MONIQUE THOONSEN

HANDBOOK PARKINSON'S
INTIMACY AND SEXUAL HEALTH

Let's Talk About Sex

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FOREWORD

Sexuality is one of the most fundamental expressions of our humanity. It shapes how we connect emotionally and physically, how we experience intimacy and love, and how we affirm our sense of self. Yet, when a neurological condition like Parkinson's enters the picture, the terrain of intimacy can suddenly feel complicated, uncertain, and sometimes even out of reach. This handbook is a courageous and vital step toward reclaiming that territory, toward reminding us, that sexual satisfaction and emotional closeness are not luxuries, but essential aspects of living fully and thriving, even in the face of Parkinson's.

Intimacy and sexual activity are not just about having sex and orgasms

As a senior sex therapist and an expert in sexual rehabilitation for people with neurological conditions, I have witnessed firsthand the profound impact that Parkinson's can have on intimate relationships. Motor symptoms like tremors, slowness, rigidity, and balance issues are often the most visible challenges, which disturb the ability to touch and hug. Beyond that, there are the hidden struggles – the changes in desire and arousal, difficulties with orgasm, reduced motivation, and emotional disconnect – that can create the deepest fractures in relationships. Add to that the side effects of medications, fatigue, and mood changes, and it's no surprise that many individuals and couples feel at a loss when it comes to maintaining a satisfying intimate life.

But here's the crucial truth: intimacy and sexual activity are not just about having sex and orgasms. They are also powerful contributors to both mental and physical health. Research consistently shows that engaging in satisfying sexual activity and maintaining a close, emotionally connected relationship can reduce stress, improve mood, and even boost immune function. Endorphins (the brain's natural pain reliever) and oxytocin (the so-called 'love hormone') are released during physical touch and sexual arousal and orgasm. They enhance emotional bonding and lower cortisol levels, helping to combat anxiety and depression, both of which are more prevalent in people with Parkinson's. Moreover, maintaining sexual activity and intimate touch can improve sleep quality and increase pain tolerance. Emotional closeness and physical intimacy also provide a buffer against the feelings of isolation and loss of identity that often accompany chronic illness.

Here's the good news: it gets easier once you start the conversation. And that's exactly what this book is here to help with.

People with Parkinson's and their partners often face unique challenges in this area, but the subject of sex is rarely discussed openly by healthcare professionals. It's hard to talk about intimacy, even when everything is going well. When Parkinson's enters the picture, it can feel almost impossible. But here's the good news: it gets easier once you start the conversation. And that's exactly what this book is here to help with.

This handbook tackles the complex realities of intimacy and sexual health with honesty, clarity, and compassion. It talks openly about many possible problems and, more importantly, about solutions. Because there are solutions. Improvement is possible for most people, I've seen it happen countless times in my own clinical practice. Even when physical challenges persist, couples who learn to communicate and adapt often discover new and deeply satisfying forms of intimacy.

After her successful Handbook Parkinson's Symptoms, this is another essential work of reference.

What makes this handbook so valuable is not just its content, but also the unique voice behind it. The author, Monique Thoonsen, is a Dutch expert in sensory processing, a pedagogue, consultant and trainer and the person behind this important handbook. Monique, who was diagnosed with Parkinson's at the age of 50, combines her professional expertise with the insights of lived experience. She knows this terrain from both sides; as a clinician and as someone navigating the daily realities of Parkinson's. This combination makes her advice practical, relatable, and deeply authentic. Monique has the rare gift of translating complicated material into layman's terms, making it accessible without losing depth and adding a touch of humour where it's needed most. After her successful Handbook Parkinson's Symptoms, this is another essential work of reference.

This handbook is not just for people with Parkinson's and their partners; it's also for healthcare professionals. Based on my professional experience with Parkinson's (>30 years), I found that most professionals need some help on this subject too. The truth is that sex and intimacy are rarely spoken about in neurological settings and often treated as 'secondary' issues in clinical care. For many couples, reclaiming intimacy is the key to improving overall quality of life. And this is a basic human right.

What makes this handbook truly special is its tone of empowerment. It doesn't shy away from the difficult truths, but it also refuses to accept them as permanent barriers. It reminds us that intimacy and sexuality are not only possible with Parkinson's, but they can evolve and even deepen when approached with understanding and creativity.

Whether you are living with Parkinson's, supporting a partner, or working in the field of healthcare, this handbook offers something invaluable: a roadmap to reclaiming intimacy, pleasure, and connection. It's an invitation to have open conversations, to explore new forms of closeness, and to embrace the evolving nature of desire.

So, let's talk about sex. Let's normalize the conversation. And let's reclaim the joy and satisfaction that every person – with or without Parkinson's – deserves.

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INTRODUCTION

Why do we need this book?

My story
Shortly after my diagnosis, I learned that my Parkinson's could also affect intimacy and sexual health. Sometime later, after sharing a beautiful moment with my partner, I found myself lying in his arms, silently crying. Would this be another thing the disease might take from me?

As with every aspect of this life-changing and progressive condition, there may be challenges in the area of intimacy and sex. Luckily, upon further investigation, I uncovered various strategies to address these challenges. There are for instance many specialists that can offer guidance in the different areas. Also, people with Parkinson's are remarkably resourceful at finding their own ways to adapt and to cope with their symptoms.

I was genuinely curious about the hurdles my fellow Parki's encountered and the creative solutions they discovered. From my experience, we are quite open when it comes to sharing both what troubles us and what helps us. So, I thought: why not reach out, gather experiences, and combine our collective knowledge with the expertise of healthcare professionals? I did realize that the subject might be a bit more difficult to talk about. But my fellow Parki's did not disappoint, as you will see throughout this book.

So, here I go again. After completing the *Handbook Parkinson's Symptoms*, I've put 'pen to paper' once again. Because we know that 'written information can serve as a valuable tool to spark meaningful conversations between partners' (Bronner et al., 2017). And that's what we need to do: 'Let's talk about sex.' Let's make this conversation easier.

My objective
My objective is to examine the topics of intimacy and sex with respect and consideration, ensuring that the perspectives of individuals with Parkinson's disease and their partners are represented. My aim is to help single people with Parkinson's, and people with Parkinson's with partners, enhance their quality of life by improving both solo and shared intimate experiences. After all, intimacy and sex are vital sources of well-being and connection.

Although more research is needed on the topic of sexual dysfunction in Parkinson's, I have found many potential ways to address it in the available literature. This book provides accessible information on the subject, presented in a positive and respectful manner. It will explore both the challenges and the possibilities, sharing language, tips, and strategies that can help us continue to enjoy this important aspect of life.

And last, but very much not least; I hope healthcare professionals read this and get some additional insights into how they can support us on this journey.

Other causes
Sexual dysfunction can stem from other causes then Parkinson's, of course. For instance:

- **Diseases other than Parkinson's**: Other conditions, such as cardiovascular disease or diabetes, may contribute to sexual dysfunction.
- **Age**: Older adults are generally more prone to issues that can hinder sexual activity. However, this prevalence is higher in people with Parkinson's.
- **Lifestyle**: Obesity, alcohol and drug use, and chronic smoking are also associated with sexual dysfunction (Mobley et al., 2017).

In the following chapters, I will delve into different factors to do with Parkinson's.

Who is this book written for?
This book is primarily written for individuals with Parkinson's disease and if applicable; their longtime or casual sex partners, who seek to improve their sexual wellness. For those with a partner; it will help maintain their intimate relationship, and to experience excitement, as well as intimacy and connection. The book will also address solo sex, catering to individuals who are single or those who engage in both partnered and solo sexual activities.

It is intended to act as a guide, making it easier to initiate conversations, whether with a partner or a healthcare professional. You could take the book to appointments as a conversation starter.

CHAPTER 1 – TALKING ABOUT INTIMACY AND SEX

WHAT'S GOING ON?

Sexual dysfunction is a non-motor symptom of Parkinson's (Bronner et al., 2017, 2018) and one of the most common symptoms of the disease. Its prevalence is twice as high in people with Parkinson's compared to their healthy peers (Buhmann, 2022, Bronner 2004). This issue significantly reduces quality of life, increases stress, and lowers self-esteem. Whereas a better quality of intimacy and sexual activity will improve our overall quality of life (Moore et al., 2002).

Unfortunately, sexual dysfunction is rarely discussed during medical consultations (Bronner 2018). Yet sexual activity plays a crucial role in our overall well-being and – for people with a partner – in our relationship. When a relationship is already under strain due to the challenges of coping with a progressive disease, sexual dysfunction can add further difficulties. And starting a sexual relationship may cause stress when we don't know how to address or discuss the problems we're having.

> *Intimacy and sex have never been discussed with the Parkinson's nurse and neurologist. They have never brought it up as a subject and I have never done this myself. I don't really know why.*

> *For my neurologist, GP and Parkinson's nurse, sex and intimacy do not seem to exist for Parkinson patients. They never ask about it. The physical therapist does not respond when I try to bring it up.*

> *In four years, I hastily discussed the subject one time with my neurologist, to answer a general question. It was not particularly about sex.*

> *It's difficult to talk about sex in front of the neurologist. The only moment I started this conversation, my doctor did not show much interest. I immediately realized he was not trained to talk about such issues.*

For many people, talking about sex is uncomfortable, which may explain why we hesitate to bring it up with our partner or our healthcare professionals. My hope is that this book will help make those conversations easier. It can serve as a starting point for discussing intimacy and sexual health, whether between partners, casual sex partners, or with healthcare professionals.

> *Even after more than two decades together, talking about sex remains difficult. I guess it's about feeling exposed. In more ways than one ☺. What I have found though, is once I started expressing my needs more openly, it did get easier.*

> *We discuss the challenges surrounding intimacy and sex with our psychologist. It was uncomfortable at first; I froze. But my partner opened up, which led to a very emotional reaction and brought us closer together.*

We started a conversation about sex after things had become stuck and difficult. We both expressed our expectations and what sex means to each of us. Together, we realized that things sometimes go differently than we want. The timing (and energy level) is important, and the climax isn't the most crucial part; intimacy is about touching and loving. Expressing this to each other prevents frustrations and sadness.

I do not have a steady partner. It's challenging to decide if and when I should disclose my situation.

My attempts to discuss this with my partner caused arguments. I could really use some help with this from a professional, I don't know what to do anymore. And it's difficult to start this conversation with my specialist, because my partner always joins me on visits.

I am happy to talk about sex, but my partner finds it very uncomfortable even with me and will often change the subject. My technique is to be subtle and to the point.

It struck me how many people who responded to my anonymous questionnaire told me that they couldn't discuss the subject with their partner. This makes me sad. But I also understand. We are so vulnerable, literally and figuratively exposed, when it comes to having sex.

I have never talked about intimacy and sex with the Parkinson's nurse and the neurologist. Only with a psychologist, years ago. I had to broach the subject myself.

This is an interesting topic. I have attended several camps dedicated to PD, but no one ever discussed sex. It's as if we've erased that part of our lives, or perhaps I live in a very conservative environment. I talk about sex with my partner more often. In the context of whether one or the other wants to have sex or trying to arouse the other's desire for sex. I haven't had any issues with this so far; in fact, I have always been and still am very interested in it. We have sex regularly, but not as often as I would like. I will bring this topic to be added to next camps and PD events in the future.

Luckily, many others do talk about it with their partner and healthcare professional.

We call it like it is. We were able to talk about it before the diagnosis and that hasn't changed.

We'll say 'let's cuddle' when we want to have sex.

We use sweet words, not much explicit language.

When I want to be intimate, I stroke her in an intimate place or tell her I would like to have sex.

I don't discuss the subject with the Parkinson's nurse, nor with the consultant neurologist (I very rarely see either). My partner also has Parkinson's, and we are able to trust and respect each other on this subject.

I have not shared this subject with the nurse or neurologist. My husband and I talk about our sex drive in the mornings during our walk. We use words that may be considered X-rated. We ask each other: "Would you like to…" Our signals are touching each other in private areas or passionate kissing.

WHAT'S TO BE DONE?

While more research is needed to determine the most effective treatments for sexual dysfunction, there are many options that show promising results. So, let's not wait for more research, let's start exploring these solutions, with guidance from our healthcare professionals when necessary.

- Familiarize yourself with the subject. It's important to understand that much of what you're experiencing is likely due to Parkinson's. This knowledge can be reassuring and help shift your focus from frustration to exploring possible solutions.
- Use this book to start a conversation with your partner and/or healthcare professional. Together you can seek solutions to the challenges you're facing.
  - > To your partner: "Can we look at this book? It's about intimacy and sex. There may be solutions for the difficulties we're encountering, like me getting cramps during sex."
  - > To your healthcare professional: "Can we look at this book? It's about intimacy and sexual health. I've encountered some difficulties, and I'd like to show you the topics where I could use some advice."

  - > As a healthcare professional: "Parkinsons's may affect your intimate life. Let me know if you have any questions or would like to receive information about this or if you would care to discuss this aspect." Or "Sexual functioning may be affected because of your Parkinson's. Please let me know if you would like to discuss this and know that many sexual problems can be treated."

It would be nice if the neurologist or the Parkinson's nurse would proactively explain what can change and what challenges you might face.

  - > As a healthcare professional: When children accompany their parent with Parkinson's to a consultation, ask both parties whether they feel comfortable discussing the subject in each other's presence. The parent may prefer privacy, and the child may want to give their parent privacy when this subject is discussed.
- Practice talking about the subject with someone you trust if you're unsure how to approach it with your partner and/or healthcare professional. You could rehearse the conversation with a close friend or sibling.

Initially, discussing this with a professional was a bit scary, but it really has been good to have these conversations.

I would say: 'Be open and giving. Do not be afraid to ask or make suggestions.'

- Invest in relaxation techniques, such as meditation, yoga, or mindfulness exercises. These can help you relax more, also during sex.
- Take enough time to stimulate yourself/each other, to become sufficiently aroused.
- Use lubrication gel to reduce discomfort and improve comfort during sexual activities.
- Involve a pelvic floor physiotherapist. They specialize in treating problems involving the pelvis, such as problems with urinating, bowel movement or having sex. They can provide biofeedback exercises to help relax the pelvic floor muscles, for men and women.
- Consider consulting a specialist, such as a urologist or gynaecologist, to explore potential treatments if you experience pain during solo sex activities or intercourse.

WHAT'S TO BE AVOIDED?

- Avoid sexual activities that are painful, as it can heighten anxiety and increase the risk of persistent discomfort. This may lead to fear continuing to influence future sexual experiences. You may choose to switch to outercourse (sexual activity without penetration).

Adapting Positions

WHAT'S GOING ON?

Due to, for instance stiffness, pain, an implant or a medication pump, certain positions may no longer be comfortable. This means we may need to think creatively about how to adjust. If we were used to engaging in sexual activities in just a few positions, it might be more challenging to make changes. If we're already accustomed to exploring different ways and positions, adapting may feel easier.

> *He cannot support himself on his arms, so we avoid that position and find positions that are good for both of us. Lying on his back is a good position for him or standing. As long as he only has to make relatively little effort.*

> *The challenge for my partner is the duration. Usually, I have difficulty reaching orgasm. It works better if I find a position where the tension is as high as possible. For now, I can still use different positions, so I hope I will be able to do this at least a few more years.*

> *We have been experimenting with different positions lately and I think we need multiple positions during one session to both have satisfaction.*

> *In some positions my neurogenerator implant gets in the way. I just change positions. On my belly or side work best.*

WHAT'S TO BE DONE?

- Take the time to get used to new positions. They should help you relax and feel comfortable. Positions should feel natural and not forced.
- Consult with your physiotherapist or occupational therapist about finding comfortable positions.
- Check out the 'Kama Sutra' to explore possible sexual positions.

- Use pillows to support different parts of your body, promoting muscle relaxation and helping to prevent cramps.

Use pillows for support

- Adjust small things in familiar positions to avoid pain or cramps.

> *When I sit on top, I make sure to extend my toes and pull them up. If I don't, and keep them flexed, they often start cramping.*

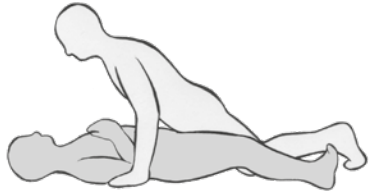
Adjust toe position to prevent cramps

- Experiment with positions to find which ones are easiest and most comfortable for both partners. Some possibilities include:
  - > Spooning position, where one partner lies behind the other. This can also be helpful if one of the partners has difficulty spreading their legs.

Spooning position

> *We have difficulties with the missionary position. We prefer the spooning position.*

  - > If a position causes less stimulation for one partner, they can use their hand, fingers, or a male or female vibrator for added pleasure.
  - > When one partner sits on top, they may want to rest on their hands and knees to avoid putting too much weight on their partner.



Take weight on your hands and knees

  - > One partner can lie on their back or stomach at the edge of the bed while the other kneels in front, resting their knees on a pillow. This way there is no pressure on the partner that is lying down.

CHAPTER 5 – SEXUAL MECHANISMS AND RELATED CHALLENGES

In people with Parkinson's, the autonomic nervous system often no longer functions properly due to the degeneration of neurons and the side effects of medication. This system plays a key role in sexual functioning. It controls processes such as the dilation of blood vessels, which is necessary for erection in the penis and clitoris, as well as the stimulation of secretions from the prostate and vagina. Additionally, it is responsible for the muscle contractions that occur during orgasm in both men and women (Purves et al., 2001).

Solo sex

WHAT'S GOING ON?

Not everyone has a partner, which makes solo sex the thing to turn to, when feeling desire. Also, when experiencing more desire than our partner does, solo sex is an extra possibility to be sexually active.

When engaging in solo sex, we may encounter some difficulties:

- Tremors and reduced control over movements may make it difficult to stimulate ourselves.
- Slow movement may make it hard to keep a rhythm going.
- Muscle stiffness and pain may hinder our movement.
- Fatigue may make it hard to engage in solo sex.

> *Because of my increased desire and not having a partner I can be intimate with, I masturbate a lot. Unfortunately, there is a lot of tension around being intimate and having sex, in my relationship. I do not feel uninhibited.*

> *Using baby oil enhances the pleasure I experience during masturbation.*

> *I experience more desire than my partner, so sometimes I masturbate.*

WHAT'S TO BE DONE?

- Listen to music with a certain beat to act as a cue to keep your rhythm. Look up playlists for instance with 160 BPM (beats per minute) or a different beat to suit your needs. If you use the music streaming platform a lot, it will create a list with music from your favourite genres.
- Use lubricants to decrease friction or avoid them if the friction helps you.
- Use a massager, vibrator or vacuum device, if you don't have the motor skills to stimulate yourself. There are female vibrators (clitoris vibrators and sucking vibrators) and male vibrators (male masturbator, vibrating stroker, self-stroking masturbator).
- Use pillows to support your body in the most relaxed position.
- Choose a time when you are most 'on'. Don't wait until you're in bed in the evening, you may be too tired and too 'off' to enjoy yourself.

Erectile dysfunction

WHAT'S GOING ON?

Erectile dysfunction may affect men at various stages of life and is influenced by multiple factors. They include pain, depression, certain medications (such as SSRIs), fatigue, cardiovascular disease, diabetes type II, decreased sexual desire, feelings of reduced attractiveness, cognitive decline, lifestyle factors (obesity and alcohol and drug use) and urinary dysfunction. Testosterone deficiency may also contribute (Staunton et al., 2022). These elements can combine to create both physical and emotional barriers to sexual health.

For men living with Parkinson's disease, erectile dysfunction is particularly common, much more so then with their healthy peers according to research (Hussain et al., 2001; Shalash et al., 2020). Testosterone deficiency is recognized as a non-motor symptom of Parkinson's (Bronner & Korczyn, 2018). This affects men with Parkinson's much more than their healthy peers (Okun et al., 2022).

> *My partner takes medication with the side effect of erectile dysfunction. He'll tell me when he feels 'well enough' so we can have sex.*

> *I have erectile dysfunction and take meds. My wife has no problems and enjoys the extra foreplay.*

WHAT'S TO BE DONE?

- Minimize position changes, if erectile dysfunction occurs due to changing positions. Try to remain in the same position during sexual activity.

> *We tend to avoid the missionary position because I have difficulty maintaining an erection in that position.*

- Ask your physician if any of your medications, such as alpha-blockers, beta-blockers, or psychoactive drugs, could be contributing to erectile dysfunction. Inquire about alternatives.

> *I am interested to know whether my medication hampers my erection and orgasm ability.*

- Consider whether depression or other mood disorders may be a factor. If so, seek professional help to cope with and manage these conditions.
- Discuss with your physician if it may be helpful to check your testosterone level. Men with Parkinson's disease are more likely to have lower testosterone levels compared to the general population. Treating low testosterone may improve symptoms such as fatigue, depression, anxiety, and sexual dysfunction (Okun, 2002).

in the mood to be actively involved in sex but may want to support in this way.

For me, as a person with Parkinson's (male), levodopa has certainly increased my desire and interest in sex and adult films. Masturbation, with the knowledge or alongside my partner, helps me and does not require more sex from my partner than she herself desires.

> ***A wife told me that they had a debt of €20,000, – because her husband frequently called sex lines, without her knowing. He felt very guilty about this but could not control himself.***
>
> ***A wife said that she had not had any desire for sexual contact for years. She was ashamed because her husband was inappropriately touching female caregivers. He was ashamed of this but could not control himself.***
>
> ***Diana van Tuijl, Parkinson's nurse***

WHAT'S TO BE AVOIDED?

- Suffering in silence (person with Parkinson ánd partner). Don't keep quiet out of shame or embarrassment. Remember, this behavior is caused by medication, it is not a character trait.
- Never discontinue your treatment without consulting your specialist. Doing so may lead to withdrawal symptoms and a worsening of Parkinson's symptoms.

CHAPTER 6 – MORE NON-MOTOR SYMPTOMS

Urinary and bowel continence, stomach and bowel problems

WHAT'S GOING ON?

Neurological issues associated with Parkinson's can affect urinary and bowel control during sexual activity (Rees et al., 2007). This may cause worries about incontinence, making it harder to relax and fully enjoy sex. Additionally, abdominal bloating and pain from constipation can interfere with comfort and relaxation.

My bowel problems often cause me discomfort, which frequently diminishes my desire for sex.

I do have to urinate more frequently during or after sex, but that's not a problem. I just take a moment to do it.

I pass a lot more gas than before having Parkinson's and always hope this won't happen during sex.

Decreased gastrointestinal functioning is another concern, as it can slow medication absorption (including medication to stimulate an erection), potentially worsening Parkinson's symptoms, as well as influencing sexual functioning.

WHAT'S TO BE DONE?

- Consider visiting a pelvic floor therapist to improve bladder and bowel control.
- Make it a habit to use the bathroom before engaging in sexual activity to reduce the risk of incontinence.

He always uses the bathroom before we are intimate.

To avoid bladder problems during sex, I make sure to drink less before having sex.

- Discuss treatment options for an overactive bladder with your specialist.
- Be aware that medication to create an erection may take longer to process due to slowed gastrointestinal function. The typical one-hour wait may need to be extended to two to three hours. (A spray will become available soon. This will reduce the time to 5 minutes).
- Talk to your specialist about alternatives or adjustments when slow stomach emptying or bowel problems affect how your medication is processed.

WHAT'S TO BE AVOIDED?

- Staying silent about urinary or bowel problems. Many of these issues are treatable, so it's important to discuss them with your general practitioner or specialist.

Excessive saliva

WHAT'S GOING ON?

Excessive salivating can affect how we feel about ourselves and may make us feel less attractive to our partner. This can contribute to a decrease in self-confidence, which in turn can make it harder to feel sexy or engage in intimate moments and sexual activities.

WHAT'S TO BE DONE?

- Consult with the specialized speech and swallow therapist to see what cues you may use to swallow more often.
- Seek advice from a specialist regarding medication or potential medical procedures for the salivary glands to manage excessive salivation.
- Suck on hard candies regularly, this may reduce salivating.
- Have the person that has difficulties managing saliva lay on their back, so they don't drip saliva on their partner.
- Keep a small towel at hand.

Because I have excessive saliva, I have a small towel on my pillow.

WHAT'S TO BE AVOIDED?

- Avoid staying silent about it. No matter how difficult the conversation may be, opening up will help ease the tension around the subject.

Excessive sweating

WHAT'S GOING ON?

Excessive sweating can affect moments of intimacy or sexual activities by lowering self-confidence or causing discomfort for both partners. People with Parkinson's may sweat more for several reasons (Leta et al., 2019):

- Autonomic dysfunction: Poor regulation of skin processes leads to overactive or underactive sweat glands.
- Involuntary movements or physical exertion: The effort to move may trigger sweating.
- Medication side effects: Some Parkinson's medications can increase sweating.
- 'Wearing-off' effect: Sweating may occur as the effects of medication diminish just before taking the next dose.

WHAT'S TO BE DONE?

- Talk to a specialist if sweating is a concern, as it might be a medication side effect or related to levodopa wear-off. Treatments are available.
- Check for other causes of sweating, like infections or menopause, with your GP or specialist.
- Opt for lukewarm showers instead of hot ones, to reduce sweating.
- Shower before sexual activity to feel fresh and confident.
- Discuss deodorant preferences with your partner. Some people prefer natural scents over artificial ones.
- Keep the room well-ventilated for comfort during sexual activity.

- Remove hair (or have it removed) when sweating causes irritation.

Sweating can sometimes cause an overwhelming and intense odour. This is unpleasant for both parties. Refreshing beforehand or using deodorant helps a lot. He also regularly visits the wax studio for hair removal, which greatly helps against irritation during sweating and is also pleasant between the sheets.

WHAT'S TO BE AVOIDED?

- Wearing synthetic clothing. Opt for cotton instead, as it absorbs sweat better and provides better ventilation.