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Introduction

Stroke is the fourth leading cause of death in the United States and is a major cause of disability (CDC, 2014). Stroke survivors not only experience depression, loss of control and grief, but also experience role identity change within society, family and intimate relationships (Rosenbaum et al., 2013).

In rehabilitation there is awareness that sexual wellness contributes to well-being and quality of life. However, the main focus during rehabilitation is usually placed on regaining mobility and functional independence. Some of the reasons identified regarding staff neglect of sexuality care are:

- Rehabilitation team members feel uncomfortable discussing sexuality
- Lack of training to discuss sexuality
- Fear of causing patients anxiety and distress

Problems/Barriers

A review of the literature indicates there are several patient barriers that contribute to sexual dysfunction post stroke. Some of the physical barriers include pain, mobility restrictions and sexual function (desire, arousal, orgasm).

Co-morbidities associated with sexual dysfunction include diabetes mellitus, cardiovascular conditions, hypertension and depression. Medications used to manage these comorbidities also contribute to genital disorders such as erectile dysfunction and decrease in vaginal lubrication.

Relational aspects contribute to sexual dysfunction when a stroke patient and/or their partner feel sexuality is unimportant. Patients/partners may place more significance on changes in role and identity, than on feelings of loss and grief for how things used to be prior to stroke. Lack of libido coupled with anxiety also impacts sexual performance (Rosenbaum et al., 2013).

Nursing Interventions

Nurses and healthcare providers should:

- Be aware of self-esteem, body image and dysfunctions of the patient
- Assess both partners willingness and comfort levels when initiating conversation about sex
- Assess any cultural or individual barriers regarding sexuality
- Provide a private, safe and comfortable environment before each conversation about sexuality
- Determine the patient and their partners concerns about engaging in sexual activity post stroke
- Provide the patient with written educational material that is factual regarding sexual counseling
- Identify alternative forms of sexual expression that might be acceptable to patients and their partners
- Provide anticipatory guidance about losses that are to be expected relating to body function
- Let patients know, it is okay to talk openly about sex and their fears
- Advise patients and their partners on the possible need to change roles in the bedroom
- Encourage patients to have fun experimenting, to find likes and dislikes
- Let the patient and their partner know their sex life is not over because of a stroke
- Discuss concerns regarding pregnancy and sexually transmitted diseases

Best Practice/Recommendations

- Address sexual concerns throughout rehabilitation stay
- Develop goals in the care plan to address patient sexual needs
- Introduce sexuality after stroke in a class setting
- Provide staff with education about sexuality after stroke
- Identify interdisciplinary unit resources for consultation
- Promote evidence based practice by highlighting articles on sexuality after stroke in journal clubs and staff meetings

Conclusion

Intimacy is an important part of most people's quality of life. Stroke can cause intimacy issues for the survivor and their partner. Many patients have fears and questions regarding post stroke sexual relations and intimacy yet are reluctant to ask about it.

Patients have shown a preference for having their physicians, nurses, and physical therapists address this topic with them. They also preferred to have information in writing (Stein et al., 2013).

Healthcare personnel can positively assist by allowing the subject to be introduced and discussed. However, many staff are uncomfortable with this topic. Providing staff with resources and education empowers them to address this delicate topic.

Rehabilitation staff can promote independence and alleviate fears patients may have about being intimate with their loved ones, by providing the opportunity for discussion and helping patients gain knowledge about sex and intimacy.

References

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