Parkinson’s disease and sexual issues

Summary

- A person who has Parkinson’s disease faces many challenges, including the possibility of reduced sexual feeling and function.
- Parkinson’s can affect the partner’s sexuality too.
- Communication is the best remedy for all types of relationship problems, including sexual problems.
- Always see your doctor if you are concerned about your medical condition, treatment, sexuality or sexual relationship.

**Parkinson’s disease** is a progressive neurological condition that affects the brain’s production of dopamine which, in turn, can affect sexual function and control of body movements. Parkinson’s disease or its treatments may cause sexual problems (dysfunctions) or affect a person’s relationships.

Other factors that may cause sexual problems for a person with Parkinson’s include depression, grief and anger, stress, problems with body image or self-esteem, and disease-related fatigue. Parkinson’s can affect your partner’s sexuality too.

Open communication and understanding are the best remedies for relationship and sexual problems. Professional counselling or medical treatment can also help. However, always see your doctor if you are concerned about your medical condition, treatment, sexuality or sexual relationship.

**The motor and autonomic nervous system and Parkinson’s disease**

Our sexual response and function are controlled by our motor and autonomic nervous systems. The loss of the brain chemical dopamine in those diagnosed with Parkinson’s affects the motor and autonomic nervous system. This can directly cause a range of sexual problems (dysfunctions). For example:

- motor or physical changes – slowness of movement (bradykinesia), tremor and rigidity may interfere with the practicalities of lovemaking
- both men and women may notice a reduced desire to participate in sexual activity
- fatigue associated with Parkinson’s can reduce libido
- men can have problems with getting or keeping an erection (impotence)
- men may be unable to ejaculate
- women may experience vaginal dryness
- reaching orgasm may be difficult, regardless of gender.

**Treatment for Parkinson’s disease can affect sexuality**

Parkinson’s is incurable, but most of the symptoms are manageable with medication or surgery. However, medication can diminish sexual desire and reduce sexual response. Some medications may cause an increase in desire (hypersexuality), which is a rare side effect. Talk to your doctor about treatment side effects.

**Sexuality issues and Parkinson’s disease**

Besides the effects of the condition and the medications, other factors that may cause sexual problems for a person with Parkinson’s include:

- negative body image
- sleep difficulties
• reduced self-esteem
• depression and grief
• anger and stress.

**Sexual issues for partners of people living with Parkinson’s disease**

Parkinson’s can affect the partner’s sexuality too. Issues may include:

• feelings associated with their loved one’s diagnosis, including fear, anxiety, depression and grief
• coping difficulties
• tiredness from taking on more responsibilities
• loss of sexual interest in the partner because of Parkinson’s symptoms (for example, involuntary movements or changes in physical appearance)
• changing roles from partner to carer.

**Parkinson’s disease – sexual issues for couples**

The demands and challenges of Parkinson’s may derail a couple’s sexual dynamics. Issues may include:

• The person with Parkinson’s has reduced mobility, which may force them to take a more passive role in lovemaking.
• Symptoms of Parkinson’s tend to worsen at night, which may prompt the couple to sleep in separate bedrooms. This arrangement reduces opportunities for spontaneous sex.
• The couple (especially those who have been together for a long time) may have firmly established roles. Parkinson’s can dramatically change each person’s role and this sudden unfamiliarity may stall aspects of the relationship, including sex.
• The way each person handles the diagnosis and daily demands of Parkinson’s may cause friction. Communication problems can spill over into the bedroom.
• Parkinson’s can disrupt a couple’s lovemaking routine in many ways. Further problems will arise if the couple are unable or unwilling to make changes to their sexual attitudes and habits.

**Parkinson’s disease, sexuality and practical suggestions**

Every couple affected by Parkinson’s has a different experience. Generally speaking, you could try to:

• Learn about the effects Parkinson’s and its treatment can have on sexuality.
• Appreciate and recognise the emotional stress you are both going through, even if you are going through it differently. Make every effort to show love, respect, warmth and togetherness in non-sexual ways.
• Talk frankly and openly about sexual needs. Communication is the best remedy for all types of relationship problems.
• Experiment with different routines – for example, switch lovemaking to the morning when Parkinson’s symptoms tend to be less pronounced or when you have better mobility (your ‘on’ time).
• Place the emphasis on different physical expressions of lovemaking – for example, foreplay, touching and kissing rather than penetration.
• Explore and practice different, comfortable positions for successful and pleasurable penetration.
• Adopt new sexual roles according to your and your partner’s abilities.
• Find new solutions for physical stimulation (touch, arousal, orgasm).
• Work together with medical staff to reduce the effects of medications on sexual function.

**Professional help for couples living with Parkinson’s disease**

Remember, asking for help is a sign of strength. Suggestions include:

• Seek assistance from a counsellor who is trained in sexual health.

• See your doctor for information, advice and referral on any type of sexual difficulty. If you feel embarrassed, you might print out this fact sheet and highlight relevant sections for your doctor to read.
• If you find it difficult to talk and communicate with your partner, counselling may help. Your doctor can refer you to an appropriate service.
• Sexual dysfunction can be medically treated. For example, certain prescription drugs can stimulate an erection, while oestrogen medications or water-soluble lubricants can ease vaginal dryness.
• Regular exercise reduces fatigue by increasing fitness and stamina. If you are not exercising already, see your doctor for guidelines on appropriate activities.
• Some studies have found that depression affects sexuality more than the condition itself in people with Parkinson's disease. Talk to your doctor about treatment options for depression if you feel you are experiencing this.

Where to get help

• Your doctor
• A specialist – neurologist, urologist or gynaecologist
• Physiotherapist or occupational therapist
• **Family Planning Victoria** Tel. 1800 013 952 or (03) 9257 0100
• **Parkinson’s Victoria** Tel. 1800 644 189 or (03) 8809 0400

**This page has been produced in consultation with and approved by:**

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