ACUTE STROKE UNIT ORIENTATION

2023

MODULE 10: SEXUAL HEALTH POST-STROKE

Learning Objectives

Upon completion of this module, nurses will be able to

- Understand the importance of sexual health and how stroke may impact sexuality
- Increase comfort in discussing sexual health issues with patients and initiating interventions
- Increase awareness of resources available to the nurse and patient

For the most up to date information please refer to the following Canadian Stroke Best Practice Guideline when completing this module:

- Transitions and Community Participation Following Stroke | Canadian Stroke Best Practices

10.1 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.).

Sexual dysfunction occurs in approximately 50% of individuals following stroke (Stratton et al., 2020). Reduced sexual activity and sexual satisfaction can be caused by a range of physical, psychological and/or emotional factors resulting from or related to the stroke – spasticity, muscle weakness, disrupted sensation, pain, fatigue, depression and emotional lability, communication difficulties, medication side effects, decreased libido, loss of independence, changes in body function and body image, and safety concerns (Kautz & Van Horn, 2017).

Despite the high incidence of sexual dysfunction following stroke, sexuality is not commonly addressed (Mellor et al., 2013). While guidelines recommend providing sexual education to patients recovering from stroke (Mountain et al., 2020), patients' and partners' unmet need and desire for sexual rehabilitation is attributable to a lack of professional training and standardized practices (Grenier-Genest et al., 2017). Patients may be prevented from discussing sexual issues because of fear of healthcare providers' attitudes toward sexuality, including homosexuality or bisexuality. Normalization of the inclusion of sensitive topics in discussions post-stroke and information provision is recommended.

10.2 Effects on Sexuality Post-Stroke

Many people who have had a stroke experience decreased sexual activity. Concerns about sexual health can occur for a number of reasons.

After a stroke men and women can experience various physical impairments, such as:

- Fatigue
- Muscle weakness, stiffness or tightness
- Pain
- Reduced mobility
- Urinary incontinence (inability to hold in urine)
- Bowel incontinence
- Speech impairment

Body changes specific to sex can also occur, such as:

- Erectile difficulties
- Decreased vaginal lubrication
- Problems with ejaculation
- Problems with orgasm
- Decreased libido (desire)

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

- Self-esteem and image (feeling less attractive)
- Insecurity (fear of partner rejection)
- Physical impairments (e.g., facial drooping, speech problems, hemi paresis, 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, certain patient will not like sex post-stroke that he/she doesn't even try)
- Cognitive changes and memory loss
- Emotional lability
- Behaviour changes
- Medications (e.g., antidepressants, antihypertensives and sedatives can effect libido and erectile function)

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

10.3 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

Evidence-based recommendations include asking about intimacy and sexual concerns and discussing the safety of resuming sexual activity.

Patients and/or partners should be offered education sessions that address expected changes in sexual health. Stroke sequelae that may need to be addressed include decreased desire, erectile dysfunction, vaginal dryness, hemiparesis, pain, spasticity, fatigue, aphasia, concrete thinking, emotional lability, shame, embarrassment, fear, depression, and neurogenic bladder. (Kautz & Van Horn 2017)

The **PLISSIT MODEL** is a framework used to help nurses to focus on reflective, patient-centered, and negotiated forms of communication about sexual health and intimacy issues to truly help patients and their partners adapt their sexual experiences following stroke.

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

Intimacy requires both verbal and nonverbal communication, and aphasia as a result of stroke may be a barrier to communication between partners. For example, practitioners can encourage couples to find a way to say “I love you” with gestures rather than words. Tools are available from the Aphasia Institute to facilitate nonverbal methods of intimate communication between stroke survivors and their partners and to assist those with aphasia to talk with their healthcare provider about sexual concerns.

An interdisciplinary approach to addressing sexual health is recommended. Each team member has a role to play in addressing concerns. These may include *Social Worker* and/or *Family Therapist* for counseling, *Physiotherapist* and/or *Occupational Therapist* for positioning or adaptive aids, and/or *Speech-Language Pathologist* for communication.

Medications can also impact sexual function. Some antidepressants and blood pressure medicines reduce libido (sexual desire) and performance. A patient may benefit from speaking to a *Pharmacist* to review medications and the potential impact of specific medications on sexual function

Frequently Asked Questions

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

A person 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. In fact, stroke occurs more frequently during sleep or everyday activity than during sexual activity. Making love takes about as much energy as walking up one or two flights of stairs. The heartbeat accelerates and breathing becomes heavier, but that's normal.

The following information comes from research and may help you return safely and confidently to sexual activities after a stroke.

Foreplay: Studies show that foreplay is very important. Spending more time on foreplay will cause your heart rate to increase at a slower rate. This will reduce physical effort and cardiac stress during sexual intercourse.

Self-stimulation and partner stimulation: Self-stimulation or stimulation by your partner is less physically demanding than sexual intercourse. These forms of sexual activity are likely to cause a smaller increase in heart rate and can be very satisfying.

Masturbation: Research has shown that masturbation does not increase your risk of having another stroke.

Position: Research shows that for men, the male-on-bottom position is less physically demanding than the male-on-top position. Pillows or props can protect the weaker side of the body. Take the time to find positions that are comfortable for you and your partner (if applicable), and that allow easy movement.

Time: It is advised that you do not engage in sexual activity immediately or shortly after a meal, as your body takes time and uses energy to digest food. Wait a couple of hours before having sex to reduce the demands on your body. Similarly, plan for sexual intimacy when you are not too tired and have time to enjoy the interactions.

(McDermott & Rochette, 2021)

How can I be sexually active when I always feel too tired?

Fatigue after stroke is also a common symptom. Plan to engage in sexual activity when you are well rested.

Is it normal for a stroke survivor to feel nervous or hesitant about resuming sexual activity after the stroke?

It is common for stroke survivors to feel nervous or hesitant about resuming sexual activity following a stroke but it is important to be open and honest with your partner so that you can work together to bring sexuality back into your life. Talking together can help to feel connected and can strengthen the relationship. It is often helpful to begin by reintroducing familiar activities into the relationship, such as hugging, kissing and cuddling. The mind is the largest sex organ, so take your time, breathe, relax and use humor.

Frequently Asked Questions

How will the physical effects of my stroke effect my sexual activity?

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 you may have difficulty feeling and moving your 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 your left side is paralyzed, your partner could caress or touch the right side.

Another solution is to change positions during intercourse. 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.

Since my stroke, I experience pain and spasticity which impacts my ability to enjoy sex. What can I do?

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

10.4 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.
- McDermott, A, & Rochette, A. (2021). *Stroke Engine Sexuality*
- American Stroke Association (2018). *Intimacy After Stroke*

Health care providers can be directed to additional resources:

Interactive eLearning Modules - SW Stroke Network - www.swostroke.ca

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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