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Opinion

Intimacy, Parkinson's disease and dementia in the time of the coronavirus

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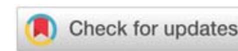

While the corona virus does not seem to invade the brain, patients with neurodegenerative diseases do not suffer from specific deficits in their immune system which could put them at increased risk of SARS-CoV-2 infection. So far, experience from the affected regions does not show an apparent increased risk, although there are no systematic data yet available [1].

People with PD (pwPD) may suffer because of the imposed restriction of free ambulation, limited social interaction, as well as less access to essential therapies (e.g., physiotherapy). All these may increase stress, cause or exacerbate depression, and unfavorably affect parkinsonian symptoms. Impulse control disorders, such as online gambling, may be increased because of the imposed isolation.

If affected by COVID-19, pwPD may be more likely to suffer from severe manifestations while perhaps be less likely to be admitted to intensive care if the number of beds is limited. Even the fear of such eventuality might be stressogenic to these patients, enhancing tremor, and other parkinsonian features.

PD is an age-related progressive disorder with well-known motor symptoms, and various non-motor symptoms such as pain, depression, anxiety, sleep disturbances, cognitive deterioration, sexual dysfunction (SD). Deterioration in sexual functioning was reported by men (77%), and women (78%) with PD [2]. Three types of problems were described [3]: (1) SD associated directly with PD. Decreased dopamine activity induces dysphoria and decreased motivation for sexual response [4]. In addition, the expectation of sexual reward diminishes due to inability to maintain arousal (e.g., erectile dysfunction) and to achieve satisfying orgasm. (2) Sexual preoccupation behaviors (SPBs) [3], where pwPD seem preoccupied by sex and present heightened interest (in 8.8%) [5] and hypersexual behavior (in 3.5%) [6] and (3) SD as a side effect of medical treatments for PD itself (e.g., antidepressants, dopamine agonists), and for other comorbidities (cardiovascular, diabetes, etc.) [3,5,7,8]. The most common and bothering SPB is sexual desire discrepancy, expressed by excessive demands for sex by patients (mainly men)

The stress associated with COVID-19 may increase anxiety, depression, and motor symptoms. Consequently, patients may be treated with additional antidepressants (causing more SD), and/or with dopaminergic treatment (increasing desire discrepancy).

Cognitive impairment is a frequent manifestation of PD with a yearly incidence of around 10% of patients [9]. The COVID-19 lockdown, the loss of daily routine and face-to-face encounters may lead to increased stress and behavioral problems in demented patients [10]. Inappropriate sexual behavior is one of the challenging neuropsychiatric problems in dementia. Due to confusion and misidentification, patients may touch a wrong person, or exhibit a disinhibited behavior (e.g. lewd language, exhibitionism, aggressive sexual demands) [11]. Possible cognitive deterioration including sexual manifestations in these patients should be assessed by Health Care Providers (HCPs). Management of these embarrassing symptoms is usually more effective by non-pharmacological interventions [11]. Considering that the period of COVID-19

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pandemic may be stressful for the care-partners as well, this non-pharmacological interventions (such as therapeutic touch) may be impossible.

HCPs have many options for meaningful interventions without being experts in sexual medicine [12]. They can provide explanations to reduce anxiety ("During COVID-19 people experience deterioration in their sexual function"), inquire ("Have you noticed any changes with your sexual function/behavior?"), or refer to specialists ("I can refer you to our specialist", "There are online guidelines for safe sex"), or prescribe an appropriate medication (antidepressants, phosphodiesterase type 5 inhibitors). When a sexual problem is brought up, the HCP may listen, acknowledge the importance of their sexual complaints, and evaluate their specific needs.

In this complicated period of social isolation, anxiety and uncertainty, empathic and careful attention to the patients' sexual life (which is one of the most important aspects of the daily life) [13], may contribute significantly to the quality of life of the pwPD, with no need for additional funding.

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