

Let's Talk About Sex

Creating the Conversation with Patients and Providing Useful Take-Home Tools

Objectives

- *Discuss basic facts about MS and sex*
- *Define sexuality, types of sexual dysfunction*
- *Identify gaps in management of sexual dysfunction as a symptom of MS*
- *Learn tools to communicate effectively with patients about sexual dysfunction*
- *Describe communication techniques for patients and loved ones to use at home*

MS Facts:

What You May Not Know

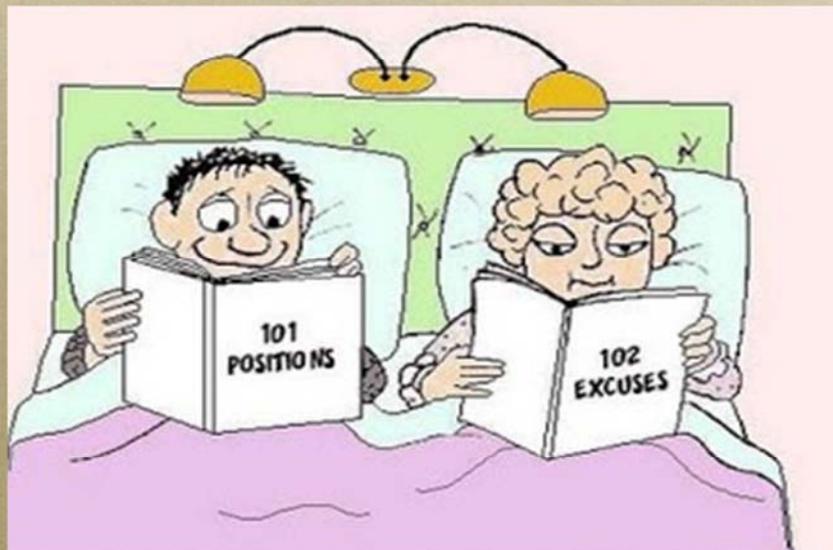
- *Of people with MS:*
 - *Approximately 80-96% experience bladder symptoms*
 - *Approximately 35-45% experience bowel symptoms, most commonly constipation*
 - *Approximately 48-75% experience sexual difficulties*

Why is this Important?

- *Negative impact on quality of life*
- *UTIs can cause pseudo-exacerbation*
- *Skin breakdown from incontinence*
- *Decreased self-esteem*
- *Discomfort*
- *Anxiety*
- *Can cause increased spasticity*
- *Impact on intimate relationships*
- *Difficult to discuss with health care provider*

Myths about Sex and MS

- *It's the least of my problems*
- *My doctor doesn't want to hear this*
- *Sex should end in orgasm*
- *Sex must involve intercourse*
- *Physical contact = Sex*
- *People shouldn't masturbate or use fantasy*



What is Sexuality?

- *It encompasses the whole person*
- *Touch*
- *Sex*
- *Intimacy*
- *Body image*
- *Caring*
- *Sexual identity*

What is Sexuality?

- *A person's ideas about sexuality incorporate*
 - *Family*
 - *Society*
 - *Religion*
- *And are altered by*
 - *Aging*
 - *Health status*
 - *Personal experiences*

Sexuality...



“is more than sexual function. It is an ever changing lived experience & is always affected by the manner in which we view ourselves and our bodies associated with constantly changing social and cultural influences.”

(Schmidt, E., et al., 2005)

Healthy Sexuality Requires...

- Positive self-concept*
- Information about sexuality*
- Positive relationships*
- Managing barriers*
- Maintaining optimal health and physical sexual function*

(Christopherson, J., 2005)

What Impacts Sexual Function and How We Talk about it?

- *Values and beliefs*
- *Cultural norms*
- *Religious beliefs and experiences*
- *Early sexual experiences*
- *Self-esteem*
- *Social issues*
- *Medical conditions*

Other conditions that may affect sexual function include...

- *Diabetes*
- *Vascular disease*
- *Heart disease*
- *Lung disease*
- *Arthritis*
- *Urinary incontinence*
- *Cigarette smoking*
- *Menopause*
- *Alcohol or drug abuse*
- *Medication side effects*
 - *Antidepressants*
 - *Blood pressure meds*
 - *Anticholinergics*
 - *Hormones*
 - *Narcotics*
 - *Amphetamines*

Sexual Dysfunction is a disorder of...

- *Desire*
 - *Lack of interest*
- *Arousal*
 - *Don't feel body's response to sexual stimulation, or can't keep up with it*
- *Orgasm*
 - *Can't reach orgasm*
- *Sexual pain*
 - *Associated with many conditions*

*Symptoms must
be
distressful to you
to be considered
dysfunctional...*

Sexual Dysfunction

- *3 Types:¹*
 - *Primary*
 - *Secondary*
 - *Tertiary*

Primary

- *From nervous system impairment*
 - *Impaired arousal*
 - *Sensory changes*
 - *Vaginal lubrication decrease*
 - *Erectile dysfunction*
 - *Anorgasmia*

Secondary

- *From MS symptoms*
 - *Spasticity*
 - *Bowel/bladder problems*
 - *Medication side effects*

Tertiary

- *From feelings related to disability*
 - *Feeling unattractive*
 - *Believing that sexuality can't be a part of life with MS*
 - *Not wanting to communicate with your partner*

Gaps in Provider-Patient Communication

- *Don't Ask, Don't Tell*
- *Depressed patients are more likely to have sexual dysfunction*
- *Negative feelings about partner^{1,2} relationship affects sexual function¹*

1. Lew-Starowicz, M & Rola, R. (2014). Correlates of sexual function in male and female patients with multiple sclerosis. *Journal of Sexual Medicine*, 11(9): 2172-2180. 2. Mohammadi, K., Rahnama, P., Mohseni, S., Sahraian, M., & Montazeri, A. (2013). Determinants of sexual dysfunction in women with multiple sclerosis. *BMC Neurology*, 13: 83.

Who is More Uncomfortable...

- *The provider or the person living with MS?*
 - *“How are things at home?”*
 - *“How is your relationship with your partner?”*
 - *“How are things working in the bedroom?”*
 - *“How is your libido?”*
 - *“Are you having any problems with sexual function?”*

Are you speaking the same language?

- *“Dr. or Nurse...I have no libido anymore...”*
 - *Libido*
 - *Erectile dysfunction*
 - *Anorgasmia*

Talking to Patients about Sex

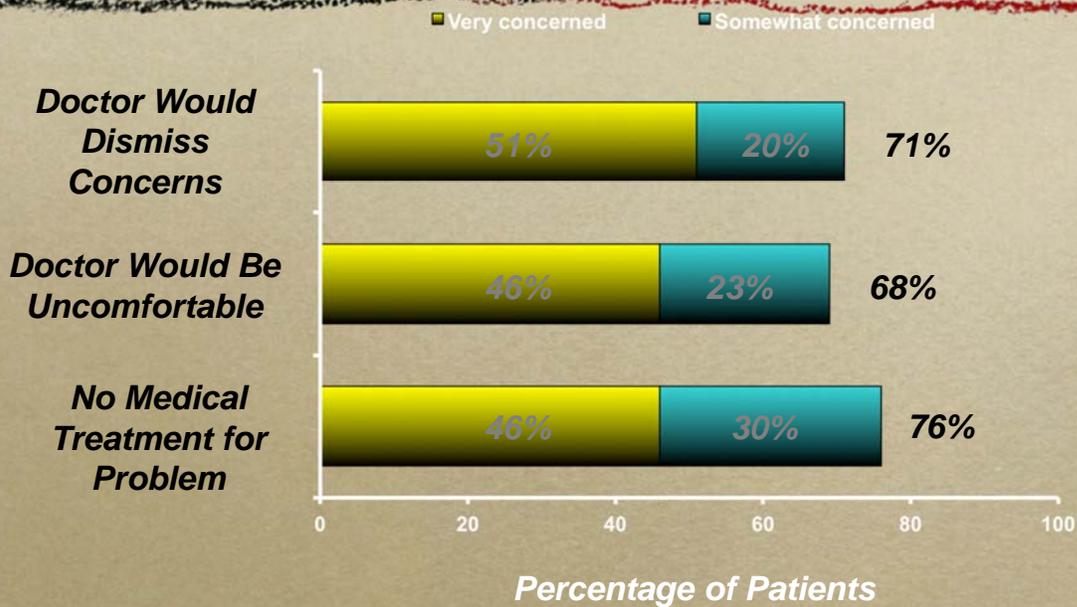
- *Includes not just questions about sexual function, but also questioning symptoms that affect sexual function*
 - *Fatigue*
 - *Spasticity*
 - *Bowel/bladder dysfunction*
 - *Depression/anxiety*
 - *Pain*

Ashtari, F., Rezvani, R., & Afshar, H. (2013). Sexual dysfunction in women with multiple sclerosis: dimensions and contributory factors. *J Res Med Sci: 19(3): 228-233.*

It Fits Right In...

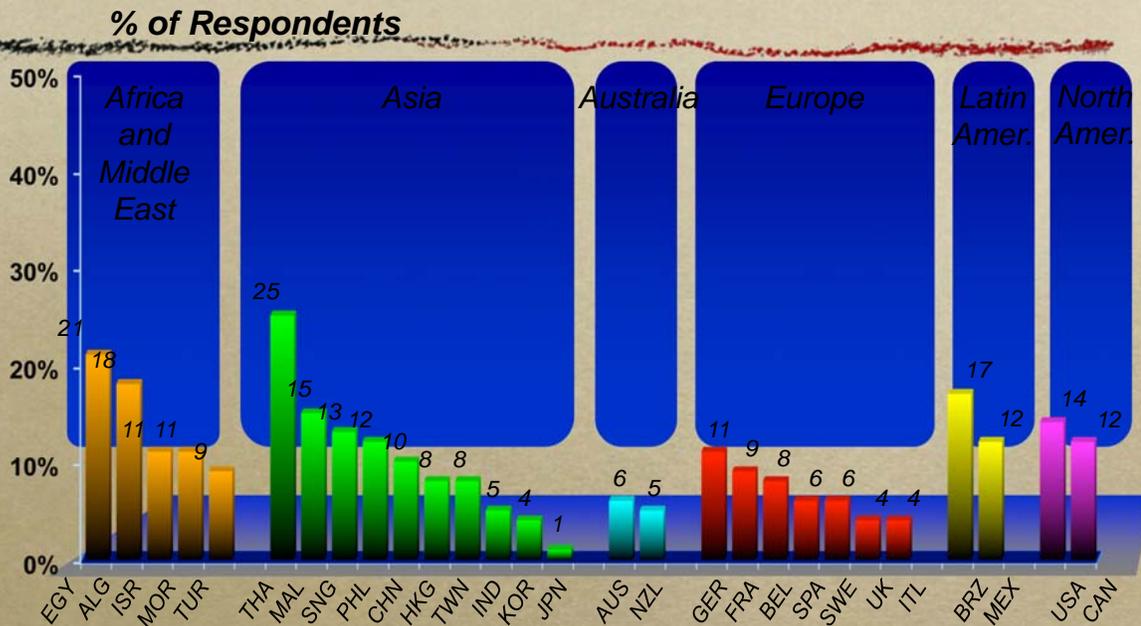
- *Review of Systems:*
 - *Bowel*
 - *Bladder*
 - *Sexual Function*

Patients Do Not Bring Up Sexual Concerns



Poll of 500 US adults aged >25 years; percentages do not add up due to rounding
 Marwick C. JAMA. 1999;281:2173-2174.

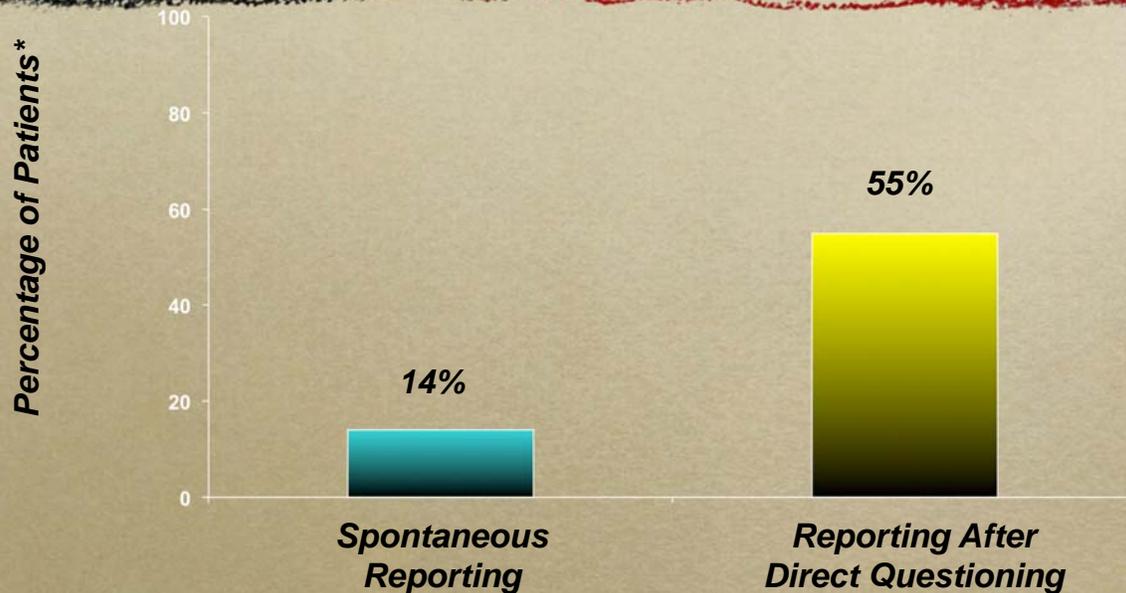
Has your doctor asked whether you have sexual difficulties (within the last 3 years)?



Note: Scale Ends at 50 percent

The Pfizer Global Study of Sexual Attitudes and Behaviors. Available at:
<http://www.pfizerglobalstudy.com/study/study-results.asp>. Accessed January 7, 2005.

Physician Questioning Increases Patient Reporting of Sexual Dysfunction



*Patients receiving SSRI treatment (N=308)

Montejo AI, et al. *Actas Luso Esp Neurol Psiquiatr Cienc Afines*. 1996;24:311-321.

Rehabilitation of Sexual Dysfunction in Multiple Sclerosis

Frederick W. Foley, Ph.D., Nicholas LaRocca, Ph.D., Audrey Sorgen, Ph.D., Vance Zemon, Ph.D.

In: Multiple Sclerosis, 2001, 7(6): 417-421.

Objectives:

Test Efficacy of Structured Cognitive Behavior Therapy Intervention (Focusing on Improving Communication) To Rehabilitate Sexual Dysfunction, Marital Satisfaction & Marital Communication in PWMS & Their Sexual Partners

Intervention

- *Comprehensive Assessment (Sex hx., complete medical review, relationship hx.)*
- *Identification of interfering medical sx's. & or meds: management w/ health care team*
- *Structured communication skills training that included body mapping assessments, training in how to talk about sex & intimacy*
- *Cognitive-behavior therapy that addressed interfering ideas, beliefs (eg, body image, performance anxiety, relational problems)*
- *No PDE-5 inhibitors used*
- *Total of 12 counseling sessions*

Results, Marital Satisfaction

<u>Var</u>	<u>T1</u>	<u>T2</u>	<u>T3</u>	<u>F</u>	<u>α</u>
<i>MAT</i>	43.6	44.1	53.8	20.2	<.001
<i>Pt</i>	43.6	45.8	54.8		[no inter-
<i>S</i>	43.6	42.4	52.8		action]

*Note: MAT=Marital Adjustment Test, Pt=Person w/ MS,
S=Spouse/Partner*

Results, Affective Communication

<i>Var</i>	<i>T1</i>	<i>T2</i>	<i>T3</i>	<i>F</i>	<i>α</i>
<i>AC</i>	13.0	12.2	16.3	12.1	<.001
<i>Pt</i>	12.0	11.2	16.6	[no inter-	
<i>S</i>	14.0	13.3	16.2	action]	

Note: AC=Affective Communication Subtest of the Marital Satisfaction Inventory, Pt=Person w/ MS, S=Spouse/Partner

Results, Problem-Solving Communication

<i>Var</i>	<i>T1</i>	<i>T2</i>	<i>T3</i>	<i>F</i>	<i>α</i>
<i>PSC</i>	15.7	16.8	22.1	21.4	<.001
<i>Pt</i>	13.9	14.9	20.4	[no inter-	
<i>S</i>	17.6	18.6	23.8	action]	

Note: PSC=Problem-Solving Communication Subtest of the Marital Satisfaction Inventory, Pt=Person w/ MS, S=Spouse/Partner

Results, Sexual Satisfaction

<i>Var</i>	<i>T1</i>	<i>T2</i>	<i>T3</i>	<i>F</i>	<i>α</i>
<i>SS</i>	12.9	13.2	16.2	7.1	<.05
<i>Pt</i>	11.3	11.6	15.8		[no inter-
<i>S</i>	14.4	14.9	16.6		action]

Note: SS=Mean Sexual Satisfaction Subtest Scores of the Marital Satisfaction Inventory, Pt=Person w/ MS, S=Spouse/Partner. SS Scores were reversed to indicate satisfaction..higher scores=higher satisfaction

Christopherson, J.M., Moore, K., Foley, F.W., Warren, K.G

A comparison of written materials vs. materials and counseling for women with sexual dysfunction and multiple sclerosis

(written materials focused on education & communication (Foley, 2005).

Journal of Clinical Nursing, 15, 742-750, 2006.

- 62 women w/ FSD randomized into 2 groups*
- Group 1 - educational materials + referrals*
- Group 2 - above + 3 counseling sessions*

Results

- *Baseline EDSS + MSISQ scores similar*
- *Repeated measures ANOVA found both groups had significant improvements in Primary Sexual Dysfunction [$F(1) = 14.79, p < .001$].*
- *No improvement in Secondary or Tertiary*
- *Trend towards interaction effect (in favor of group 2) for Tertiary [$F(1) = 2.88, p = .096$]*

What Happens to the Caregiver?

- *Male caregivers have more chronic health conditions such as hypertension, hyperlipidemia, and diabetes*
- *Female caregivers report feeling more burdened and having more stress; they take more medications for anxiety and mood disorders*
- *Therefore...they may also have their own issues with sexual function*
- *Most troublesome symptoms as reported by caregivers include: bladder dysfunction, personality changes, restricted mobility, and spasticity*
- *Their symptoms affect sexual function of the person living with MS*

Partner Support¹

- *What is the viewpoint of the partner?*
 - *“I don’t want to hurt him/her”*
 - *“Our relationship has changed”*
- *Strategies aimed at improving partner support*
 - *Strengthening relationship satisfaction and communication*

Backmore, D., Hart, S., Albiani, J., & Mohr, D. (2011). Improvements in partner support predict sexual satisfaction among individuals with multiple sclerosis. *Rehabil Psychol, 56*(2): 117-122.

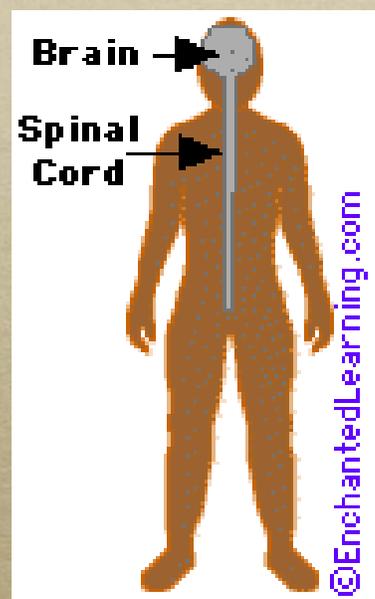


Barriers to Sexuality: MS Symptoms Affect Sexual Response

- *Common symptoms: Men*
 - *Erectile dysfunction*
 - *Decreased genital sensation*
 - *Ejaculation difficulty*
 - *Fatigue and decreased interest in sexual intimacy*
 - *Mobility, spasticity, elimination dysfunction*
- *Common symptoms: Women*
 - *Fatigue, decreased desire, loss of orgasm*
 - *Reduced, altered, or painful sensations; spasticity*
 - *Vaginal dryness, anxiety about incontinence, UTI*
 - *Mobility, spasticity, elimination dysfunction*

The Neurology of Sexual Dysfunction in MS

- *Touch >> nerves send message to spinal cord; cord sends message to brain to "feel"*
- *Brain sends message down cord >> body responds*
- *Disconnect can occur on the way up or the way down!*



Sexuality is an Important Part of Life



- *Affects self-esteem, feelings of being masculine/feminine*
- *Communication with partner is important*
 - *Both halves of a relationship should search for ways to make sex comfortable and enjoyable*

Sexual changes are emotional!

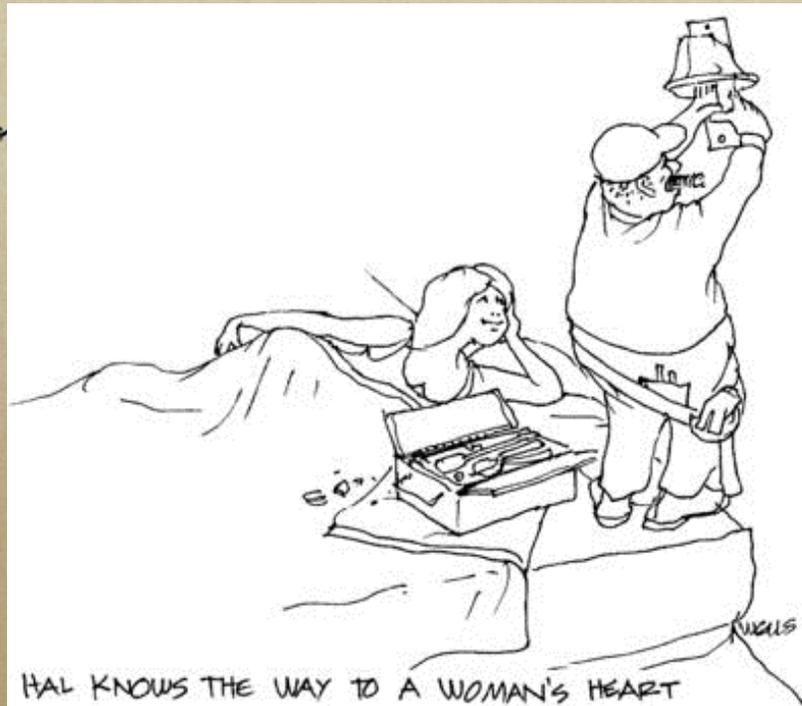


- *They can cause*
 - *Anger*
 - *Resentment*
 - *Rejection*
 - *Guilt*
 - *Mutual blaming*
 - *Avoidance*
 - *Loss of trust*
 - *Isolation*
 - *Coercion*
 - *Intimidation*

And all in the name of love?!

Sexuality: Overcoming Barriers

- *Society has defined “normal” sexuality; create your own normal with your partner*
- *Sexual expression includes:*
 - *Cuddling, caressing, massage*



HAL KNOWS THE WAY TO A WOMAN'S HEART

Reprinted from The Funny Times / PO Box 18530 / Cleveland Heights, OH 44118
phone: (216) 371-8600 / e-mail: ft@funnytimes.com

Sexual Satisfaction

- *Is associated with*
 - *Acceptance*
 - *Warmth*
 - *Confidence*
 - *Open communication*
 - *Personal security with partner*
 - *Erotic attraction and passion*



Improving Sexual Function in MS



- *Enhance stimulation and eliminate routine*
 - *Set a "date" with your partner*
 - *Read a sexy book or rent a video*

Improving Sexual Function in MS



- *Distraction techniques*
 - *Erotic or non-erotic fantasy*
 - *Background music or videos/TV*
 - *Eliminate unwanted distractions*
 - *Kids, pets, bills, etc.*

Improving Sexual Function in MS



- *Encourage noncoital behavior*
 - *Sensual massage*
 - *Body mapping or massage of nonsexual areas with feedback about what feels good*
 - *Communication!*

Sex Doesn't Have to Mean Intercourse



- *Erogenous Zones: Mouth, Ears, Breasts, Thighs, Feet*
- *Body Mapping*
- *Masturbation is okay!*
- *Oral Sex*

Improving Sexual Function in MS



- *Agree on time/place to discuss*
- *“I would like...” vs. “You don’t...”*
- *Discuss likes and dislikes with partner*
- *TIME for expression*
- *Rejection of a suggestion does not mean rejection of you!*

How to Talk About Sex (cont.)

- *Be aware that sexual feelings and preferences change, especially as MS symptoms fluctuate*
- *Use non-verbal communication assertively [take his/her hand and show how you like to be touched]*
- *Do not expect your partner to do anything unless you explicitly ask them or show them [no mind reading]*
- *Do not expect perfection*

Recommended books:

- *“Resurrecting Sex: Solving Sexual Problems and Revolutionizing Your Relationship”, David Schnarf, PhD*
- *“Hot Monogamy: Essential Steps to More Passionate, Intimate Lovemaking”, Patricia Love, MD & Jo Robinson*