

This is a highly emotive topic which causes major problems in people with any chronic illness.

Sex has been described as

"an ever-present, ever-evolving, multifaceted possession of every human being." ([[1](#)])

We must bear in mind that chronic debilitating illness is likely to result in a loss of libido which is compounded by pain on intercourse (whether genital or in other body parts) and this can severely restrict sexual activity and may impact negatively on relationships.

It is vital to attempt to maintain an open dialogue about this problem with medical personnel and above all, with the affected partner. All too often sex becomes a 'no-go area' both physically and as a topic for discussion.

PHYSIOLOGY OF SEX:

Phases of the sexual cycle:

- **Desire:** includes sexual thoughts and feelings
- **Excitement:** both subjective component (sense of pleasure) and objective (erection, physiological arousal)
- **Orgasm:** peak of sexual response including ejaculation in men
- **Resolution:** muscle relaxation and a sense of wellbeing; men are refractory to further erection during this period.

In brief, the main sexual problems arising in arachnoiditis are:

There can be failure in

- Arousal
- erection (achieving and/or maintaining)
- ejaculation/ orgasm

Broadly speaking the reasons for this may include one or more of the following:

1. *Direct effect* on local nerve roots: affecting sensation in particular
2. *Autonomic effects*: this involuntary system is involved with all stages of sexual activity.
3. *Central pain* may cause bizarre sensations such as pain from light touch
4. Of course, *constant pain* is likely to reduce libido
5. *Depression* secondary to pain will reduce libido
6. The sexual act can involve *movements that are painful*
7. *Medication* may decrease both libido and function, e.g. antidepressants
8. *Bladder or bowel incontinence*: leads to fears of soiling during intercourse and therefore results in reluctance.

PHYSICAL DISABILITIES IN GENERAL:

A paper in 1997([\[2\]](#)) suggested that people with physical disability such as cerebral palsy, MS and paralysis encounter "numerous barriers" such as inaccessible equipment and facilities and limited contraception options.

Furthermore, they frequently experience insensitivity on the part of health care providers, as well as a dearth of knowledge about disabilities. Often there is a lack of suitable, specific information available.

The best way to approach problems is to consult your GP, preferably with your partner, as this problem affects both of you.

Apart from a short examination and a few blood tests (to exclude hormone problems and some other physical causes) the main part of the consultation should centre around discussion of the problem.

This can be extremely difficult for people who are private and tend not to wish to discuss these matters with a third party.

However, you must keep in mind that although you may feel highly embarrassed, the doctor will not, and will simply wish to ascertain the salient facts in order to proceed towards the most suitable management.

There is little medical literature on sexual dysfunction in arachnoiditis, with the exception of Aldrete's recent book "Arachnoiditis: The Silent Epidemic", in which he describes extensive sexual disorders in both men and women.

In a survey of 80 men and 82 women, he found that all but 7 of the women experienced some form of sexual dysfunction.

Within this group, 28% complained of severe pain on penetration, 59% had gradual loss of libido, 42% experienced back pain during intercourse and 10% also had pain in the lower limbs.

All experienced significant exacerbation of pain after intercourse. In the male group, symptoms seem to have had an insidious onset.

These included: loss of libido(88%), partial/complete impotence (51%/29%), difficulty in arousal (73%), penile pain/burning/hot sensation during erection (20%/38%/20%), low back/leg pain during intercourse (60%/13%). 76% of the male survey participants had received counselling and 61% had undertaken sex therapy which had been unsuccessful.

Aldrete remarked that patients tended to correlate their sexual dysfunction with their pain level.

It is useful to look at similar conditions in order to gain a better insight into the common problems which may be experienced:

[1] Levine SB *Sexual Life: A Clinician's Guide*. Plenum Press, New York, 1992.

[2] Becker H, Stuijbergen A, Tinkle M, *Arch Phys Med Rehabil* 1997 Dec; 78 (12 Suppl 5) :S26-33 Reproductive health care experiences of women with physical disabilities: a qualitative study.