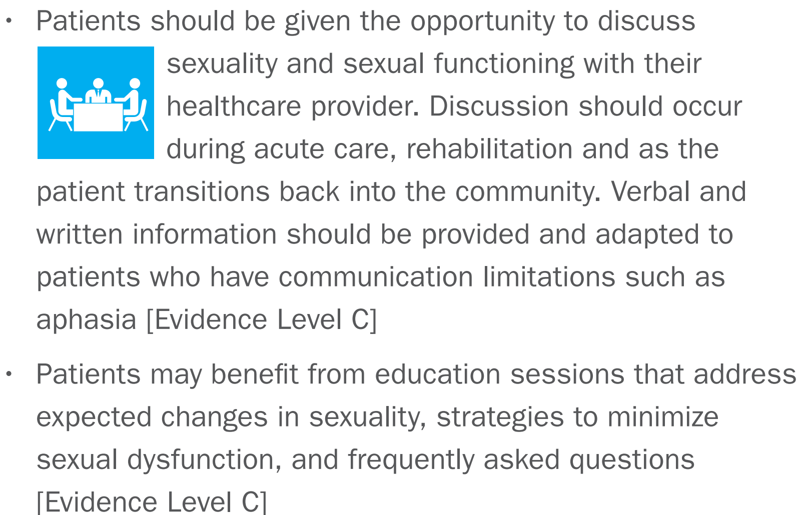
Intimacy Post-Stroke
- Supplemental Material

2013 Canadian Best Practice Recommendations for Stroke Care: Stroke Rehabilitation Update

5.11 – Life Roles and Activities

Sexuality and Relationships



- Patients should be given the opportunity to discuss sexuality and sexual functioning with their healthcare provider. Discussion should occur during acute care, rehabilitation and as the patient transitions back into the community. Verbal and written information should be provided and adapted to patients who have communication limitations such as aphasia [Evidence Level C]
- Patients may benefit from education sessions that address expected changes in sexuality, strategies to minimize sexual dysfunction, and frequently asked questions [Evidence Level C]

Summary of the Evidence

Evidence suggests that there are significant changes in sexuality and sexual functioning for patients post-stroke. A study assessing the impact of stroke on a patient's sexual functioning found that 64% of patients experienced difficulties (Kersten et al., 2002). Another study found that stroke survivors are significantly less satisfied with their sex life one year after stroke compared to a control group of individuals not having experienced a stroke (Carisson et al., 2007). Difficulties may include changes in libido, coital frequency, sexual arousal and sexual satisfaction (Korpelainen et al., 1999). These changes may be a result of physical or psychosocial reasons or because of the presence of co-morbidities and medication use. The fears and concerns of a patient's partner have also been suggested to contribute to a patient's decline in sexuality after stroke (Giaquinto et al., 2003).

Patients prefer to address sexuality with their physicians as opposed to other health care providers, to receive written material, and to initiate discussion early in the rehabilitation process (Stein et al., 2013). A study assessing a sexuality education intervention found that patients who received a short (40-50 minute) education session that outlined the changes that they can expect in their sexuality post-stroke, frequently asked questions and tips to avoid sexual dysfunction were more sexually active and experienced greater sexual satisfaction than patients who did not. Interventions addressing post-stroke sexuality are limited. Only one intervention was identified, consisting of patient education sessions following discharge from hospital (Song et al., 2011). Patients who received this intervention reported being more sexually active and satisfied one month post-stroke compared to control patients (Song et al., 2011).