Communication and Intimacy in PD



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Parkinson's Disease: What You Already Know

- Neurological disorder
 - Resting tremor
 - Bradykinesia
 - Rigidity
 - Gait/walking changes
 - Postural instability

Parkinson's Disease: What You Might Already Know

Neuropsychiatric disorder

- Cognitive impairment (19-50%)
- Depression (45%)
- Anxiety (40%)
- Fatigue and Apathy (45-50%)
- Psychosis (20-40%)
- Sleep disorders (60-90%)
- Addictions (7-10%)
- Sexual dysfunction (2-90?!%)

Parkinson's Disease: What You Might Already Know

- Neuropsychiatric disorder
 - 60-80%
 - Disability
 - Treatment challenges
 - Quality of life
 - Cognition
 - Mood
 - Intimacy
 - Sexual functioning

Parkinson's Disease: Neurological and Psychological

- Depression, Anxiety and Fatigue
 - Mostly mild to moderate
 - Occurs in any stage
 - Exogenous vs. endogenous
 - Significant overlap between PD and MDD
 - Psychomotor slowing
 - Concentration problems
 - Sleeping difficulties
 - Diminished appetite
 - Decreased sexual desire

Myths and Barriers

- Older adults do not want to remain sexually active
- Older adult sex will be dysfunctional
- Sexual dysfunction cannot be treated in older adults
- Those with cognitive/neurological loss cannot perform sexually
- Sexually transmitted diseases are not spread among older adults
- People have resolved all their sexual issues by the time they reach old age

Sexuality and PD: Barriers

- Most doctors and nurses don't ask!
 - Some don't want to know
- Time limits
- Perceived as "less important"
- Shame
- Embarrassment

- Predictors of sexual dysfunction
 - Age
 - Severity of disease
 - Other diseases
 - Previous dysfunction
 - Depression

Decreased Drive

- Neurochemical
- Endocrinological
- Neurobiological
- Hormonal
- Autonomic nervous system changes
- Pain
- Depression

- Other Major Factors
 - Motor impairments
 - Rigidity, tremor, impaired mobility in bed
 - Changed appearance
 - Sweating, drooling, odor, gait disturbance
 - Masked faces
 - Difficult to read affection and desire
 - Sleep disturbances
 - Bed separation
 - Fatigue
 - Change in roles

- Increased Drive
 - Relatively rare?
 - Usually caused by treatments
 - Medication
 - Surgery
 - Can be organic

- But is SD really related to PD?
 - Similar levels of function/dysfunction in other groups
 - Arthritis
 - Depression
 - Unemployed

Sexuality and PD: Gender Differences

Women

- Arousal problems (88%)
- Delayed or absent orgasm (75%)
- Low desire (47%)
- Sexual dissatisfaction (38%)

Men

- Erectile dysfunction (68%)
- Sexual dissatisfaction (65%)
- Premature ejaculation (41%)
- Delayed or absent orgasm (40%)

Sexuality and PD: Treatments

- First and foremost- talk to each other
 - Counseling, if needed
- Second- talk to your doctor
 - Referral to a specialist, if needed
- Men
 - Viagra/Cialis (watch out for hypotension)
 - Injections, pumps, vacuum devices, prosthesis
- Women
 - Oral estrogens, creams, lubricants
 - Added stimulation

Sexuality and PD: Pragmatics

- Recognize and address emotional stress
- Demonstrate love, respect, warmth and togetherness in non-sexual ways
- Talk frankly and openly about sexual needs
- Experiment with different routines (e.g., switch lovemaking to the morning)

Sexuality and PD: Pragmatics

- Emphasize foreplay, touching and kissing rather than penetration
- Explore and practice different, comfortable positions for successful and pleasurable penetration
- Adopt new sexual roles according to you and your partner's abilities
- Find new solutions for physical stimulation (touch, arousal, orgasm)

A Few Final Words on Acceptance

Acceptance is:

the nonjudgmental acknowledgement of "what is."

Acceptance is not:

giving up, throwing in the towel, or quitting

Acceptance is also not:

the gnashing of teeth, beating of one's head against the same wall over and over or swearing at the universe

Perhaps the Final Word on Acceptance?

"I can't fight this, so I might as well dance with it and lead as much as possible."

Thank you for your attention!



Questions?

Contact Information

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https://depts.washington.edu/mbwc/

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