



# Diagnosing and treating sexual problems in MS

While changes in sexual function are common in people with MS, keep in mind that most adults in the general population report problems as well. Nonetheless, MS can create some additional challenges. The first step to managing changes in sexual function is to identify what is happening; the second is to talk with your partner; and the third is to consult your healthcare provider. Neurologists and primary care providers can help with these issues.

**Primary Sexual Dysfunction** – refers to problems caused directly by the MS disease process. Lesions in the central nervous system (CNS) slow or block signals between the brain, spinal cord and parts of the body that are involved in the sexual response.

| PROBLEMS MEN MAY EXPERIENCE                     | PROBLEMS WOMEN MAY EXPERIENCE   |
|---|---------------------------------|
| Decreased sexual arousal                        | Decreased sexual arousal        |
| Altered or decreased sensations                 | Altered or decreased sensations |
| Difficulty achieving or maintaining an erection | Reduced vaginal lubrication     |
| Difficulty reaching orgasm or ejaculating       | Difficulty reaching orgasm      |

**Addressing Primary Sexual Dysfunction** – begins with communicating with one’s partner – what has changed, what feels good and what doesn’t. Diminished arousal is best addressed by creating a relaxing and romantic atmosphere. Sometimes extending the period of foreplay helps stimulate arousal. A variety of oral and injectable medications are available to treat erectile dysfunction in men. Women can use a water-soluble lubricant and take medication to increase arousal. Sometimes manual or oral sex or a vibrator can provide the additional stimulation needed to achieve orgasm.

**Secondary Sexual Dysfunction** – refers to problems caused by other MS symptoms or medications a person is taking. Fatigue, spasticity (stiffness), pain, bladder or bowel issues, problems with thinking and memory can all interfere with sexual arousal and sexual activity. Medications, including those used to treat an overactive bladder and depression, can interfere with sexual function.

**Addressing Secondary Sexual Dysfunction** – working with one’s healthcare provider to address all the symptoms or medications that are interfering with sexual activity. Changing time of day, sexual position, timing of medications or other adjustments may reduce the difficulties.

**Tertiary Sexual Dysfunction** – refers to the thoughts, feelings and concerns that can interfere with arousal and performance. “Can I still be a sexual person...am I still attractive to others...will I be able to satisfy my partner?” or “Am I being selfish to want sex when she is so tired...will I cause her additional discomfort...he doesn’t feel like the same person I fell in love with.”

**Addressing Tertiary Sexual Dysfunction** – dealing with feelings and concerns through open conversation and consultation with a counselor if needed.