

Case Presentation

Symptom Management

Bowel, Bladder, Sex and Spasticity

in Multiple Sclerosis



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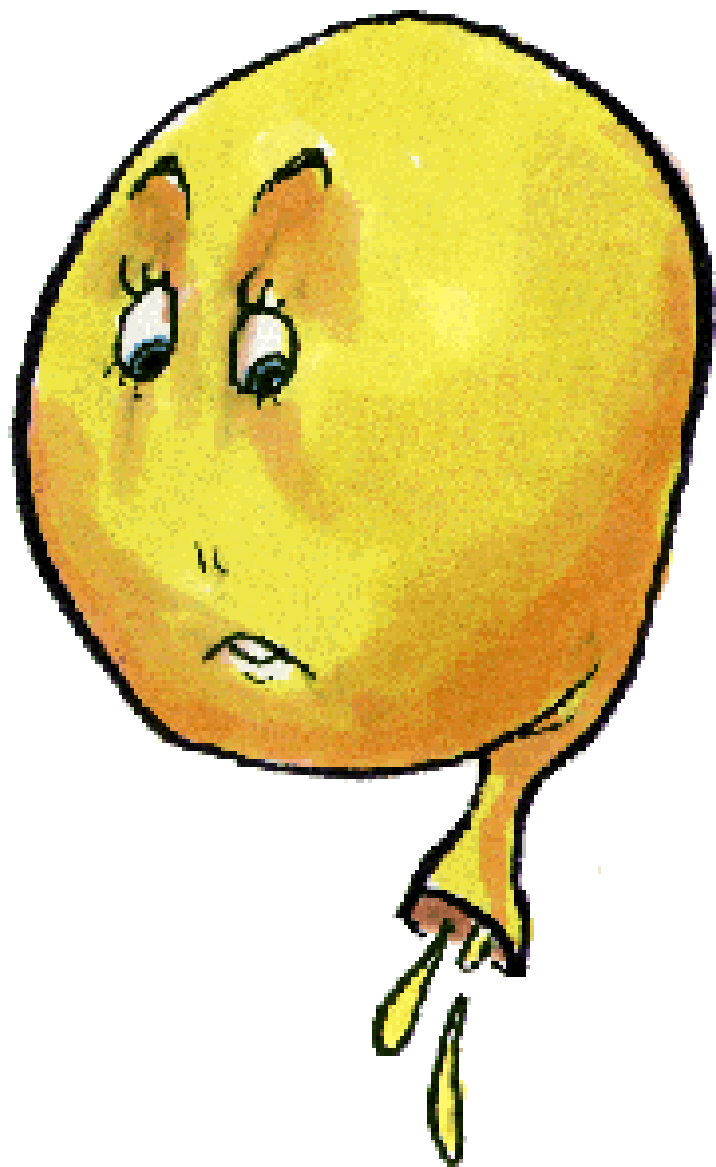


- 24 year-old RHD woman recently diagnosed with RRMS after an episode of transverse myelitis who presents for transfer of care. She indicates that is doing well and is compliant with her disease modifying agent (DMA).

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- On further questioning, she reports urinary frequency, urgency and couple episodes of urge incontinence, as well as occasional constipation.
- A bladder ultrasound was done during the visit. Initial bladder volume was 254cc. She voided 215cc in 15 seconds with a residual of 39cc.



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- She was diagnosed with detrusor hyper-reflexia and an anti-cholinergic was recommended.
- Two months later she presents for follow up stating her bladder was better, but that was having episodes of diarrhea and bowel incontinence. She also complained of multiple falls due to legs tightness.

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- She admits that the episodes of bowel incontinence are preceded by prolonged periods of constipation (8-10 days).
- She denies having any regular bowel regimen and reports that has been unable to stretch and/or exercise for the last 4 weeks which has worsened her spasticity.

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- She stated that had not taken her baclofen for 6 weeks.
- She said that was drinking about 3 glasses of water a day and reported her diet was not as good since was working on her wedding arrangements.



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- Diagnosis: Incontinence overflow.
- A recommendation to increase physical activity, drink at least 8 glasses of water a day, improve her diet, increase fiber ingestion and doing regular exercise was provided.
- She was also advised to take a bulking agent or an osmotic agent at least every other day if the prior interventions do not alleviate her constipation.

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- Diagnosis: Increased spasticity due to lack of exercise and stretching, and medication non-compliant
- For her spasticity, she was advised to stretch her legs twice a day and resume her baclofen 20mg three times a day.

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- Twelve weeks later she presents for follow up and complains of multiple crying spells, sadness, lack of motivation, insomnia, anxiety and decrease appetite for 10 weeks.
- She indicates that everything started after the death of her grand-mother which albeit been expected was sudden. She reports been under significant amount of stress preparing her wedding which will take place in 4 months.



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- Depression in MS patients is multi-factorial.
- A recommendation to start an SSRI was recommended.
- At her follow up visit 3 months later, she indicates her depression is well controlled, as well as her constipation and bladder problems. She was very excited about her upcoming wedding.

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- She presents for follow up 3 months later and reports that everything is “well”. MS symptoms were reviewed and when asked about sexual dysfunction she started crying.
- She complained of decrease lubrication, absent libido and some episodes of anorgasmia. She indicated that was keeping these symptoms a secret to her husband since they are newlyweds.



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- Diagnosis: Possibly primary and secondary SD
- SSRI's can affect sexual function and is possibly aggravating her sexual problems. She indicates that cannot go off her anti-depressant because she felt her depression may come back.

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- After evaluating all her medications a recommendation to add a small dose of bupropion (150mg) and switch baclofen to tizanidine was provided.
- For poor vaginal lubrication, she was advised to use significant amounts of lubricant (i.e. Astroglide).

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- Two devices (EROS-CTD and Eroscillator) were recommended in an aim for her to obtain an orgasm.
- By causing clitoral engorgement, EROS-CTD has been clinically demonstrated to significantly improve sensation, lubrication, ability to achieve orgasm, and overall sexual satisfaction in women with female sexual dysfunction (FSD). This device has not been tested in MS patients

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- The Eroscillator is a wall power vibrator that in most of our patients, that were able to achieve an orgasm prior to MS, can restore the ability of achieving an orgasm.

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- Three months later she presents for follow up and reports is doing significantly better. She denies any problems with her bowels, bladder or mood. She states that her sexual function has significantly improved but still has occasional anorgasmia.

