How to be a sexual woman with a diagnosis of MS

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Acknowledgement of country



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Contacts for local support/ advice and info

WE ARE HERE SO NO-ONE HAS TO FACE MS ALONE

MS Limited (VIC | NSW | ACT | TAS)	**1800 042 138**	**msconnect@ms.org.au**
MSWA	**1300 097 989**	**communications@mswa.org.au**
MS Society SA & NT	**1800 812 311**	**msassist@ms.asn.au**
MS Queensland	**1800 177 591**	**info@msqld.org.au**
MS Australia	**1300 010 158**	**info@msasutralia.org.au**

9/8/2021

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Can I Have MS, be a sexual woman? and enjoy a sex life?

Dr Margaret Redelman OAM

MS Education Webinar 16.8.2021

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- Each of us is a sexual being - birth till death
- Each of us is unique, with no standardised/entitled 'right' sexual response
- Changes occur throughout life for everyone - internal and external factors
- MS causes changes
- No two individuals with MS have exactly the same outcomes
- It's not fair

- What I'm wanting from my presentation is that you walk away with some ideas of causation & how to improve, compensate & supplement, or reframe what is happening to you, so you can work towards the best sexuality you can have

- Yes, you can be a sexual woman and have a sex life, but it may look different from before being diagnosed with MS

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A
General changes that can occur with MS that can effect sexuality

- Sadness, depression, fear, anxiety, mood lability → ↓ erotic focus
- Sensory perceptions
- Fatigue
- Smell & taste loss or changes
- Visual problems
- Sleep disturbances
- Temperature dysregulation
- Vertigo
- Headaches
- ↓ of mobility or unreliable mobility & flexibility
- Urinary & faecal incontinence, constipation
- Pain – neuropathic, muscular & skeletal

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Sexual changes that can occur with MS that can effect sexuality

- Changes in libido (sex drive)
- Difficulty achieving orgasm
- Changed orgasmic experience
- Difficulty becoming aroused
- Lack of sensation or changed sensation to clitoris and vagina
- ↓ vaginal lubrication and genital/pelvic congestion
- Pain with intercourse – secondary vaginismus
- Pain with orgasm

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Psychosocial consequences with MS that can affect sexuality

- Body image
- Value as a woman/sexual partner/family member/member of society
- Responses of others

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B
Benefits of sexual activity – broad definition

1. Individual
    1. Self esteem
    2. Feeling normal
    3. Feeling desired/loved/valued

2. Relationship
    1. Bonding
    2. Source of goodwill
    3. Peace at home

3. Neurotransmitter/hormone release – oxytocin & dopamine

4. Genital & pelvic exercise

The health benefits of sexual expression. White paper. Planned Parenthood Federation of America Inc. Katherine Dexter McCormick Library. New York. 2007

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Benefits for women with sexual activity

- Vibrator technology developed 200 years ago to provide physicians with ability to give women orgasms to treat neurasthenia and **depression.**[1]
- Vaginal stimulation increases **pain** threshold.[2]
- Semen in the vagina may have mood-enhancing & antidepressant effects.[3]
- Increased desire and orgasms lead to decreased depression in women.[4]

[1]Maines RP The technology of orgasm. "Hysteria" and the vibrator, and women's sexual satisfaction. John Hopkins University Press 1999

[2]Whipple & Komisaruk. Analgesia produced in women by genital self-stimulation. J Sex Res 1988

[3]Levin RJ Sexual activity, health and well-being – the beneficial roles of coitus and masturbation. Sex Relat Ther 2007

[4]McVey TB Depression among women with hypoactive sexual desire … Can J Hum Sex 1997

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Normalise sexual difficulties
Debunk myths

1. **Sick people don't need to be sexual**
2. Sex is nice only when the body is whole
3. **You shouldn't have sexual thoughts or feelings when your partner is ill**
4. Don't start what you can't finish
5. Lovemaking equals intercourse
6. Masturbation is bad
7. Shouldn't have to masturbate if have a partner

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C
Conserving energy & sexual positions

- Mind sex
  - Recreation
  - Responsibility to yourself
  - Full control
  - Fun
- Outercourse
- Toys & aids

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Outercourse – infinite variety

1. Least pressure on weaker partner
2. Much greater option for variety
3. Avoids pain
4. More restful
5. Almost guaranteed orgasms
6. Hands are very creative
7. Masturbation
8. Vibrators

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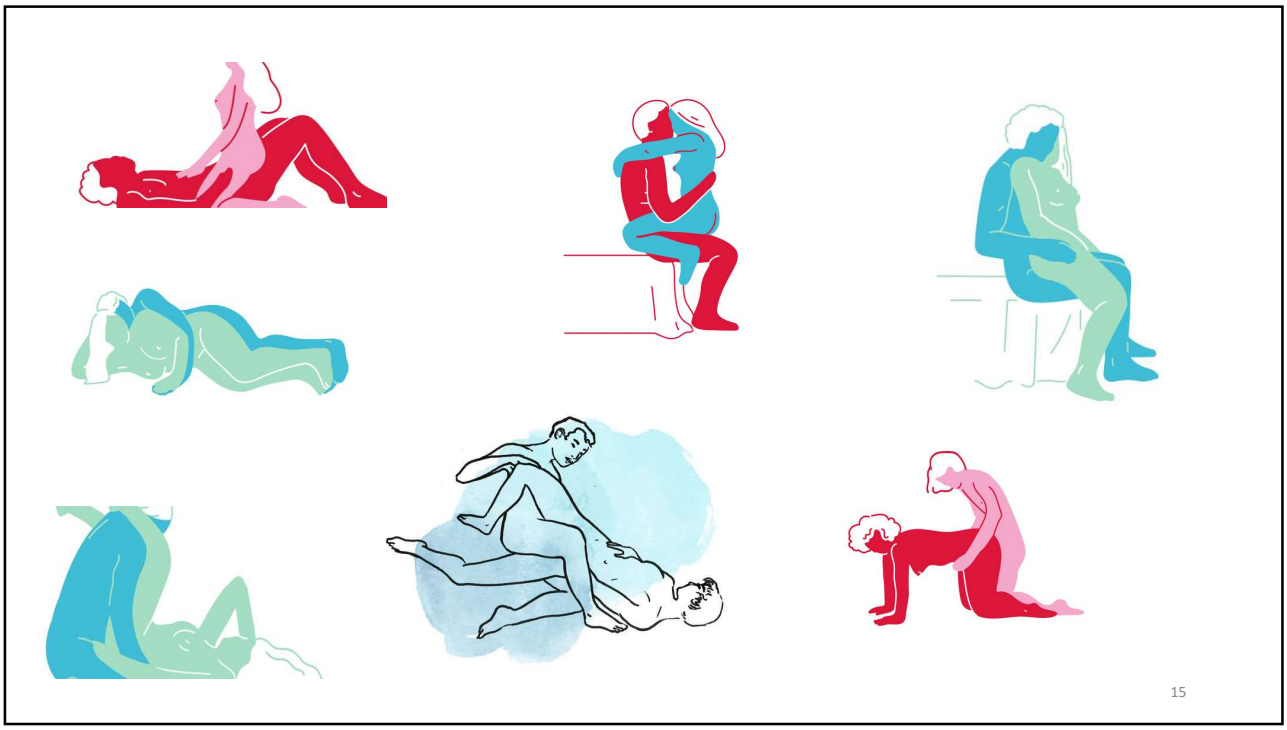
Positions & Timing

- Comfort
- Support
- Less pressure on joints
- Cool
- Rest-able

- Morning or after rest time for more energy
- Co-ordinate with medications
- Airconditioning

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Minimal participation sex

- Discuss range of possible sexual behaviours /all good

Interest/energy for sexual activity	Type of activity
0 or negative	Gift. Solo masturbation.
10-20 %	Cuddle. Hold partner while they masturbate.
20-30%	Some mutual foreplay. Maybe masturbate partner.
30-40%	Some more mutual foreplay but no intercourse or orgasm for you.
50-60%	Maybe some oral. Maybe short intercourse. You determine whether want orgasm.
60-80%	Orgasm for you. More creativity. Maybe i/c. ↑ Time.
80-100%	Longer more creative foreplay and intercourse.

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Aphrodisiacs

Gender differences

- ↑ enhancers
- ↓ inhibitors

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Willingness & erotic focus

- Willingness = it makes sense to make love with this person
- Prioritize sexual activity because you understand what it gives you, your partner and your relationship
- Can't get good sex in a poor relationship

- Erotic focus = practice the mindfulness of concentrating on the sensations you have
- Reframe into positives
- Explore variety & options

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Help with arousal & orgasm attainment

- All the above + increased stimulation intensity, length of time, different location
- Toys/vibrators
- Lubrication = essential

Use – water based lubricants
Vaginal moisturizers
Oils
Silicon lubricants

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Toys

australianhealthsupplies.com.au
lovehoney.com.au



















Erotic
stories
DVDs
Fantasy







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DAILY FOR LIFE

Pelvic floor exercises / Kegels

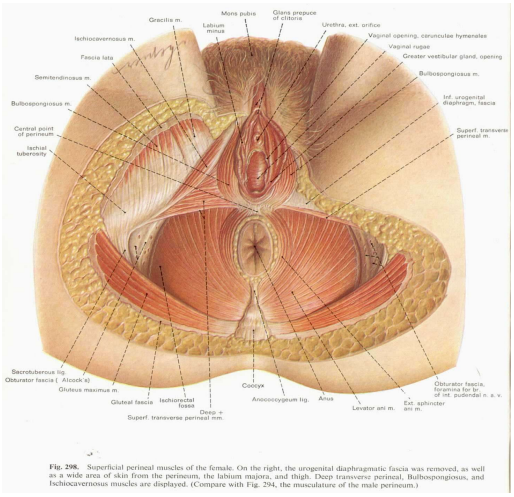


Fig. 298. Superficial perineal muscles of the female. On the right, the urogenital diaphragmatic fascia was removed, as well as a wide area of skin from the perineum, the labium majora, and thigh. Deep transverse perineal, Bulbospongiosus, and Ischiocavernosus muscles are displayed. (Compare with Fig. 294, the musculature of the male perineum.)

1. Free
2. Painless
3. Can be done anywhere, any time
4. Become orgasmic
5. Have better orgasms
6. Become multi-orgasmic
7. Prevent or ameliorate incontinence
8. Be creative with penis massage during intercourse

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Medication

- Antidepressants – some more energising, novel antidepressants that have low or no sexual side-effects
- HRT +/- testosterone
- Topical oestrogen creams
- PDE5s eg sildenafil, tadalafil
- Flibanserin

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C
Potential relationship difficulties

- Partner can’t cope with diagnosis
- Partner overwhelmed by the MS
- If single – when and how to share with the new partner
- How to communicate when new changes occur

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D
Potential sexual relationship difficulties

- Desire discrepancy
- Guilt over not meeting partner's needs
- Can I/we have sex / make love if not orgasmic?

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3 point communication rule for sharing difficult issues

1. Say something nice, encouraging, understanding or empathic to the partner.

2. Say what is happening for yourself using the first person 'I' language.

3. Say what
   1. you would like to do to try to improve the difficulty
   2. the consequence will be for you if nothing changes.

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Important

- Being able to say NO! but a SOFT no……..
- Being able to negotiate for level of sexual engagement wanted
- Knowing what you want and being able to ask for it
- Feeling entitled to be loved
- Feeling entitled to have good sex

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E
Getting help

- MS Limited
- Internet
- GP / other health professionals
  - Can be hit & miss as not all comfortable or trained
  - Always remember you are as entitled as anyone else to have as good a sex life as you want to work for and to have your questions answered & and help offered
- Jean Hailes Foundation
- Society of Australian Sexologists

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THANK YOU FOR BEING A WONDERFUL PARTICIPANT

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THE MS AUSTRALIA COMMUNITY PROGRAM HUB FOR WOMEN'S HEALTH WEEK 2021
6-10 SEPTEMBER

MENU

events.msaustralia.org.au/whw2021



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Multiple Sclerosis ltd.

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