

# information

## RELATIONSHIPS AND PARKINSON'S

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

Partners and family members may be aware of subtle changes even before formal medical diagnosis. These may include lack of motivation and spontaneity in addition to the more recognised symptoms of Parkinson's.

Relationships may be affected because of the commonly encountered changes related to the condition. These include:

- Communication
- Physical changes
- Role changes
- Depression
- Erectile dysfunction
- Loss of libido
- Hypersexuality

### Communication

Effective communication is vital in relationships and Parkinson's may affect all aspects of communication (for more information refer to **Communication and Parkinson's**).

At the time of diagnosis, when a couple is coming to terms with their future with a progressive condition, honest communication is essential. The ability to maintain communication will have a positive effect on the long-term effects of living with Parkinson's.

### Physical Changes

Parkinson's can affect mobility, posture and facial expression and these physical changes may impact on relationships and intimacy. These changes can result in self-esteem issues for the person living with Parkinson's and may also have implications for the partner.

### Role Changes

A diagnosis of Parkinson's will affect both the person living with Parkinson's and their partner. As the condition progresses there may be a shift in role from partner to carer and at times these roles may overlap. This may result in grief, confusion and frustration.

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

Ideally, the transition from partner to carer is a natural progression eased by the love and companionship enjoyed in a long-term relationship. If required, counselling will assist in this transition.

### Depression

Many people living with Parkinson's will experience depression at some time. In some cases depression may precede the diagnosis. Depression can impact greatly on relationships.

In Parkinson's there is often an associated anxiety, apathy and lack of motivation. It is recommended that any change in mood be discussed with the treating specialist who will advise on an appropriate choice of antidepressant or non-medication intervention.

Some Parkinson's medications may interact with some forms of antidepressants therefore specialist medical management is essential.

For further information contact  
your state Parkinson's organisation:  
Freecall 1800 644 189 [www.parkinsons.org.au](http://www.parkinsons.org.au)

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## Erectile Dysfunction

Erectile dysfunction (difficulties in achieving or maintaining an erection) may precede the diagnosis of Parkinson's and is related to the involvement of the autonomic nervous system. Difficulty in getting or maintaining an erection may be more difficult when medications are wearing off or low. In addition, there may be other health factors involved.

Communication about erectile dysfunction will assist in coming to terms with this problem. It is recommended that this be discussed with a medical practitioner as treatment options are available.

In order for medications prescribed for erectile dysfunction to be absorbed and have maximum effect, it may be necessary to take them earlier than normally prescribed due to a slowing of gastric emptying in Parkinson's.

Be aware that some erectile dysfunction medications may affect blood pressure which may already be altered due to Parkinson's.

## Loss of Libido

A decrease of libido is commonly associated with aging and may also occur with both depression and Parkinson's. Open communication between partners will identify if this is an issue. A medical review of medications may reveal a reversible cause.

## Hypersexuality

Hypersexuality (an increased sexual drive) occurs in Parkinson's and is frequently reported in males.

This may also occur in females but is less openly discussed. Hypersexuality may occur late in the disease progression and can affect people of all ages. It may also be associated with impulsive and uninhibited behaviours such as viewing pornography.

A common trigger for hypersexuality is medication used in the treatment of Parkinson's, of which dopamine agonists are the most commonly implicated. A specialist medical review of these medications may result in changes which will address this problem, therefore it is essential that this side effect is discussed openly and honestly.

All of these topics may not be routinely discussed by health professionals. Therefore, if they are impacting on relationships it is essential that they are highlighted. Addressing these issues in a sensitive and supportive manner will assist in maintaining a healthy relationship in the face of Parkinson's.

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