

Parkinson's Disease Information Sheet 2.5

Relationships and Parkinson's Disease

Idiopathic Parkinson's disease (Pd) is a progressive neurological condition which is characterised by motor (movement) and non-motor symptoms.

Pd involves the reward system of the brain; therefore, motivation and spontaneity may be affected. This is often first noticed by partners and family members and may affect relationships even before formal diagnosis. Relationships may be affected in many ways. The most commonly encountered changes are:

- Communication
- Physical changes
- Role changes
- Depression
- Erectile Dysfunction
- Loss of libido
- Hyperlibidity (increased interest in sex)

Communication

The ability to communicate is regarded as the basis of all relationships. Pd can affect all aspects of communication (see Information Sheet 2.1).

It is essential to maintain honest and effective communication between partners. This is especially important at the time of diagnosis when the couple are adapting to a future which includes a degenerative illness.

Maintaining communication in a relationship will have a positive impact on the long-term effects of Pd experienced by the couple.

Physical Changes

Pd can be responsible for visible changes. In addition to the naturally occurring changes due to aging, Pd can affect mobility, posture and facial expression. These physical changes may impact on relationships and intimacy. This may affect the partner as well as the self esteem of the person with Pd (PWP).

Role Changes

Both members of the couple can be affected by the diagnosis of Pd and the shift in role from partner to carer. In a progressive condition such as Pd, the roles of partner and carer can overlap. This may result in confusion and frustration.

Health professionals may add to this role confusion by labeling partners as carers before this role change has occurred or before the couple has acknowledged this shift.

The ideal situation is that the transition from partner to carer is a natural progression and is eased by the love and companionship enjoyed in a long-term relationship.

Depression

Depression is a recognised medical condition which involves more than feeling 'down' for a short while. Many PWP will experience a degree of depression at some time during the course of their condition. In some cases, depression may precede the diagnosis.

Depression in Pd can be difficult to diagnose and can impact greatly on relationships. In Pd there is often an associated anxiety, apathy and lack of motivation. Depression can also result in a lessening of communication, interaction, disturbed sleep pattern, appetite changes and decreased libido.

It is recommended that any change in mood be discussed with the treating specialist. The choice of an appropriate antidepressant or non-medication intervention will rest with the treating specialist. Some Pd medications may interact with some forms of antidepressants. Please check with your GP or treating specialist.

Erectile Dysfunction

Erectile dysfunction often precedes the diagnosis of Pd and often is due to the involvement of the autonomic nervous system. It is recommended that this be discussed with the treating specialist as there are many treatment options available.

The ability of the couple to discuss erectile dysfunction will assist in coping with this problem. It is important to remember that sexual activity does not have to include penetration. Mutual satisfaction is possible without erection and this can be an achievable goal.

Loss of Libido

Decrease of libido is commonly associated with aging and depression and may also be experienced in Pd. Open communication between partners will identify if this is a problem to be addressed. A medical review of medications may reveal a reversible cause.

Hyperlibidity

Excessive interest in sexual matters is frequently reported in males. However, it is acknowledged that females may not openly discuss this problem.

Hyperlibidity is often related to medications used in the treatment of Pd (dopamine agonists have been associated with this side effect). A specialist medical review of medications may address this problem.

Hyperlibidity may occur late in the disease progression in the elderly PWP in addition to those with Young Onset Pd.

It is a topic that may not be openly discussed by health professionals and it can be distressing if not addressed in a sensitive and supportive manner.

For further information please contact your state Parkinson's organisation: FREECALL 1800 644 189

Parkinson's Australia
(02) 6278 8916

New South Wales
(02) 8875 8900

Victoria
(03) 9551 1122

Queensland
(07) 3397 7555

Australian Capital Territory
(02) 6299 4910

South Australia
(08) 8357 8909

Western Australia
(08) 9346 7373

Tasmania
(03) 6229 2509