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Epidemiology of Sexual Dysfunction

- **52% men [Massachusetts Male Aging Study]**
- **43% women & 31% men [National Health & Social Life Survey]**
- **Chronic physical illness, advancing age [> 40 years], various medications, lower education, cigarette smoking, alcohol abuse, depression & anxiety all contribute to increased risk**

Epidemiology of Sexual Dysfunction in MS

- **2001: McCabe et al: 20% free of Problems w/ Intimacy/Sexuality**
- **2001: Zorzon et al: 2yr follow-up: Proportion of MS pts w/ SD same, but sxs. worse**
- **1999: Zorzon et al: 73.1% MS vs 39.2% CD Controls vs 12.7% Healthy Matched Controls**
- **1984: Valleroy & Kraft: 75% Men 56% Women**
- **1984: Minderhoud et al: 74 % Women w/ MS vs 19% in Matched Controls**

Primary Sexual Dysfunction

Occurs as a result of MS-related changes in the central nervous system that directly impair sexual feelings and/or response

Secondary Sexual Dysfunction

Occurs as MS-related physical changes or medical/pharmacological treatments that indirectly affect sexual feelings and/or response

Tertiary Sexual Dysfunction

Refers to the psychological, social, and cultural issues that interfere with sexual feelings and/or response

Primary Sexual Dysfunction

- **Decreased or absent libido**
- **Altered genital sensations**
- **Decreased frequency/intensity of orgasms**
- **Erectile dysfunction**
- **Decreased vaginal lubrication and clitoral engorgement**
- **Decreased vaginal muscle tone**

Secondary Sexual Dysfunction

- **Bladder or bowel dysfunction**
- **Fatigue**
- **Non-genital sensory paresthesias**
- **Spasticity**
- **Decreased non-genital muscle tone**
- **Cognitive impairments**
- **Tremor**
- **Pain**

Tertiary Sexual Dysfunction

- **Changes in self-image or body image**
- **Demoralization and grief**
- **Clinical depression**
- **Performance anxiety**
- **Family and social role changes:
role conflict**
- **Internalized cultural values that create
sexuality-inhibiting expectations and
judgements**

Sex

How do we talk about it?

With whom can we talk about It?

Intimacy: What Does It Mean?

- **Sex**
- **Love**
- **Caring and being cared for**
- **Sensuality**
- **Relating**
- **Intercourse**
- **Empathy**
- **Protecting**
- **Conversation**
- **Touching**
- **Looking**
- **Honesty**
- **Body language**
- **To want**
- **To understand**
- **Commitment**
- **To accept**

Intimacy: What Does It Mean?

- Rejection
- Loss of emotional control
- Fear of “a little urine”
- Reconciling abilities w/ disabilities
- Overcoming shame
- Daring to “act normal”
- Vulnerability
- Confronting losses
- Technical difficulties

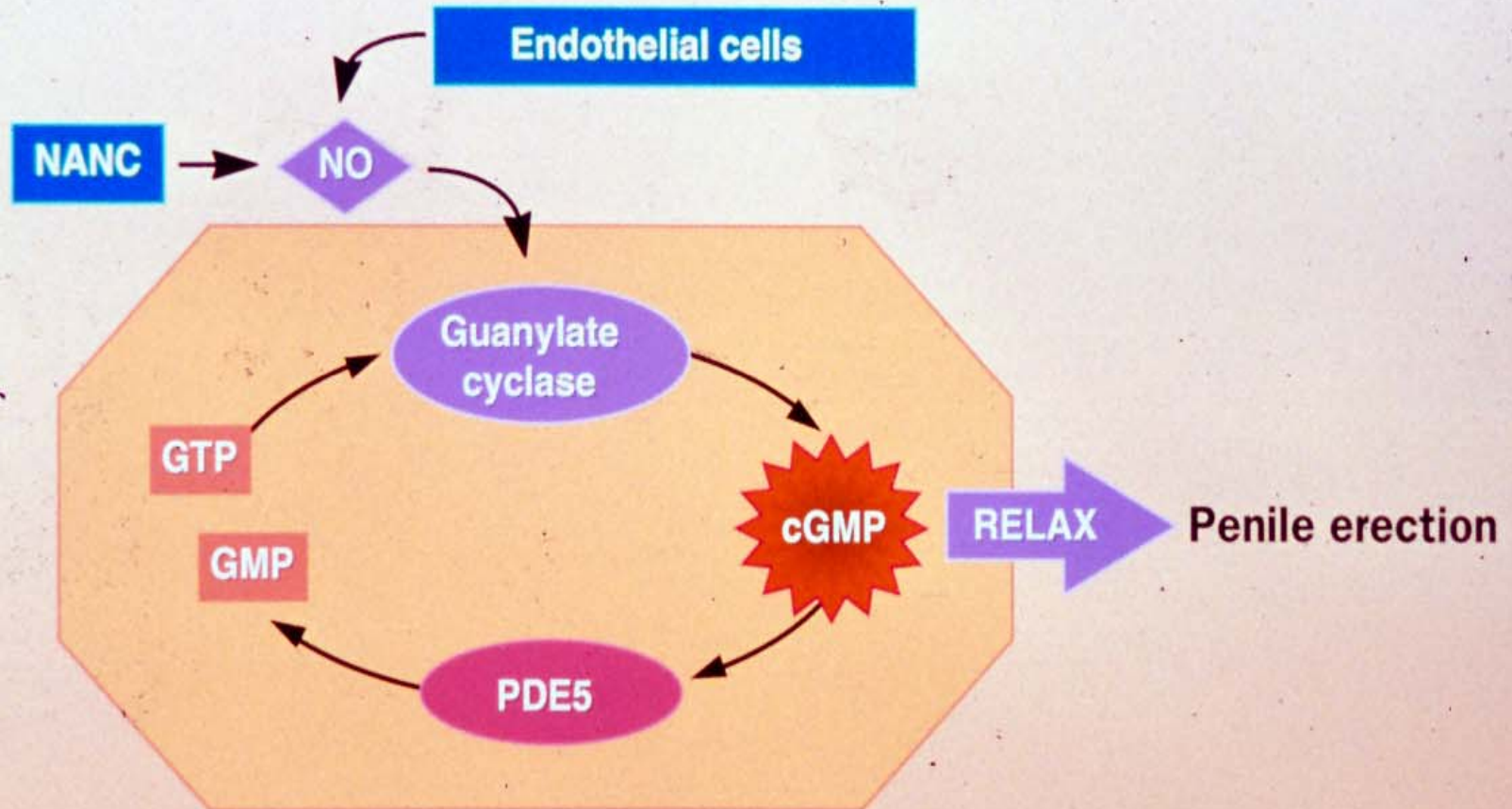
Neurology of Sexual Response

- **Attention: reticular activating system**
- **General affect: limbic system**
- **Spinal cord: sacral segments S2, S3, S4 [erection], and L1, L2, L3 [ejaculation]**
- **Spinal cord: thoracic segments: coordinate reflex arcs between lumbrosacral cord and genitalia**

Neurology of the Sexual Response

- **Libido and sexual pleasure mediated by pathways in brainstem, midbrain, and cortex**
- **Control of sexual behavior: somatic and autonomic branches of the CNS**
- **Voluntary movement: motor strip**
- **Sensation: sensory strip**
- **Perception: parietal lobes**
- **Cognition: frontal and temporal lobes**

Nitric Oxide-cGMP Mechanism of Action in Corpus Cavernosal Smooth Muscle Relaxation and Penile Erection



NO = nitric oxide

NANC = nonadrenergic-noncholinergic neurons

PDE5 = phosphodiesterase type 5

Rehabilitation of Sexual Function

- **Multi-disciplinary assessment of primary, secondary, tertiary factors**
- **Education and empowerment: transition to active problem-solving**
- **Medical symptom management**
- **Communications skills training: between partners and between patient and medical team**
- **Counseling that targets intimacy and sexuality**

Assessment of Sexual Function in MS

- **Comprehensive: primary, secondary, tertiary**
- **Medical and neurological exams, records**
- **Evaluation of current medication regimens**
- **Interviews: sexual history, psychosocial and family history, couples interview**
- **Self-report instruments: MSISQ**
- **Specialized medical tests: penile doppler sonography, nocturnal penile tumescence, injecting prostaglandin in corpus cavernosum**

Multiple Sclerosis Intimacy and Sexuality Questionnaire-19

- **19-Item Total $\alpha = .91$**
- **Primary Items (5); $\alpha = .82$**
- **Secondary Items (9); $\alpha = .85$**
- **Tertiary Items (5); $\alpha = .87$**
- **Concurrent Validity: Marital Satisfaction, Sexual Satisfaction, Affective Communication, Problem-Solving Communication**
- **Sensitivity > MRD Sexual Fx. Interview**

[Sanders, Foley, LaRocca & Zemon (2000). Sexuality & Disability, 18, 1, 3-26]

Medical Management of Erectile Dysfunction: Oral Medications

- **Phosphodiesterase (PDE-5) Inhibitors:**
[e.g. Sildenafil Citrate/Viagra, Tadalafil/Cialis, Vardenafil/Levitra]
- **Dopamine agonists [apomorphine SL]**
- **Central alpha-2 antagonists [yohimbine, delequamine]**
- **Peripheral alpha-1/alpha-2 blockers [phentolamine]**
- **D2 selective dopamine agonists**



Medical Management of Erectile Dysfunction

- **Vacuum Erection Device**
- **Intracavernous Injection Therapy [alprostadil or Prostin VR, papaverine]**
- **Intraurethral suppositories [Muse]**
- **Topical medication [Alprox-TD or Topiglan]**
- **Penile Prosthesis**
- **Sexual Aids: vibrators, etc.**
- **Education, Counseling, Education.....**

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Primary Sexual Dysfunction and Women

- **PDE-5 inhibitors [Viagra?]**
- **PT-141 [Increases sex drive in rats; phase I trials in women]**
- **Other medications [Phenytoin, Carbemezapine]**
- **Clitoral Vacuum Pump?**
- **Vibrators, sexual aids**
- **Water soluble lubricants**
- **Kegel exercises**
- **Body mapping assessment: new approaches to touch and arousal**
- **Emphasis on intimacy and communication**

Sexual Pleasure w/o Libido

- We Learn Libido [DESIRE] IS Associated w/ Initiating &/or Being Receptive to Sexual Behavior
- When Lesions in CNS Impair Libido, Associated Initiating + Receptive Sexual Behaviors ➤
- CNS Pathways for Experiencing Sexual Pleasure Are Numerous [Sensory, Perceptual, Emotional], & Remain Largely Intact When Libido Pathways Impaired
- Experiencing Pleasure In Absence of Libido Can Be Relearned w/ Behavioral Reconditioning

Coping with Loss of Libido

- **Uncoupling sexual desire from sensual and sexual pleasure**
- **Avoiding avoidance**
- **Establishing a framework for intimate communication**
- **Dealing with loss and grief**
- **Re-establishing sensual and sexual pleasure**

Body Mapping Exercise

- **Safe, comfortable setting/temperature**
- **Remove clothing**
- **Begin by touching top of head and systematically move down body**
- **Vary pressure, speed, rhythm, pattern**
- **Note areas of pleasure, sensory change**
- **Alter touch to maximize pleasure**
- **Do not attempt to obtain orgasm**
- **Communicate with and instruct your partner**

Treatment of Secondary Problems

- **Spasticity**: Baclofen, etc.
- **Pain**: Elavil, Tegretol, Neurontin, etc.
- **Neurogenic bladder**: medications, catheterization, fluid management, preparation, etc.
- **Fatigue**: medications, activity pacing and scheduling, exercise, fatigue-management strategies
- **Weakness**: alternative positions
- **Attention impair..s**: stimulus saturation, counsel

Medications Associated with Sexual Dysfunction

- **Anticholinergics**
- **Antihistamines**
- **Anti-seizure med.**
- **Tricyclic antidepressants**
- **Selective serotonin reuptake inhibitors [e.g. Prozac, Paxil, Celexa, etc.]**
- **Benzodiazepines [e.g. Valium, Xanax]**
- **Stimulants [Dexedrine, Ritalin, Cylert]**

Management of Antidepressant Induced Sexual Dysfunction

- **Allow for Spontaneous Resolution**
- **Dose Reduction**
- **Drug Holiday**
- **Adjunctive Therapy: Antagonize Serotonergic System or Stimulate Dopaminergic System [e.g. cyproheptadine, yohimbine, amantadine, methylphenidate/dextroamphetamine, bupropion, sildenafil citrate]**
- **Switching Agents**

Coping with Bladder Dysfunction

- **Tailor symptomatic treatments around times of anticipated sexual activities:**
 - Alter medication and catheterization schedules
- **Coping with urinary leakage:**
 - Avoid fluid intake for several hours
 - Males: use condoms for small amounts

Coping with Catheters

- **Discuss options with health care provider**
- **Tape drainage tube to abdomen to prevent excess pulling or pressure**
- **Practice sexual positions that minimize catheter pulling or pressure**
- **Use longer drainage tube and place bag out of the way**
- **Empty + double-tape bag top to prevent leakage**
- **Ask physician if bag can be temporarily disconnected and catheter clamped during sexual activity**
- **Discuss with partner: be prepared**

Managing Attention and Concentration Impairments

- **Create a stimulus-saturated, minimally distracting atmosphere/environment**
- **Create intimacy “re-entry rituals” when distraction occurs**
- **Address interfering thoughts and interpretations for PWMS and partners [e.g. don’t turn him/her on]**
- **Learn how to alter the pace of sexual touching and communication when distraction occurs**

How to Talk About Sex

- Agree on when and where it's most comfortable to talk about sex
- Use books, handouts, videos to initiate discussion
- Do not accuse, criticize, or blame partner: use “I feel...I would like...” language instead of “You don't...” language
- Expect that some sexual requests will be rejected. Remember this does not mean rejection of you as a person.

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**



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Coping with Tertiary Sexual Dysfunction

- **Re-education of interfering cultural attitudes [goal-oriented sex, role conflict, intimacy vs. sex etc.]**
- **Body mapping for body image enhancement**
- **Couples education: enhance sensual, erotic, special person aspects to relationship**
- **Education on how to talk about sex**

Coping with Tertiary Sexual Dysfunction (cont.)

- **Stress-management training: managing anxiety**
- **Couples counseling: enhance adaptation to MS, improve empathy and understanding of each other and improve communication**
- **Individual psychotherapy: adapting one's sense of self**
- **Psychopharmacological management**
- **Anger management training**

Obstacles Endorsed by Health Care Providers in Addressing Sexual Dysfunction

- **Lack of training**
- **Lack of comfort**
- **Too intrusive to patients**
- **No referral base if problems detected**
- **Outside my specialty**
- **Lack of time**

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 Counseling Intervention To Rehabilitate Sexual Dysfunction, Marital Satisfaction & Marital Communication in PWMS & Their Sexual Partners

Results, Marital Satisfaction

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

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

Results, Affective Communication

Var	T1	T2	T3	F	α
AC	13.0	12.2	16.3	12.1	<.001
Pt	12.0	11.2	16.6	[no inter-	
S	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

Var	T1	T2	T3	F	α
PSC	15.7	16.8	22.1	21.4	<.001
Pt	13.9	14.9	20.4	[no inter-	
S	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

Var	T1	T2	T3	F	α
SS	12.9	13.2	16.2	7.1	<.05
Pt	11.3	11.6	15.8	[no inter-	
S	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