

Sexuality and MS

Sexuality and sexual problems are just as important for people with MS as for the healthy population. Working through such difficulties demands an extremely trusting relationship with the person you confide in, whether it is one's spouse or partner, doctor, psychologist or social worker. Many people – healthy as well as ill – find it difficult to speak about their sexual problems with anyone. They withdraw and brood increasingly so that a vicious circle is started.

Emotional and psychological burden

In the case of people with MS, there are several different causes for sexual problems which need to be considered: On the one hand, the emotional and psychological burden of suffering from MS can be so great that the patient simply loses all enjoyment of sexuality and doesn't feel any drive or desire for a physical demonstration of loving tenderness with his or her partner. On the other hand it is also possible that the disease itself or the bodily impairment caused by MS can make sexual activity problematical. Often both factors are relevant. Some patients are afraid of sexual activity because they believe that it would involve too great a strain on their bodies and their MS would only get worse or a new episode (attack) of the disease might be triggered. Certainly this anxiety is unnecessary. It is important to view sexual problems within the context of the entire situation of the MS sufferer and his or her partner, possibly even the family as a whole, and not as an individual issue.

Questions to answer

There are a series of questions that someone with MS should ask themselves as soon as sexual problems occur: Did the onset of the disease change my sexual sensations? Has my partner lost interest in me? What kind of sexual practices can we turn to if sexual intercourse is not physically possible due to lack of an erection, or painful sensations or increased muscle stiffness in the thigh muscles (adductor spasms)? What effects do medications have on my sexuality? What sort of birth control is advisable?

Problems and treatments

The following are a few examples of different forms of sexual dysfunction. In individual cases, however, totally different sorts of problems may be of primary interest, making individual counselling necessary.

Erectile problems

In male patients, erection difficulties or inability can occur whether due to a fresh episode of the disease, general bodily weakness or from emotional and psychological causes. Different kinds of stimulation, such as particular tactile stimulation and erogenous zones, can be discussed with the patient and his partner. The possible reasons for the erection difficulty are individually examined and whether the problem is caused more by organic or psychological factors determined. It is important to know that by attacking the nervous system in general, MS can also have an impact on the body's sexual reactions. Treatments available for erection problems (NOT ALL PRODUCTS ARE AVAILABLE IN INDIVIDUAL COUNTRIES) With erectile disorders, a number of treatments are available that work by relaxing the vessels that hold blood within the penis and so producing an erection^{1,2}: Sildenafil (Viagra®) has been used successfully in the treatment of erectile dysfunction in trials of people with MS. It is an oral treatment taken approximately one hour before sex and works in a large proportion of those who use it, allowing them to achieve a full erection and penetrative intercourse.³ Other products of this type are becoming available. Yohimbin is a drug derived from the bark of an African tree that is also given orally and can help with achieving an erection. Some other drug treatments have to be injected directly into the penis using a specially fine needle.^{1,2} These include: Alprostadil which is a hormone called Prostaglandin E₁ that can also be injected down the end of the penis Papaverin, derived from the white opium poppy, is often combined with phentolamin that acts on the nerves that control the blood supply to the penis. There are also a number of mechanical devices that can be used including vacuum pumps and splints that can be inserted into the penis and stiffened as required.¹ A detailed urological examination and individual dosages under regular control of a doctor are required when drug treatments are used.

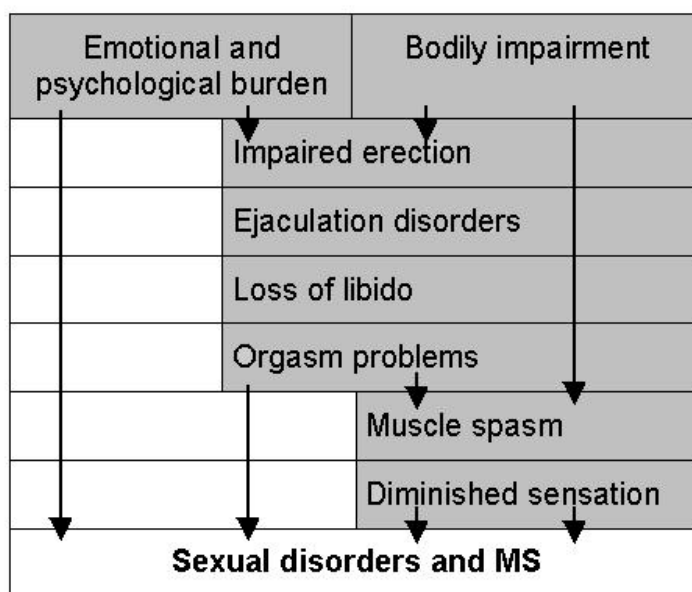
Ejaculation problems

Another possible disorder involves the ejaculation itself, which can be delayed or not occur at all. There are also rare cases of retrograde ejaculation, meaning that the semen is not driven out of the penis, but flows back into the

bladder. Ejaculation disorders are likewise caused by neurological as well as psychological factors, or both simultaneously. The loss of the experience of an orgasm can lead to self-doubt and loss of self-confidence. If a relationship is characterised by mutual affection and loving trust, however, other kinds of sexual practices can be considered for satisfying the natural sexual appetite, such as oral intercourse (using the mouth) or mutual manual fulfilment.

Other problems

Increased muscle tension (spasm) in the upper thighs can make sexual intercourse painful or even impossible. Such spasm can be relieved by medication. It is important to time the administration of such medication precisely so as to achieve the best possible effect. For women, reduced sensation in the genital area can lead to a dryness of the vagina and there are various preparations available to help with this. For patients suffering from incontinence, sexual disorders can arise due to the fear of uncontrolled urination or bowel movements during sex. It can help to reduce fluid intake and empty the bladder immediately before sexual activity. Premature fatigue in some people with MS can lead to a simple lack of energy at the end of the day. Making love at different times of day may overcome this.



Contraception

The problem of birth control is no different for people with MS than for any other person. All the usual contraceptive measures of birth control, including the pill, are also suitable for the MS patient. With regard to the pill, the same risks of side effects exist as for healthy women, especially for smokers. The IUD (intrauterine device), is a hormonal contraceptive for women (e.g. new mothers) who want to have a reversible long-term contraception. Diaphragms used in connection with spermicide jelly, spray, vaginal suppositories or condoms are further alternatives. The important thing is that the person with MS learns to speak openly about such problems and that solutions are sought in co-operation with the partner, if necessary with the help of health professionals.

References

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