

- Learn how your Parkinson’s affects your intimacy and sexuality
- Look for advice
Factors associated with Sexual Dysfunction in Parkinson’s Disease

Depression - Desire ▼, ED

Antidepressants:
SSRI’s - RE, Desire ▼, ED

Motor disability - problems in:
Masturbation, Arousal, Positions

Loss of concentration (part of cognitive involvement in PD) - more sexual dysfunction.

Role changes: relations ▼, Self esteem ▼
Desire ▼ ▲, Passive/active sexual role

Depression in about 30% advanced PD patients (Giladi N. et al. J Neural Transm, 2000)

- Muscle rigidity, bradykinesia, “clumsiness” in fine motor control make sexual activities difficult
- Tremor and dyskinesia may be enhanced during sex arousal.
Factors associated with Sexual Dysfunction in Parkinson's Disease

FSD - Female sexual dysfunction: (female patient or partner)
Desire ▼ Arousal ▼ Orgasm ▼

Urinary urgency, incontinence, fear of incontinence reduce Arousal in female PD patients

Chronic dopaminergic treatment
Erectile Dysfunction, Sexual desire ▼▲

Hypomimia - masked face: low interest & appeal

References:
- Beier 2000 Fortschr Neurol Psychiatr
- Brown 1990, J Neurol Neurosurg Psychiatry
- Calne et al. 2003, Adv Neurol 2003
- Basson 1996, Parkinsonism related disorder
- Bronner G. et al 2004 J Sex Marital Ther
Factors associated with Sexual Dysfunction in Parkinson’s Disease

Sleep disorders: separate beds, intimacy ▼
Communication problems: intimacy ▼
Drooling, changes in walking, sweating, hypersalivation: attractiveness ▼ sexual concentrating ▼
PD related Pain: Desire ▼
Arousal ▼
Position problems
Anxiety ▲

Chronic pain in 61.8% PD patients (n=450)
39.3% of them with “PD-pain”:
PD onset at younger age
more motor symptoms,
depression - more severe,

Pain: under-recognized, under-treated

Negre-Pages L. et al. Mov Disord. 2008;23(10):1361-9
Impulse Control Disorders in PD

- Increased frequency of Impulse Control Disorders (ICDs) associated with Dopamine treatment

- Including: pathologic gambling, compulsive shopping CSB (compulsive sexual behavior) HS (hypersexuality) compulsive eating, compulsive medication use and punding.
Compulsive Sexual Behavior
Hypersexuality in Parkinson’s Disease

reported in 1.7-3.5% of PD patients

De Chazeron I. et al. (2011) Mov Disord 26, 2127-30

When defined as increased sexual drive not only CSB or HS, the frequency among PD patients increases to 8.8%

Compulsive Sexual Behavior
Hypersexuality in PD

- Preoccupation with sexual thoughts, constant sexual demands, promiscuity, habitual use of telephone sex lines, internet pornography or contact with sex workers.

- Rare behaviors: obsessive masturbation, exhibitionism, SM, pedophilia and zoophilia

- Associated with male sex, earlier disease onset, Dopamine Agonist therapy, and depression.
  - Klos KJ. Et al. (2005) Parkinsonism Relat Disord 11, 381-386.
What can you do?

Understand that:

- Sex Counseling is your basic right
- Choose a health care professional, with whom you feel comfortable
- Discuss sexual problems alone or with your partner.
The rights for good Quality of Sexual Life:

- The right to love and be-loved
- The right to touch and be touch
- The right to share intimacy
- And to remain sexual human being
World Health Organization
declaration on sexual health

Fundamental Sexual Health Rights

People should have the capacity to **enjoy** and to **control** their sexual & reproductive behavior in accordance with their social and personal ethic.

- **Freedom** from fear, shame, guilt, false beliefs & other factors inhibiting sexual response & impairing sexual relations.
- **Freedom** from organic disorders, disease & efficiencies that interfere with sexual & reproductive function.

What can you do?

◆ Plan your sensual activity
◆ Plan your sexual activity
◆ Learn how to touch your partner: in erotic and non-erotic ways
◆ Communicate with your partner
What can you do?

Talk about your sexual problems!!

TALK
King Solomon Mountain & Red Sea & City of Eilat, Israel

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Thanks
Gracias Merci
TODA תודה