
Happy?



Neurosexology

Bio-Psycho-Social Rehabilitation

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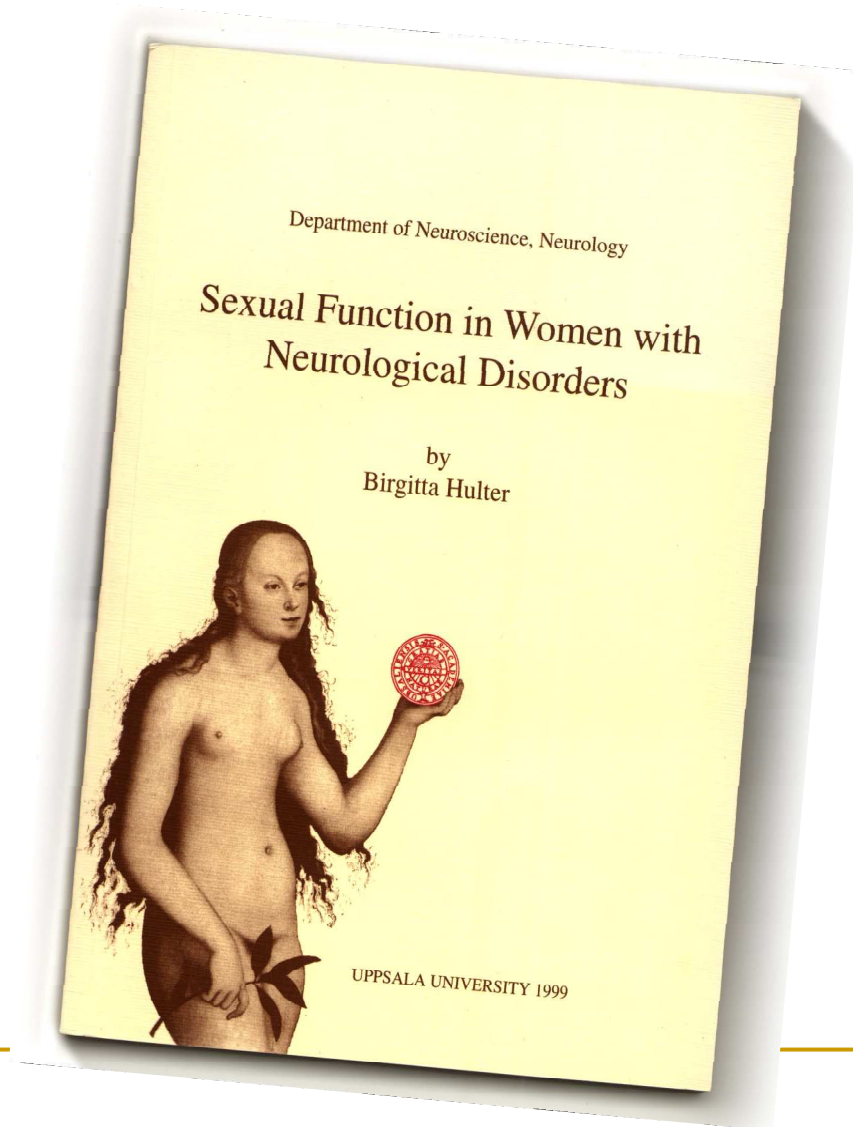
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Neurological disorders

- Represent a wide variety of physical, mental as well as social disabling impairments.
 - They can be there from birth on, or start early in life
 - They might evolve slowly
 - They can strike suddenly
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Hulter B: Sexual Function in Women with Neurological Disorders, Doctoral Thesis 1999



Neurological disorders

- Complicates the total life situation
 - The nice feeling of being healthy, "all right" and "normal" might vanish
 - Sexually, a neurological disorder afflicts your bodily sexual functions, your self esteem, identity as woman/man, as well as your interactions with others
 - The family and partner are drawn into consequences of the disorder
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The Neurological approach:

- Taking a history with much attention to details, and systematically correlating the clinical findings to the anatomy and physiology of the nervous system, constitutes a useful model.
 - Neurological findings are significant in many cases of sexual problems and dysfunctions.
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Sexual problems associated with neurological diseases (Neurosexology)

- European Federation of Neurological Societies Task Force on Neurosexology.
 - Lundberg PO, Swash M, Vodusek D B
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Review of Neurosexology:

- <http://www2.hu-berlin.de/sexology/BIB/Neurosexology.htm>



Sexual dysfunction and neurological disorders

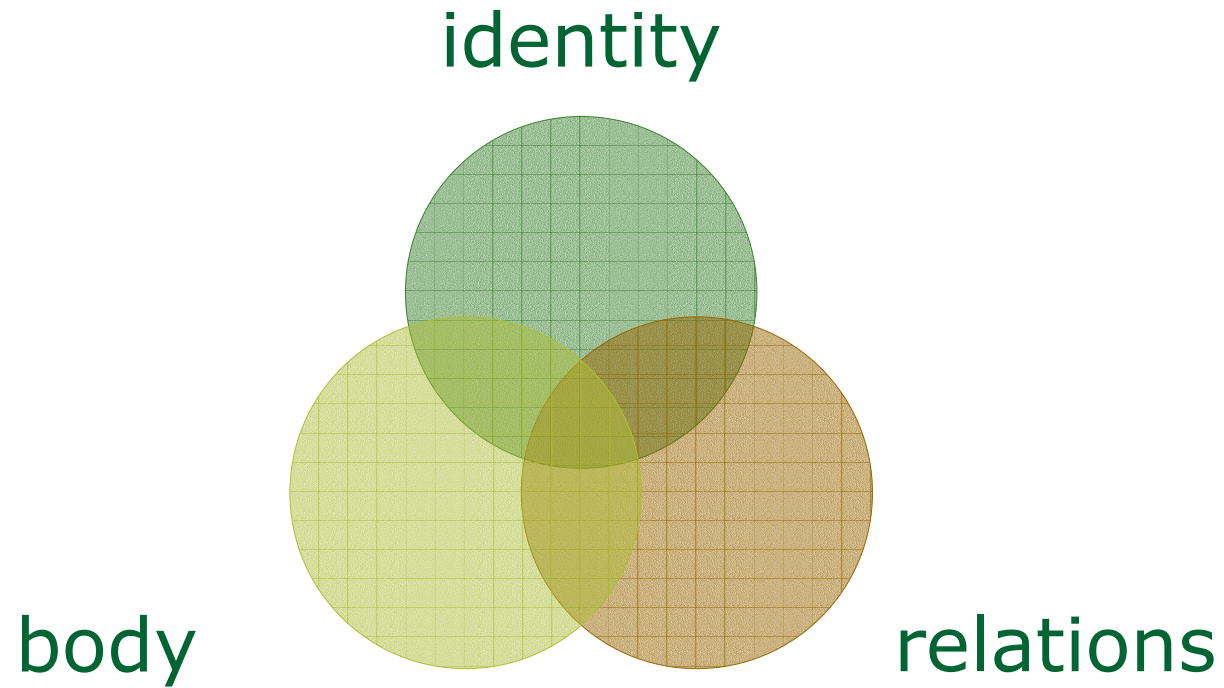
Hypothalamo-pituitary disorders, brain lesions and encephalopathies, stroke, epilepsy, Parkinson's disease and other movement disorders, multiple sclerosis, amyotrophic lateral sclerosis, spinal cord disorders, spinal cord malformations, disorders of the spinal roots and peripheral mononeuropathies in the sacral region, polyneuropathies, diabetes mellitus, other polyneuropathies, myopathies.

- Sexual dysfunction and medications
 - Antidepressant drugs
 - Antihypertensive drugs
 - Other types of drugs
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Treatments

- Treatment and counselling strategies
 - General treatment principles
 - Oral treatment in patients with neurogenic impotence
 - Intracavernous injection as a treatment for neurogenic impotence
 - Surgical procedures and technical devices
 - Treatment of anejaculation
 - Treatment of priapism
 - Treatment of lack of sexual arousal and anorgasmia in women
 - Treatment of abnormal sexual desire
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Bio-psycho-social perspective



People

develop sexually throughout life

Sex develops bio-psycho-socially

- Genes
 - Hormones
 - Socialization
-

Whole human being!

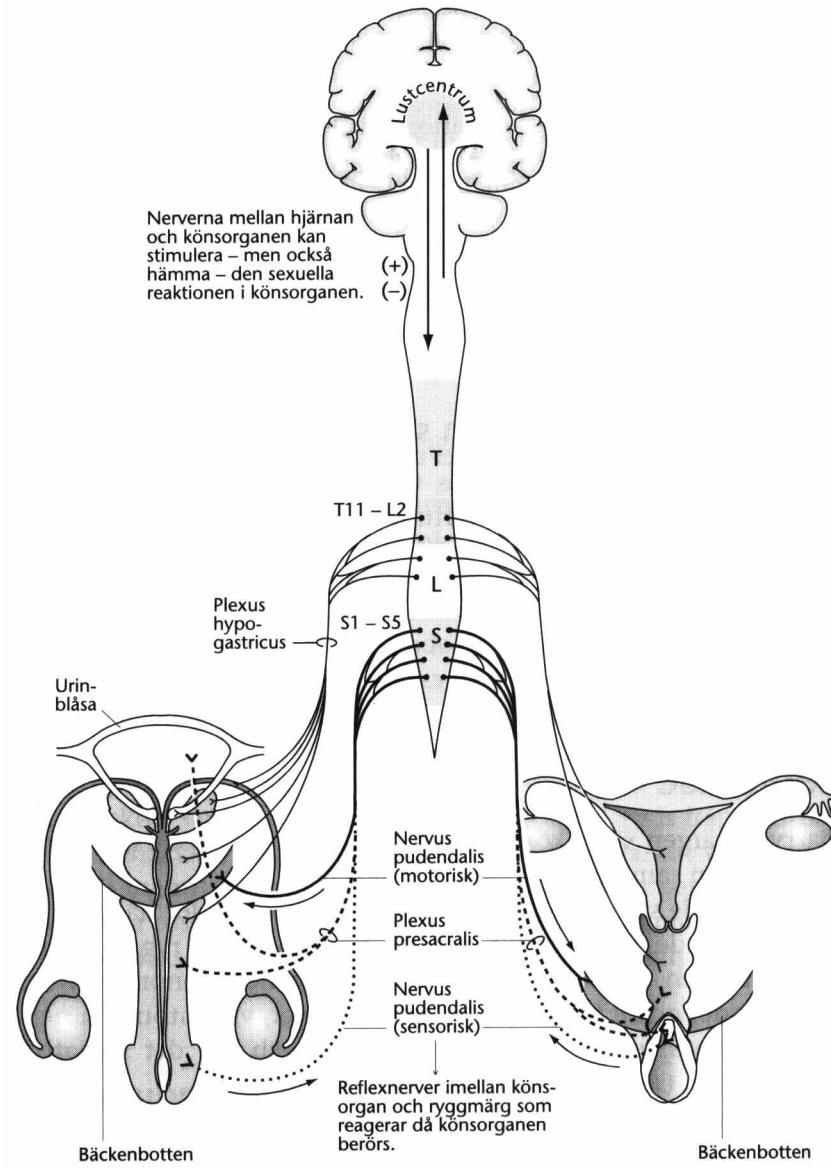
Identity influences – Who am I now?

Bodily changes – How do I function now?

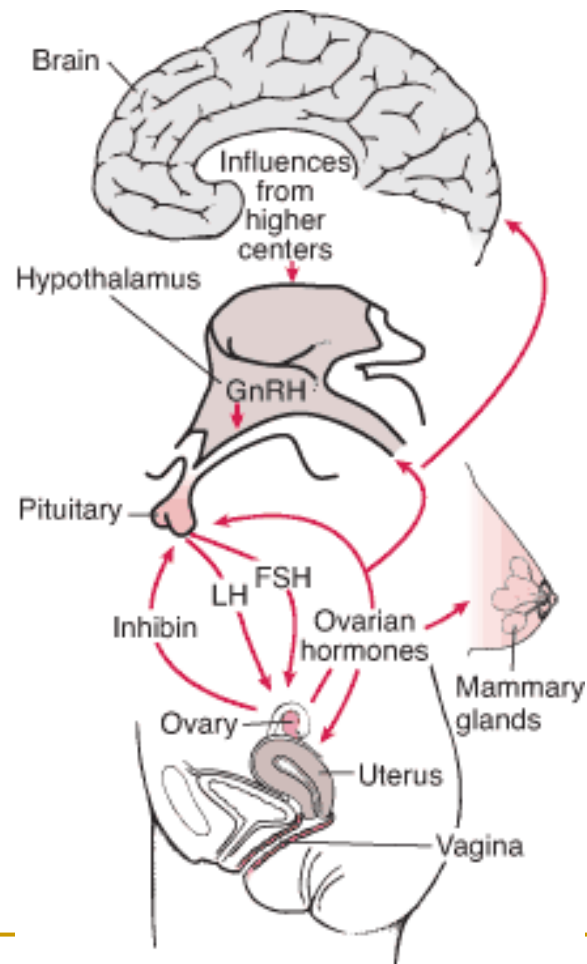
People reactions – Relationship adjustments

Sexual function

- *Neurological actions*
 - *Blood cirkulation*
 - *Neuroendocrine system*
-



The CNS-hypothalamic-pituitary-gonadal-target organ axis.



Sexual wellbeing?



Promoting wellbeing in sexological rehabilitation

- PLISSIT-model
 - Symptom evaluation and sexual diagnosis
 - Pharmacological treatment
 - Psychotherapeutic/
■ psycho-pedagogic/
■ sexual-pedagogic care,
■ rehabilitation,
■ counseling and support

 - Ethics
-

Sexological rehabilitation work

- Has to open up for crisis reactions
 - in relation to the diagnosis, and
 - the signs of the specific disorder,
 - for patient and partner
 - People must be given possibility to grief and react,
 - be allowed to express emotions, feelings, and their words for experiencing unwanted restrictions in their life and to their free decisions of life.
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Sexological rehabilitation work

- When crisis reactions have been explored and expressed -
 - a realistic opportunity occurs to introduce the patient's and partner's new ideas about how to deal with the new reality,
 - including the sexual possibilities that will be present in the future.
 - No need to introduce the Pharmacological treatment options until crisis reactions are dealt with!
-

Sexological rehabilitation work

- According to the PLISSIT-model
 - – suggestions must be based on the ideas of the couple themselves, to be well accepted by the couple.
 - The therapist, of course or hopefully, have a greater base of knowledge for this, but for efficacy reasons it is most important to listen thoroughly to how the couple values and thoughts about strategies they would like to test.
 - It is often a good idea to let them express how they dealt with other crisis in their relationship, or with other stressful events in life.
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SESAM® AB private clinic in Stockholm



Psychological interventions for multiple sclerosis

The Cochrane Database of Systematic Reviews 2006

- Thomas PW, Thomas S, Hillier C, Galvin K, Baker R.
 - **BACKGROUND:** The unpredictable, variable nature of Multiple Sclerosis (MS), and the possibility of increasing disability, means that a diagnosis can have substantial psychological consequences.
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Psychological interventions for multiple sclerosis

Conclusions:

- A diagnosis of MS can have substantial psychological consequences. A single overall definite conclusion cannot be made.
 - The authors cautiously conclude that Cognitive Behavioural Therapy, a therapy that addresses thoughts and behaviours, can help people with MS adjust to, and cope with, having MS, and can help them if they get depressed.
 - Psychological interventions can potentially help people with MS in many ways, including the management of symptoms such as pain and fatigue.
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Conclusion 1

- Attention should be given to the neurological aspects of sexual symptoms in many clinical conditions.
 - Evaluation by a neurologist with an interest in the field of sexology can be clarifying in many situations.
 - Neurology offers a systematic way of analysing and understanding many sexual symptoms and dysfunctions, and can contribute to a deeper understanding of underlying mechanisms.
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Conclusion 2

- Comprehensive management and treatment of people with neurological disorders, including complications in their sexual life, is a challenge for counseling on a professional team basis.
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Sexual satisfaction?





A flight to the Midnight Sun

19th WAS World Congress for Sexual Health Gothenburg, Sweden - June 21-25, 2009



sexoGöteborg 2009

Göteborg (Sweden) - June 21 – 25, 2009

A flight to the Midnight Sun

