



Objectives/Overview

- Definitions
- Aspects of stroke that affect sex and sexuality
- Things you can do to improve your sex life with your partner
- Starting new romantic relationships after stroke
- How healthcare providers can help

Putting Sexuality in Context

- Sex and sexuality as an "activity of daily living" (ADL) (i.e., regular activity of adult life).
- In same category as eating, dressing, bathing, grooming, toileting, speaking.
- Sex and sexuality are integral parts of adult life. This includes expressing your sexuality, having intimate sexual relationships, and being able to participate in sex acts (alone and with partners).

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Definitions

Sex/sex drive

- Basic human drive (like hunger, thirst).
- "Libido."
- Allows us to reproduce, experience unique pleasure, reduce tension, and create intimacy with a partner.
- > We all have it—regardless of whether we express it.
- Stroke does not take away your sex drive. It can be lessened or increased after a stroke, but not eliminated.

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Definitions

Sex acts

- > Behavioral expression of your sex drive.
- May be expressed alone or with/to another person.
- Involves sexual contact; sexual stimulation.
- Kissing, touching/fondling, oral sex, intercourse, masturbation, etc.
- ONE aspect of sexuality. Typically not directly affected, or minimally affected, by a stroke.

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Definitions

Sexual function

- > The ability to engage in particular types of sex acts.
- Achieve erection; orgasm; lubrication (dryness).
- Has both physical and psychosocial elements.
- Can be affected by stroke and its consequences.
 - Hemisensory syndrome; medication side effects; depression.

Definitions

Sexuality

- Multidimensional and part of being human—here too, we all have sexuality.
- We have sexuality whether or not we engage in sex acts. It's part of our identity as adults.
- Sex acts are part of our sexuality, but not a requirement for the expression of sexuality.
- The way in which people express themselves may or may not be affected by stroke (self-perception; engagement).

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Definitions

Sexuality

- Sexual feelings
- Sexual fantasies
- Sexual values and morals (when, where, and with whom we have sex; what kinds of sex acts are ok)
- Body image, feelings of attractiveness; self-image (how we see ourselves)
- Gender identity (identifying as male or female)
- > Feelings of masculinity and femininity
- > Sexual orientation (homo-, bi-, or hetero-sexual)
- Self-expression/personal style
 - Dressing to enhance or play down our sexual side; flirting; use of voice and gestures or mannerisms;
- Can be expressed independent of sex acts

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Definitions

- Intimacy
- Physical
- Physical contact.
- > Touching, holding hands, embracing, being close.
- Emotional
 - Communication.
 - > Sharing beliefs, likes, dislikes, aspects of your "inner world."
- Expressing yourself.
- Creates feelings of closeness when attended to on a consistent and frequent basis.
- Allows for caring and affection.
- Sexual expression and sex acts in a relationship are part of intimacy (both physical and emotional) and both types of intimacy affect sexual relationships.

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Sex and Sexuality After Stroke

- When you ask people who've had a stroke what they want....
 - > They are still interested in sex!
 - They want to know more information about sex after stroke.
- They want to continue to express themselves in terms of their sexuality, and still feel sexual.
- They want to engage in sex acts—regardless of relationship status (single, partnered).
- Couples want to return to/continue their intimate sexual relationship.

The Influence of Stroke on Sex

- If the interest and drive is still there, what's the problem?
- Stroke has few direct effects on sex acts (sexual performance).
- However, indirect effects may be present and these can affect performance and enjoyment of sex.
- Most survivors do not get adequate information or counseling about sex from healthcare providers.
- Communication gaps on both sides.

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Physical Changes that Affect Sex

- Physical changes after stroke can have an indirect effect on sexual function and sex acts:
 - Mobility impairments
 - Paralysis or weakness
 - Numbness and decreased sensation
 - Spasticity and pain
- Medication side effects
- Fatigue
- Other medical conditions (diabetes, vascular disease, heart disease)

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Physical Changes that Affect Sex

- Medical problems and medications can interfere with the ability to have an erection.
- > They can also cause fatigue or drowsiness.
- Impair sensation.
- > Limit physical endurance.
- These are problems than can exist before a stroke (due to other medical problems), and then continue afterwards.
- It is essential to discuss these issues with your physician.

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Emotional Changes that Affect Sex

- Emotional (psychosocial) changes after stroke can also affect your sex life/relationships:
 - > Fear of causing another stroke/pain/injury.
 - Medical research does not generally support this but if you have frank concerns, address them with your doctor.
 - Reduced self-esteem (feeling useless, unappreciated, etc.)—impairs our ability to feel sexy.
 - Reduced/negative body image—you may view your body differently and/or negatively, which can cause you to avoid sex or to view it negatively.
- Fear of rejection.

Emotional Changes that Affect Sex

Depression

- > Effects all aspects of sex-interest, performance, and pleasure.
- Is a common issue for stroke survivors and caregivers.
- Role changes and conflicts (sex partner & caregiver/care recipient)
- Worry or discomfort over talking about sex with your partner.
- Tackling this soon and discussing it more often will make things easier.
- Uneasiness, discomfort, or worry about trying different sex acts
 - > Trying new things; changing your routine.
 - > Trying pleasurable acts that do not involve intercourse.
- Masturbation.

Cognitive Changes that Affect Sex

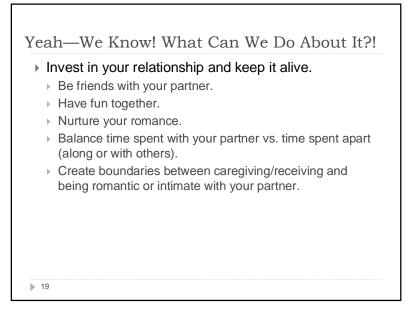
- The way we think and communicate affects how we express ourselves.
- A survivor's thinking and communication can also affect partner interest and pleasure.
- Cognitive problems caused by stroke:
 - Verbal communication/speaking/aphasia
 - Memory problems
 - Apathy
 - Difficulty with initiation
 - Disinhibition or inappropriate behaviors
 - Dementia/Child-like behaviors
- Counseling to sort out feelings related to these changes may be helpful.

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Yeah—We Know! What Can We Do About It?!

Make sex a priority

- DON'T put it on the back burner while you manage other aspects of your recovery and rehabilitation.
- > DO start talking about sex with your partner early on.
- DO communicate your interest and desires as clearly and assertively as you can.
- DO express physical affection as soon as you can. Soft touches, hugs, and light kisses can be a great place to start.
- DO try new or different sex acts—including toys, masturbation, position changes.
- DO schedule and "practice" sex—things won't be perfect to start, but keep experimenting and managing your expectations.
- > DO focus on giving and receiving pleasure rather than
- ▶ 18 "doing it right."

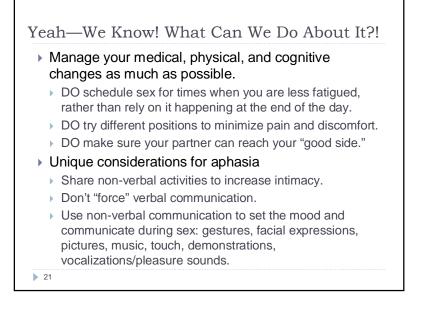


Yeah—We Know! What Can We Do About It?!

Manage your medical, physical, and cognitive changes as much as possible.

- DO take steps to maintain a healthy lifestyle with respect to nutrition, physical activity, and sleep.
- DON'T reflexively rely on your caregiver for things that you can do independently (or semi-independently).
- DO continue your rehabilitation exercises as prescribed by your providers.
- DO continue to get treatment medical problems especially depression.
- DON'T stop getting help from professionals. After discharge from therapies, schedule periodic check-ups as needed to work on maintaining your gains. Plan for these appointments by writing down your questions and make a list of your concerns ahead of time.

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Yeah—We Know! What Can We Do About It?!

Tips for Dating (and Friendships)

- DO get socially active—especially if you are looking for a partner.
- Make a good first impression (hygiene, dress, attitude).
- Meet people through your usual social networks as much as possible (maximize common interests).
- Consider using online dating services. Make sure you meet your new dates in a safe, public place.
- Think about expressing your <u>sexuality</u> when you meet a new person (rather than focusing on "having sex").
- Don't talk in detail about your stroke on the first date. If you have to discuss it, keep it simple.
- Keep specific sexual problems or concerns to yourself until you are sure you want to become sexually intimate with your new partner.

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Yeah-We Know! What Can We Do About It?!

- If You Are Alone: Remember....
 - Not everyone has or wants a sexual relationship.
 - Masturbation is a normal and healthy sex act for all adults, partnered or not.
 - Expressing your sexuality is pleasurable and healthy, whether you are partnered or not.
 - Stay connected to your friends. family, and neighbors.
 Social support is essential to recovery.

When in Doubt—Call The Professionals

- > DO use professional help when needed.
- Things that usually get in the way of talking to a professional
 - > Embarrassment or shyness.
 - Assuming nothing can be done about your problem.
 - > Health care provider's discomfort or lack of knowledge.

How to overcome challenges

- Bring a list of questions.
- Recognize there are numerous treatments for medical and psychosocial aspects.
- Ask for a referral, if the provider you are talking to is not able to help.

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When in Doubt—Call The Professionals

- Physical and Occupational Therapy (PT/OT)
 - Energy conservation.
 - Positioning.
 - > Strengthening.
 - Assistive devices.
 - Dressing and grooming to enhance attractiveness.

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26 When in Doubt—Call The Professionals

Nurses and Physicians

- Treating erectile dysfunction (ED).
- Treating pain.
- > Addressing fertility and pregnancy concerns.
- Addressing catheter placement during sex.
- > Minimizing medication side effects (or trying new medications).
- Addressing safe sex and birth control options.

When in Doubt—Call The Professionals

- Speech/Language Pathologists (Speech) Therapists/SLP)
 - Improving language/speaking.
 - Improving communication (verbal and non-verbal).
- Managing cognitive problems (memory).
- Helping your partner understand—your difficulties and how to communicate.

When in Doubt—Call The Professionals Counselors, social workers, and psychologists (psychotherapists) > Dealing with negative attitudes towards stroke and disability (yours, your partner's, or your potential partner's). Finding social and leisure activities where you can meet potential partners. Locating accessible dating venues. Helping put your best foot forward to connect with potential partners. Improving body image and self-perception. Improving relationship problems. Providing individualized sex therapy. > 28

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In Conclusion

- It's natural to be interested in sex after your stroke. Most people are.
- Sexual problems after stroke can happen for a variety of reasons.
- Physical, emotional, and cognitive/communication changes.
- There are many things you can do to improve and reclaim your sex life. You are most likely to do this if you enjoyed a good pre-stroke sex life.
- If you don't have a partner, you can express your sexuality and enjoy masturbation.
- It's possible to meet and date people after stroke.
- > Professional help is available if you need it.

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For More Information

- National Stroke Association. Recovery After Stroke: Redefining Sexuality. Fact Sheet, available free at www.stroke.org/factsheets.
- StrokEngine. Sexuality Information for Patients and Families. <u>www.strokengine.ca</u>
- American Heart Association. Sex After Stroke: Our Guide to Intimacy After Stroke. Order online at www.krames.com/aha.
- Sexual Health Network at <u>www.sexualhealth.com</u>.
- American Association of Sexuality Educators, Counselors and Therapists at <u>www.aasect.org</u>.
- Credit to: Dr. Sara Palmer, Assistant Professor, Johns Hopkins University

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Resources for Getting Help

- UWMC Rehabilitation Medicine/Rehabilitation Psychology (staff include PT, OT, SLP, clinical psychology)
 - http://www.uwmedicine.org/locations/rehabilitationmedicine-uwmc
 - > See link on left for specific care providers.
- Harborview Medical Center Rehabilitation Medicine/Rehabilitation Psychology (staff include PT, OT, SLP, clinical psychology)
 - http://www.uwmedicine.org/locations/rehabilitationmedicine-harborview
 - > See link on left for specific care providers.
- Northwest Hospital Stroke Program
 - http://www.nwhospital.org/services/stroke_main.asp

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Resources for Getting Help

- Evergreen Health—Dr. Kristen Sherman (rehabilitation psychologist focusing on disability and relationships, sexuality)
 - https://www.evergreenhealth.com/search/physician_profil e/kristen_sherman_phd
- Psychology Today—therapist search
- http://therapists.psychologytoday.com/rms/county/WA/King.html

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