CREATIVE ADAPTABILITY:
Exploring Sexual Intimacy with PD

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Sexual dysfunction is a frequent but neglected problem in Parkinson’s disease.

Arthur Kummer, MD
You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone YOU ARE NOT ALONE You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone You are not alone
SEXUAL RESPONSE CYCLE

Together these 4 stages evoke Sexual Satisfaction
75% of women with PD report difficulty with arousal and orgasm and 50% (or more) experience low sexual desire and some have NO desire for sex.

Drive and Arousal are most affected in WOMEN
Other common issues for Women include:

- Vaginal Tightness
- Vaginal Dryness
- Pain during Sex
- Poor Sexual Esteem
- Sexual Dissatisfaction
- Body Dysmorphia
➤ About 70% of men with PD will experience erectile difficulties. This is their most common complaint.

➤ 40% have Premature Ejaculation

➤ 40% have Delayed Ejaculation

➤ Loss of libido is less common than in women, but still prevalent, especially for men who suffer from ED

Arousal & Orgasm are the most affected areas for Men with PD
Both men and women suffer from not being able to experience RESOLUTION, the final stage of Master’s and Johnson’s Sexual Response Cycle. This most often leaves partners feeling Sexually dissatisfied after PD diagnosis. It can also lead to DEPRESSION or RELATIONSHIP DISSATISFACTION.
In PD, depressive symptoms are possibly the main predictor of sexual dysfunction…Dissatisfaction with sexuality in patients with PD correlates with reduced general satisfaction from life.

~ Journal of Sexual Medicine 2009,6:1024-1031
The flip side: Hypersexuality

Impulse control disorders can be a side effect of some Parkinson’s meds, especially dopamine agonists. These patterns of behavior can devastate a couple and traumatize or ruin lives.

If you notice yourself or your partner engaging in risky behavior, spending money erratically, demanding sex multiple times a week, gambling, working out compulsively, acting out or focusing intensely on an out of character activity DO NOT KEEP IT A SECRET.

It is imperative you TALK TO YOUR DOCTOR to discuss med changes and/or therapy to mitigate these behaviors quickly.
BE CREATIVE!

SHIFT FROM P&V SEX TO PLEASURABLE TOUCH AND CONNECTION

What are your goals?
Tell your partner, doctor, and team
➤ BUILD NEW AND INTIMATE DAILY CONNECTIONS

➤ Hold Hands

➤ Kiss

➤ Embrace

➤ Caress

➤ Massage

➤ Bathe (together or each other)
SET REGULAR DATE NIGHTS

And YES, It is OK to schedule sex

Pick peak times when you are LESS FATIGUED, medication is most EFFECTIVE, mood is RELAXED, and SYMPTOMS are less invasive
➤ REFOCUS on SENSUALITY and using ALL 5 SENSES
➤ Use props, wedges & pillows to help with limited mobility
➤ Engage in oral sex after baths
➤ Let non PD partner be on top so can control movement and PWP can lose control
➤ Use bladder botox to decrease incontinence
➤ Consider Viagra, Cialis and Penile injections to manage ED
➤ Add lubricant to your foreplay and experiment with different tastes, textures and brands
➤ Mutual masturbation & use of vibrators can help encourage arousal and offer fun connection
SET REGULAR SELF LOVE & SOLO SEXUAL TIME

Important to use vibrators to create more sensation. Practicing can also help lessen anxiety & offer release. Offers time to master what your body is capable of, what intensity of touch you like, and what is in your control.
Go to THERAPY if DEPRESSION OR ANXIETY escalate.

Studies find highest correlation to sexual dissatisfaction and relationship dissatisfaction. And there is also a correlation between relationship dissatisfaction and depressive symptomology.

THERE WAS NO SIGNIFICANT CORRELATION BETWEEN SEXUAL DISSATISFACTION AND DEPRESSIVE SYMPTOMOLOGY.
CARE OF THE CAREGIVER

DISCUSS and EDUCATE yourselves about the course of this disease

Know what to possibly expect and PLAN FOR IT with your spouse

ASK your Doctor questions and SHARE your concerns about Sex and Intimacy

Use your RESOURCES: hire respite services to improve your self care, allow nurses to do transfer for date night if mobility lost, let in home or nursing staff to do more clean up as fecal and bladder control decrease

It is IMPORTANT to Allow yourself to differentiate roles as LOVER and as CAREGIVER, this is NOT SELFISH

ACCEPT need for “new normal” and BE CREATIVE and POSITIVE about new ways to connect

Create Non-Verbal cues NOW to use with your partner in case they are verbally impacted

Continue to DO things you LOVE to do to keep your ENERGY high
The body is much more adaptable than we give it credit for and it is often the mind and its belief systems that inform the body of what it can’t live without and needs for survival. It is good to question this belief system because if you can question what you have gotten in the habit of accepting, you open up to the possibility of something different.

~The Power Path