

Epilepsy, multiple sclerosis, Parkinson's and other neurological disorders impair sexuality

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Neurological disorders can impair sexuality on a much more massive scale than frequently assumed, leaving loss of desire, erection problems and infertility in their wake. Both men and women are affected. A person's self-esteem, love life and relationship with a significant other can all suffer. But as Prof David B. Vodusek from the University of Ljubljana, Slovenia, pointed out at the Second Congress of the European Academy of Neurology (EAN) in Copenhagen, people do not have to simply acquiesce to this situation: "There are ways of helping affected individuals, provided neurologists actively address possible problems with the patient's intimate private life. Many patients have the impression that this aspect is given too little attention," the Chairman of the EAN Liaison Committee noted.

Neurological problems affect a person's love life

Prof Vodusek explained: "Erectile dysfunction in men and orgasm dysfunction in women are the most frequent sexual consequences of neurological deficits." Hypothalamo-pituitary disorders reduce [sexual desire](#) in men whereas in women the complaints are usually amenorrhea and infertility, a lack of sexual desire, a decrease in vaginal lubrication, and orgasm dysfunction. Particularly lesions of the frontal and temporal lobes seem to lead to sexual dysfunction in [patients](#) with serious neurological disorders, for instance after a stroke. Epileptic patients have complex sexual problems, which can include hypersexuality but mostly decreased sexual arousability. Male patients with Parkinson's often

report erectile dysfunction and problems with orgasm and ejaculation. Women and men both complain of very weak sexual desire as a result of Parkinson's disease – notwithstanding the detrimental effect that their limited mobility has on passion. Multiple sclerosis can result in similar sexual dysfunctions as with Parkinson's as well as in genital sensory dysfunction. In male diabetic patients erectile dysfunction is common, and retrograde ejaculation may occur (seminal discharge in the bladder). Women with polyneuropathy may have greater difficulty with sexual arousal and vaginal lubrication.

From examination to potency enhancing drugs – the factors that bring back sex

Prof Vodušek explained: "The dedicated neurologist can treat typical and simple sexual problems in his patient and reserve urological consultation for the more complex issues and for dysfunctions that prove refractory." Clinical screening is most important for determining neurogenic sexual dysfunction. Even if the treatment is initially aimed at improving neurological symptoms, the patient's current quality of life must also be considered, including the person's sex life. Prof Vodušek: "A sexual consultation is a must in this context. The person's partner should definitely become involved in these consultations. Whether genital pain or panic about the next attempt of sexual intercourse, the expert said on a positive note: "Solutions can be found for many problems. Lubricants help against vaginal dryness, for instance, and oral drugs help to counter erectile dysfunction, especially those based on cGMP phosphodiesterase type 5 inhibitors." If oral therapy fails, an injection in the penis may help this organ do its duty despite neurogenic [erectile dysfunction](#). Patients with Parkinson's benefit from dopamine treatment in that it helps them to normalise their sexual desire.

Never omit questions about sex life

Prof Vodušek: "Compassionate, respectful consultations that consider the patient holistically instead of focusing on individual body parts are among the best means of getting a sexual problem under control. They do much to sensitize the patients about certain phenomena that might occur in the course of the disease. If certain dysfunctions do end up actually occurring, the patient will have any easier time addressing them."

Provided by European Academy of Neurology

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