

# Sexuality post Stroke

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# Who is interested?

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Do staff ask their patients?????

# Sexuality Contributes to quality of life for stroke patients and their partners

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**Best practice guidelines recommend that all stroke survivors and their partners should be offered :**

The opportunity to discuss issues relating to sexuality with an appropriate health professional.

They should receive written information addressing issues relating to sexual intimacy and sexual dysfunction.

# What is sexuality

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Intimacy

Feeling loved and lovable

Communication

Sense of self worth

Being attractive

Intercourse

Gender identity & roles

Reproduction



Eroticism

Sexual orientation



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One of the **most** common but **least** talked about effects of stroke is sexual dysfunction

50% or more of Stroke Survivors suffering a degree of sexual decline.

# Primary causes where stroke affects function

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Decline in Libido and coital frequency for both genders

Decline vaginal lubrication and orgasm in females

Decline in erection and ejaculation in males

Related medical issues such as medications and premorbid medical conditions (diabetes, hypertension, cardiac issues), may also contribute to these effects.

# Secondary causes

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Hemiplegia

Spasticity

Pain

Bowel or bladder dysfunction

These affect sexual function due to issues such as difficulty positioning oneself during sexual activity.

# Tertiary Causes

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**Psychological adjustment issues** – Body image changes

loss of self esteem

Anxiety, stress, depression

Fear of a new stroke

Fear of marital conflict

Fear of change in roles

Fear that the able bodied partner will leave and marital difficulties from the spouse being lover and carer.



# Tertiary Causes

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**Cognitive or behavioural issues or both** -Poor judgement

Egocentricity

Emotional lability

Disinhibition

Poor memory

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Issues may not only relate to the stroke survivor but also his or her spouse with up to 88% stating they would not like to have sexual activity with a “sick person”

Giaquinto 2003

# How is sexuality after stroke experienced?

McGrath (2019)

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43 eligible papers

649 stroke survivors were included in the study, 1 – 125 participants per study.

60.2% male (391) 39.4% female (257)

267 partners were included 1 – 35 per study

Age for stroke survivors 20 – 105 years

Partners age 31 – 90 years

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People with communication impairments were largely excluded from 10 of the 43 papers.

16 other papers did not state if participants had communication difficulties

1 paper was specifically targeted for participants with communication impairment and it was focused on sexuality post stroke.

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Most studies included heterosexual couples

Some studies included stroke survivors with other sexual orientations

None specifically explored the experiences of participants identified as gay, lesbian, bisexual or transgender.

# Two major themes

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**Sexuality is silenced**

**Sexuality although muted and sometimes changed is not forgotten**

# Sexuality is silenced

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No we don't talk about such things. We talk about practical matters. No, we never tell each other how we feel.... We cant do that. (ss)

The feeling is that I miss my husband. I need a shoulder to lean on, someone to talk to and someone who comforts me. I just don't have that .....maybe these are moments of loneliness.(Partner)

# Health professionals don't talk about sexuality

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The silence around sexuality experienced within relationships is reinforced by health professionals who do not acknowledge the impact of stroke on sexuality and fail to discuss post-stroke sexuality



# For participants not in a relationship

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In both male and female groups there was a struggle to maintain positive self regard and self image

“Why should a lady want to go out with me if you can go out with someone who does not have a disability”

“I can't see anybody wanting to be with a disabled person .... I will totally understand if .... Men don't find me physically – like sexually attractive anymore, because I'm disabled”.

# Sexuality although sometimes muted and changed is not forgotten

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Changes to pre-stroke relationships. – For most couples stroke related functional loss fundamentally change the nature of their pre existing relationship.

“I cant do things for my family, like protect them if an intruder came in, I couldn't even defend my family. I wouldn't have the strength to fight of a child”.

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## **Partners struggle**

A male stroke survivors partner said:

“I became like a mum to him; I was helping him with everything”

Another said:

“I feel trapped by my husband and want to run away”

# Resuming sexual activity

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Sexuality continued to be important and was not forgotten

“That stroke doesn’t change the essence of who I am or what I want, before and after. It only changes what I can do. It doesn’t change what I want”

“Every step has to be planned carefully. Can I do this? No spontaneity in it anymore”

For some

“Even with my husband I don’t want to be touched yet”.

# Advice for patients

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## **Simple early information and proactive discussion, giving permission**

Reassure that sexual activity is not contraindicated after stroke and is unlikely to cause another stroke.

Exertion equivalent to polishing / ironing at lower end ... up to walking up two flights of stairs/ walking around one block for more vigorous intercourse.

Keeping fit helps

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Enjoy each other – take your time

What time of day? Consider early morning.

## **Catheters**

Male can fold the catheter back over the erect penis and cover it with a condom

Females tape the catheter to the abdominal wall

# Drugs

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Some medications can reduce libido, erectile function or vaginal lubrication.

Remind patients to talk to their doctor before taking any medication like Viagra

Remember to discuss importance of medications and the benefits of continuing to take them

# Canterbury Stroke patients

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**Ward 24** Acute Stroke Unit – Not really discussed.

**Ward CG** Under 65 Neuro Rehabilitation – Very hit and miss. Some patients may have a discussion with either medical staff, Nurse specialist or clinical psychologist.

**Ward DG** over 65 Stroke ward – A bit hit and miss.

**Community stroke team** – Not often discussed



# How can we improve?

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Give patients opportunity to talk about sexuality.

How????

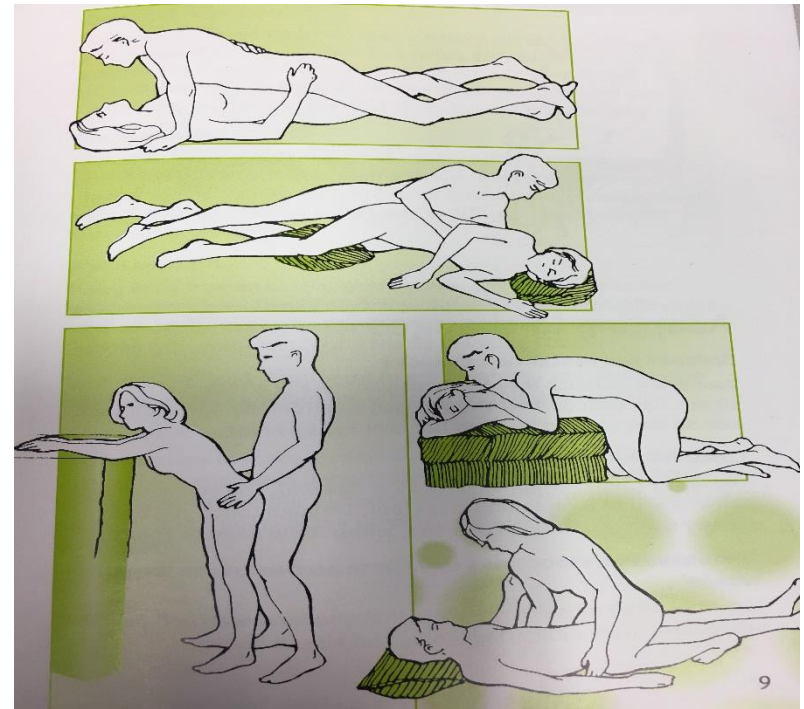
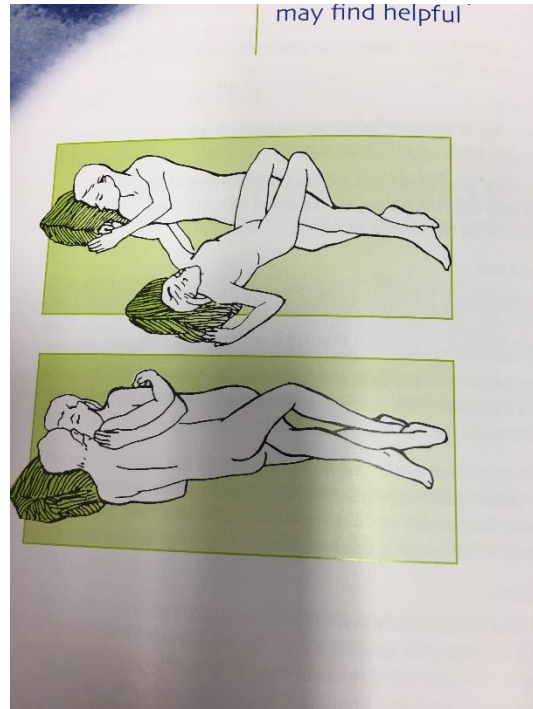
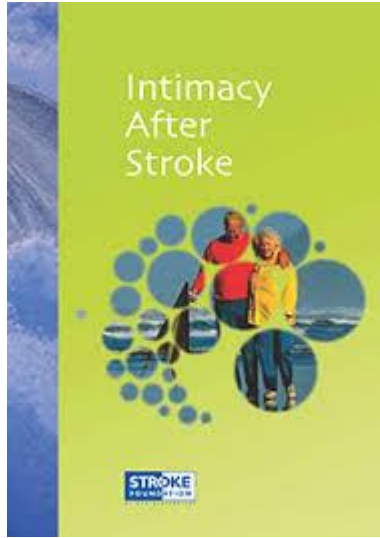
Have you noticed any changes that affect your relationship?

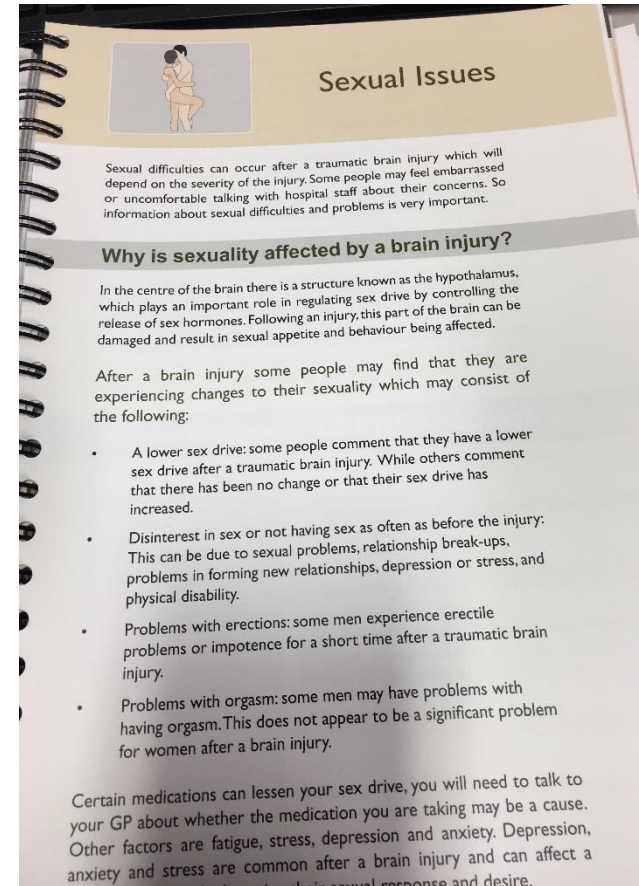
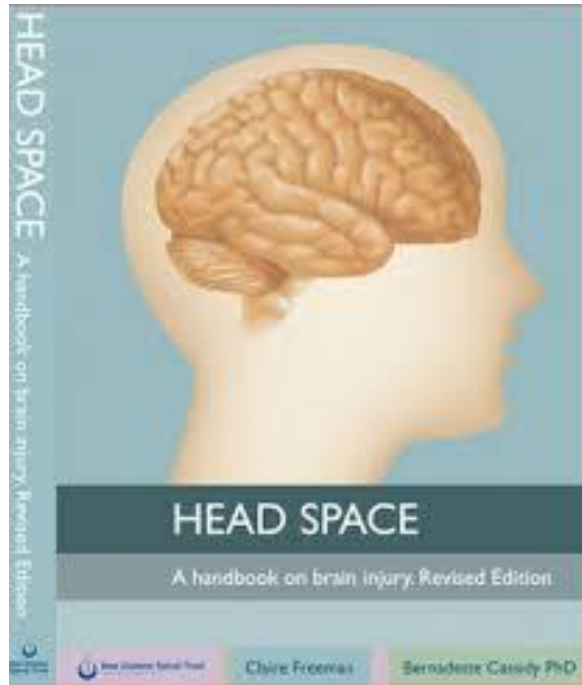
Are there any issues that you are concerned about that affect you as a couple?

Who ????

When????

# Resources provided





# Where to for help

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Seek assessment and advice from their General Practitioner.

Specialist sexual counsellors and sex therapists – Can offer assistance and advice to individuals and couples – face to face, email or Skype consultations. There is a charge for this service.

[www.sextherapy.co.nz](http://www.sextherapy.co.nz)

# Final Messages

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Health professionals are not expected to be sexual counsellors or advisors, but should be aware of the need to address this area of a persons life and be able to refer for additional assistance as required

# References

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Giaquinto S, Buzzelli s, Di Francesco L, et al. Evaluation of sexual changes after Stroke. Jclin Psychiatry 2003; 64: 302 – 307

McGrath M, Lever S, McCluskey A, Power E (2019) How is sexuality after stroke experienced by stroke survivors and partners of stroke survivors? A systematic review of qualitative studies. Clinical Rehabilitation 2019, vol 33(2)293-303