

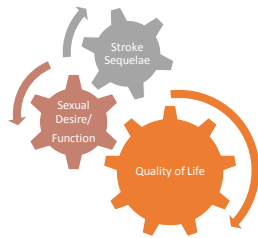
‘Sex & Sexuality Post Stroke’



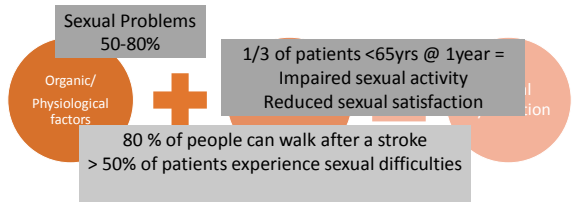
Fiona Connaughton CNS Stroke
Our Lady of Lourdes Hospital
Drogheda

The World Health Organization defines sexual health as:

‘...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences...’ (W.H.O.2006)



Sexual dysfunction after a stroke is multifactorial



Physiological effects of stroke on sexuality

| Sexual Function | Incidence | Interplay of factors |
|--|---|---|
| Erection Ejaculation | 52% (Shah,2007) 75% (Korpelainen, Nieminen & Malyks,1998) 63% (Chambon,2011) | Age/Diabetes mellitus Hypertension Hypercholesterolemia Emotional lability/Medications |
| Vaginal lubrication/Ability to orgasm | 46% (Korpelainen et al,1999) | |
| Libido/Reduced arousal | 38%-55% (Shah,2007; Chambon,2011) | Reduced sensation/Lubrication |
| Reduced sensation | 19% (Thompson & Walker,2011) | Heightened/lowered Adherence/Inadequate |
| Post Stroke depression(25- 80%) Basal Ganglia and Frontal lesions (T.N.Monga, M.Monga, Raina & Hanjusaadma,1986) | 50% (Thompson & Ryan,2008) | Medication |
| Pain | | |
| Communication(20%) Damage to left side of the Brain (Monga et al,1986) | | Outburst/aphasia/Difficulties expressing emotion/Lack of consent |
| Mobility/Wakness/Spasticity Facial asymmetry /Drooping | | Hemiplegia/Hemiparesis (Thompson & Walker,2011) Dependency in A/C |
| Post stroke fatigue | | |
| Neurogenic bladder | | Involving catheter/incontinence |
| Cognition | | Difficulty in remembering |



Less obvious affects of stroke on Sexuality



'The Invisible Man' by Liu Bolin

Psychsocial issues

- Impact of disability
- Change in Role , Loss of Job
- Unattractiveness , Altered body image, Self esteem
- Inability to discuss concerns
- Change in spouses feelings/ Fear of causing harm/ Fear of another stroke
- Loss of opportunity
- Fear of refusal/ Unrealistic expectations



Finding Myself

By Jennifer White a 38yr old that suffered a stroke

' I started my journey looking similar to how I looked prior to the stroke but certainly not feeling the same. My injuries were internal. In a period of 24 hours, I went from being an executive vice president of a national not-for-profit fundraising company to an unemployed housewife. The friends I had prior to the stroke forgot why we became friends. As a survivor, the world looked different to me...'

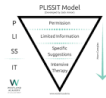
<http://strokeconnection.strokeassociation.org/Spring-2016/Finding-Myself/>

What are the barriers:

- Assumptions
- Time constraints/Privacy
- Provider inexperience/Lack of training/Role
- Cultural and language barriers



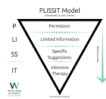
PLISSIT model of sex therapy (Permission,Limited Information,Specific Suggestions and Intensive Therapy)



- Permission giving :offer opportunities to speak & permission not to broach the subject
- Limited Information: Dispel myths about sex & sexuality, normalize, Information leaflets
- Specific suggestions: Advice on positioning/dissection , Medications (Sildenafil,Tadalafil or Vardenafil),Lubrications, contraception and use of herbal medications
- Intensive Therapy: Referral to trained psychosexual therapist
(Kautz, Van Horn & Moore, 2009)

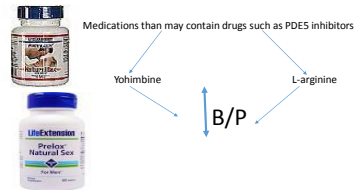


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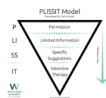


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Herbal medications-sexual dysfunction

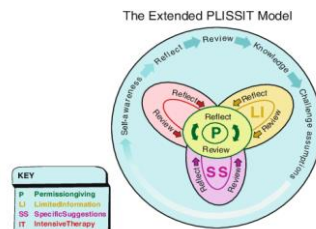


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Ex-PLISSIT model



(Taylor & Davis,2006)

Thank you for listening

'Lets talk about sex!'

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