Stroke Network
Southwestern Ontario
Serving Erie St. Clair and South West LHINs

ACUTE STROKE UNIT ORIENTATION

2018

MODULE 11: SEXUALITY POST-STROKE

Learning Objectives

Upon completion of this module, nurses will be able to:

- Understand how stroke may impact sexuality
- Increase comfort of nurse in assessment and intervention of sexual issues in stroke
- Increase awareness of resources available to the nurse and patient

11.1 Human Sexuality

Human sexuality is the expression of sexual sensation and related intimacy between human beings. Psychologically, sexuality is the means to express the fullness of love between two people.

Sexuality involves the body, mind and spirit and is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors. Sex is a basic human right and a fundamental part of a full and healthy life (World Health Organization, n.d.).

Patients with disabilities are interested in having sexuality included in their rehabilitation, but research suggests that healthcare professionals frequently ignore the discussion of sexual issues with stroke survivors. Further research suggests we only address sexuality when patients ask specific questions.

Similar findings have been reported in cancer care and other taboo subjects such as incontinence, potentially resulting in a sub-optimal experience for patients. Normalization of the inclusion of sensitive topics in discussions post-stroke and information provision is recommended (Mellor et al., 2013) Reasons for lack of discussion include:

- Healthcare professionals being uncomfortable with the discussion due to lack of training
- Embarrassment
- Fear of causing unnecessary patient distress or anxiety
- Focus on the physical or functional aspect of patient care

(Birbaum, 2010)

11.2 Effects on Sexuality Post-Stroke

Strokes tend to occur with increasing age, however, normal aging also brings physical changes in both men and women. These changes sometimes affect the ability to have and enjoy sex.

Women

A woman may notice changes in her vagina. As a woman ages, her vagina can shorten and narrow. Her vaginal walls can become thinner. Most women will have less vaginal lubrication. These changes could affect sexual function and/or pleasure.

Men

As men get older, impotence (also called erectile dysfunction [ED]) becomes more common. ED is the loss of ability to have and keep an erection for sexual intercourse. ED may cause a man to take longer to have an erection. His erection may not be as firm or as large as it used to be. The loss of erection after orgasm may happen more quickly, or it may take longer before another erection is possible. ED is not a problem if it happens every now and then.

As per the Canadian Stroke Best Practice Recommendations, Rehabilitation, Summary of Evidence for Resumption of Life Roles following Stroke:

"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)."

Specific changes affecting intimacy post-stroke can include:

- Marked decline in sexual activity in both genders
- Decreased libido and diminished frequency
- Sexual dysfunction (as right hemisphere is dominant for sexual function, higher rates of noted in patients with right hemisphere damage)
- Overall dissatisfaction with sex life
- Decreased sexual expression due to the change in role as a caregiver or stroke survivor

Daily stressors, fatigue, pain and depression are common post-stroke and can also impact sexual desire and functioning. The impact can be related to physical, mood and cognitive changes:

- Self-esteem and image
- Physical impairments (e.g., facial drooping, speech problems, hemiparesis, difficulty eating)
- Anxiety (e.g., initiation of sex [each partner waiting for the other], inability to discuss sexuality, fear of another stroke, sex does not feel like it used to, too much effort)
- Urinary and bowel incontinence
- Cognitive changes
- Emotional lability
- Medications (e.g., antidepressants, antihypertensives and sedatives can effect libido and erectile function)

(Birbaum, 2010)

Psychological rather than physical factors seem to account for most sexual disruption post-stroke

11.3 Discussing Sexuality Post-Stroke

Communication with patients is fundamental to managing sexual concerns and/or dysfunctions. Refer to Module 2 Section 2.4 Communication Disorders for further information.

Basic strategies for talking about intimacy with a stroke survivor include the following:

- Ensure privacy
- Limit distractions
- Be patient
- Ask permission to ask (consider cultural implications)
- Move from general to specific
- Offer reassurances based on facts
- Use neutral language and sensitive phrasing
- Normalize and validate
- Repeat important information

When discussing with a stroke survivor, nurses should consider the following questions:

- Many people have concerns with respect to sexuality; I wonder what yours might be?
- Are you sexually active?
- Are you in a relationship?

(Birbaum, 2010)

Consider accessing training available within respective organization regarding difficult conversations.

Evidence suggests that there are significant changes in sexuality and sexual functioning post-stroke. The *Canadian Stroke Best Practice Recommendations* (Hebert, D., et al.,2016, section 11,p. 20) related to sexuality are as follows:

- 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.
- Patients and/or partners should be offered education sessions that address expected changes in sexuality, strategies to minimize sexual dysfunction, and frequently asked questions.

Sexuality Education Intervention Model

As per the Canadian Stroke Best Practice Recommendations, Rehabilitation, Summary of Evidence for Resumption of Life Roles following Stroke:

"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)."

The **PLISST MODEL** (permission, limited information, specific suggestions, intensive therapy) is a framework used to determine different levels of intervention for addressing sexual needs (Annon, 1976).

Permission

- Nurse needs to develop comfort and give the patient permission to discuss sexual issues
- E.g., “Many people with neurological disease experience problems with sexual feelings and functions. Have you noticed any difficulties lately?” “Would it be okay if we talked about this now?”

Limited Information

- Nurse can offer specific factual information directly related to the issue, such as prevalence of the sexual concern or medication side effects
- E.g., “Is it all right if we spend some time talking about different issues with positioning?”

Specific Suggestions

- Nurse can assist to set and reach specific goals to change behavior,such as optimizing medication, alternative coital positions
- E.g., “Let’s discuss use of grab bars around your bed to assist in positioning during sexual activity”

Intensive Therapy

- Nurse can refer for marital/couple counseling or sex therapy

It is normal and common for a stroke survivor to feel nervous or hesitant about resuming sexual activity after the stroke, but it is important for them to be open and honest with their partner so that they can work together to bring sexuality back into their life. It is often helpful to begin by reintroducing familiar activities into the relationship, such as hugging, kissing and cuddling. Fatigue is also a common symptom. Encourage the stroke survivor to plan to engage in sexual activity when they are well rested.

After a stroke, it is common to experience paralysis or weakness of one side of the body. This can lead to physical challenges during sexual activity as the person may have difficulty feeling and moving their weaker side. One solution to this problem is to change the focus to the side that is not affected by the stroke. For example, if their left side is paralyzed, their partner should caress or touch the right side. Another solution is to change positions during intercourse. For example a man who has experienced a stroke may find it easier to have sex with his partner on top. Taking the time to find new and more comfortable positions is a good way to make sex enjoyable after a stroke. Consider involving the *Physiotherapist and/or Occupational Therapist* in discussions surrounding positioning and assistive aids.

Many people who have had a stroke have pain and spasticity (tightened muscles), which can make it difficult to enjoy sex. Encourage the stroke survivor to speak to their Physician who can help find ways to manage pain and spasticity so that sex can be more enjoyable.

Medications can also impact sexual function. A patient may benefit from speaking to a Pharmacist to review medications and the potential impact of specific medications on sexual function.

The Importance of Attitude

The mind is the largest sex organ, so encourage the stroke survivor to:

- Take their time
- Breathe
- Relax
- Use humour

Frequently Asked Questions

How long after a stroke should a patient wait before becoming sexually active again?

A patient should try to become sexually active again as soon as they feel comfortable. Resuming a healthy sex life is a part of getting back into a normal routine after a stroke, and can minimize future psychological and physical impacts.

Can sexual activity cause another stroke?

Although it is a common fear that sexual activity will cause another stroke, there is no evidence that sexual intercourse can bring about another stroke. However, like any other physical activity fatigue may temporarily impact your deficits. In fact, stroke occurs more frequently during sleep or everyday activity than duringsexual activity.

(Morin et al., n.d.)

11.4 Sexuality Resources Post-Stroke

Patients can be directed to additional resources:

- Kaufman, M. (2010).*The ultimate guide to sex and disability: For all of us who live with disabilities, chronic pain, and illness.* Berkeley, CA: Cleis Press.
- Come As You Are Co-operative. (2015). *Welcome.* Retrieved from http://www comeasyouare.com/ *(*your organization may block this website)*
- Morin, A.B., Villeneuve, M., Tousignant, A., Martin, B., Allard, L.S, Lacrocque, M.,... Sitcoff, E. (n.d.). *Sexuality.* Retrieved from http:// wwwstrokengine.ca/patient-info/sexuality-info/

It is important to realize that sexuality can still be a part of life after stroke and there are ways of making it easier for a patient as long as he/she is willing to share his/her concerns and ask questions. Further support may be available in the community, such as:

- Urologist
- Gynecologist
- Social Worker
- Stroke support groups (see www.thehealthline.ca for local listings)

Reflection

What are your own values? How might they impact your interactions particularly with respect to cultural differences/ awareness?

Consider a role change of the caregiver and survivor. How might this impact their intimacy?

How would you approach the topic of sexuality with a patient?

References

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Birbaum, P. (2010). *Life after stroke…Moving from disability to pleasureability* [PowerPoint slides]. Retrieved from: http://swostroke.ca/wp-content/uploads/2014/06/Mod11-PPT-Life-After-Stroke.pdf

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World Health Organization. (n.d.). Gender and human rights: Sexual health. Retrieved from http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/