Sexuality post Stroke

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Who is interested?

Do staff ask their patients??????
Sexuality Contributes to quality of life for stroke patients and their partners

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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<td>Feeling loved and lovable</td>
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<td>Communication</td>
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<td>Eroticism</td>
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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

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

Hemiplegia
Spasticity
Pain
Bowel or bladder dysfunction

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

**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

Cognitive or behavioural issues or both - Poor judgement
  - Egocentricity
  - Emotional lability
  - Disinhibition
  - Poor memory
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)

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
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.
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

Sexuality is silenced

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

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

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

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

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”.
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

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

**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
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

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**

**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?

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
Sexual difficulties can occur after a traumatic brain injury which will depend on the severity of the injury. Some people may feel embarrassed by discussing these issues and be reluctant to talk about them. Information about sexual difficulties and problems is very important.

**Why is sexuality affected by a brain injury?**

In the centre of the brain there is a structure known as the hypothalamus, which plays an important role in regulating sex drive by controlling the release of sex hormones. A brain injury to any part of the brain can be damaged and result in sexual appetite and behaviour being affected.

After a brain injury, some people may find that they are experiencing changes to their sexuality which may consist of the following:

- A lower sex drive: some people comment that they have a lower sex drive after a traumatic brain injury. While others comment that there has been no change or that their sex drive has increased.
- Decrease in size or not having sex as often as before the injury. This can be due to sexual problems, relationship break-ups, problems in forming new relationships, depression or stress, and physical disability.
- Problems with erections: some men experience erectile problems or impotence for a short time after a traumatic brain injury.
- Problems with orgasm: some men may have problems with having orgasms. This does not appear to be a significant problem for women after a brain injury.

Certain medications can lessen a sex drive, you will need to talk to your GP about whether the medication you are taking may be a cause. Other factors are fatigue, stress, depression and anxiety. Depression, anxiety and stress are common after a brain injury and can affect a person's sexuality.
Where to for help

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
Final Messages

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
