

Multiple sclerosis - sexual issues

Multiple sclerosis (MS) is a disease of the central nervous system that can affect the brain, spinal cord and optic nerves. The disease most commonly affects young Caucasian females living in temperate regions of the world. The cause of MS is not known although genetic and environmental factors are involved. The two major forms of MS are 'relapsing-remitting' and 'progressive'. There is no cure, but there are treatments available that can modify the course of the disease and ease some of the symptoms.

A person with MS may be concerned about a number of sexual issues including function, fertility and pregnancy. It should be remembered that sexual problems are common, whether a person has MS or not. Seek professional counselling for further information and advice.

Changes in relationships

A person with MS may struggle to come to terms with their disease. They might fear for their future or suffer from low self-esteem because of the physical changes they are experiencing. Their loved ones will also be emotionally affected, trying to deal with the diagnosis and its ramifications. Stress, depression and anxiety can have a negative impact on relationships by closing the lines of communication. The natural inclination when depressed is to withdraw from others, but this is a time when open and frank discussion is vital.

The person with MS and their partner need to talk about the impact the disease is having on them and what changes might have to be accommodated in the future. For example, the person with MS may eventually be limited to working from home, or perhaps not working at all, which could put financial strain on the relationship. Other issues to consider include sexuality and family planning.

Problems with sexual arousal

MS is a variable disease that can target virtually any part of the nervous system. The nerves servicing the reproductive organs can be impaired, which leads to changes in sexual functioning. Slowed arousal time, reduced libido or desire and altered orgasmic response are not uncommon experiences. Fatigue also dampens sexual desire.

Many people with MS struggle with feelings of depression. This can affect the quality of their close relationships and cause sex drive to dwindle. Open and honest communication is vital. Professional counselling and therapy may be necessary to help the couple come to terms with the challenges of MS.

Erectile dysfunction can be treated

Some men with MS may experience erectile dysfunction, which is the inability to achieve or maintain an erection sufficient for sexual intercourse. This may be caused by the disease itself, side effects of certain drug therapies or psychological problems (such as depression). Treatments can include counselling or the use of medications, which can be taken orally or injected or via mechanical devices such as vacuum pumps and penile implants.

Impact of other MS symptoms on sexuality

People with MS may experience a variety of symptoms which can negatively affect sexuality. Such symptoms may include fatigue, heat intolerance, spasms and spasticity, pain or changes in sensation, bladder and bowel changes and cognitive problems with attention and concentration. Also, some medications can impair sexuality and the sexual response.

Appropriate assessment and management of these symptoms may help improve the overall feeling of sexuality, wellbeing and physical sexual activity. A satisfying sexual relationship is much more than just penis-in-vagina sex. There are variations of lovemaking that the couple can explore together, such as oral sex, mutual masturbation and the use of marital aids.

Fertility and family planning

MS doesn't affect fertility. Contraception should be practised (by either men or women) if the couple want to avoid pregnancy. Potential problems that need to be discussed when planning for a family include the partner's disease progression and whether they will feel physically capable of dealing with the demands of a child, both in the short term and in the years to come.

Genetic susceptibility

MS is not an inherited disease, but research suggests that genetic factors are involved. MS is far more common in people of Northern European ancestry. Ten to fifteen per cent of people with MS have a relative with the disease, but this may be a grandparent, an aunt, an uncle or a cousin. A child of a person with MS has a very small risk, around three to five per cent, of developing MS.

While genetic factors are important, they alone do not account for the development of MS – other, yet to be determined, environmental factors are also thought to play a part.

Pregnancy considerations

For a woman with MS, pregnancy doesn't affect the long-term course of the disease. Many women with MS find their attacks are less frequent during pregnancy. This is thought to be caused by pregnancy hormones dampening the activity of the immune system. However, most women find that MS relapses (slips back) or attacks are around two to three times more common than usual in the first six months after childbirth.

Child care assistance, either voluntary (from friends and family) or paid (babysitters and creches), is strongly recommended. MS doesn't influence childbirth or breastfeeding ability. However, if the woman is on an immunotherapy program, pregnancy and breastfeeding are not recommended. Some drugs can be harmful to a developing baby. Be guided by your doctor.

Where to get help

- Your doctor
- Neurologist
- Sexual therapist
- Family Planning Victoria Tel. (03) 9257 0100 or Freecall 1800 013 952
- MS Australia-ACT/NSW/VIC Tel. (03) 9845 2700 or Freecall MS Connect™ Tel. 1800 042 138 or email: msconnect@msaustralia.org.au

Things to remember

- MS is an incurable disease of the central nervous system that can affect the brain, spinal cord and optic nerves.
- A person with MS may be concerned about a number of sexual issues including function, fertility and pregnancy.
- Pregnancy for a woman with MS doesn't affect the long-term course of the disease.

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MS Australia

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