This study looked at whether it would be possible to run a larger trial of PIMS, a support programme for people with multiple sclerosis who experience sexual or intimacy difficulties. The study compared PIMS with a shorter control approach based on psychosexual education and usual care. The main aim was not to prove whether PIMS works, but to see whether people could be recruited, whether they stayed in the study, whether they used the programme, and whether they found it acceptable.

Between November 2022 and March 2024, 83 people were approached about the study and 59 were screened. Most people who were screened were eligible to take part. In total, 43 people joined the trial and were randomly allocated to one of two groups: 22 were allocated to PIMS and 21 to the control group. Recruitment took place across three NHS sites, with five facilitators involved in delivering the intervention.

Overall, recruitment went well. Almost all screened participants met the eligibility criteria, and around three-quarters of eligible people agreed to take part. Follow-up was also reasonable overall. Thirty-five of the 43 participants started the follow-up assessment after 14 weeks, and 33 provided enough follow-up information for at least one study measure. However, fewer people in the PIMS group completed follow-up compared with the control group.

Use of the PIMS programme was mixed. Just over half of the people allocated to PIMS received some of the intervention. Across the PIMS group, participants attended 22 facilitator appointments in total. On average, participants completed four self-guided sessions. When the study team defined “good use” of PIMS as attending at least one facilitator session and completing at least three of six self-guided sessions, just over half of those who provided data met this level. If missing data are counted as not meeting this level, around one-third of the full PIMS group met the target. Facilitators delivered the planned content very closely, covering 95% of required material.

Participants who gave feedback generally found PIMS acceptable. Most rated the treatment as acceptable or completely acceptable, and most said they liked it. Participants also tended to feel that the programme made sense and that they could see how it might help. However, some people found it took considerable effort to engage with the programme, suggesting that a future version should be easier to use and less burdensome, potentially exploring digital delivery avenues.

The exploratory outcome findings should be interpreted cautiously because this was a small feasibility study. There was a positive signal for improved sexual satisfaction and function in the PIMS group compared with the control group. There was also some evidence that PIMS may help people respond to difficult thoughts and feelings in a less judgemental way. Other outcomes, including sexual distress, multiple sclerosis-related sexual dysfunction (including those with biological causes not addressed by PIMS), disability, quality of life, mood, anxiety, mindfulness awareness, and sexual communication, did not show clear differences between groups.

Overall, the study suggests that a larger trial of PIMS is possible, especially because recruitment and acceptability were strong. Before moving to a larger trial, the intervention should be refined to improve early engagement, reduce burden, and support more participants to complete the programme and follow-up assessments.