

# Let's Talk About Sex: Sexuality After Stroke

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Central South Regional Stroke Network  
Facilitating Recovery: Interprofessional Best Practices for  
Stroke Rehab*



# About West Park

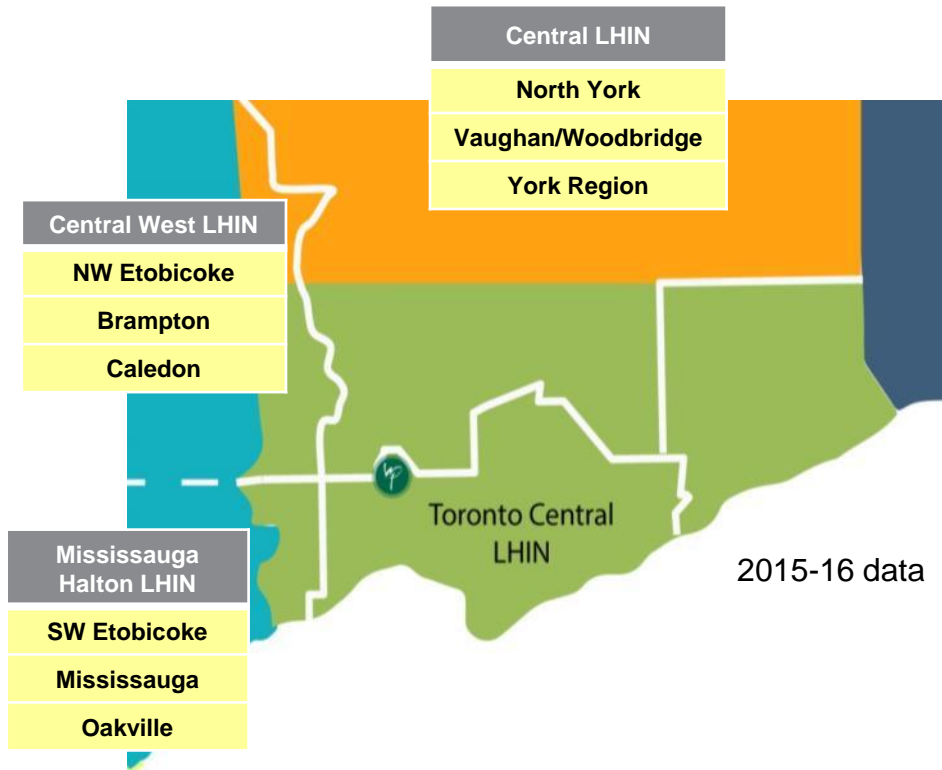


# History and Evolution

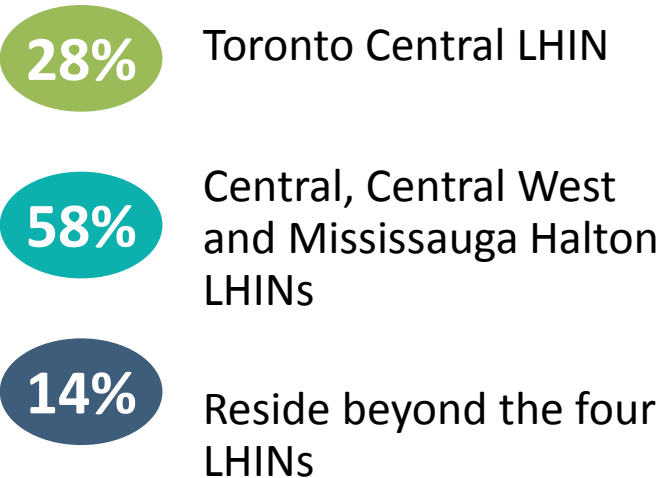


- Founded in 1904 as a TB sanitarium
- In response to emerging needs, West Park has evolved the continuum of care:
  - ✓ Specialized Rehabilitation
  - ✓ Complex Continuing Care
  - ✓ Long-Term Care
  - ✓ Primary Care
  - ✓ Community Living
- Programs consist of inpatient, outpatient, day hospital and outreach services

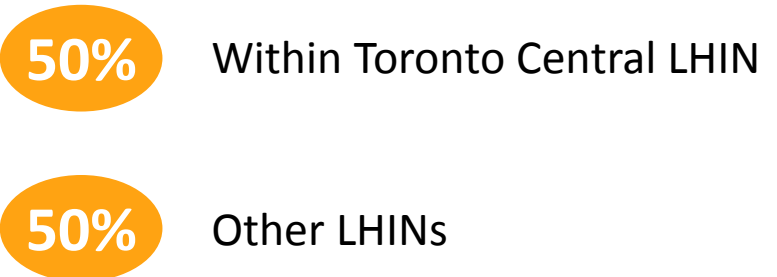
# Expansive Reach



## Patient Residential Demographics



## Admissions from other hospitals



# Neurological Rehab



- 22 bed unit serving both stroke and acquired brain injury population
- Stroke Distinction designation received in November 2016
- Provide 7 day per week therapy for our stroke population



# Objectives

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- To explain the roots of our journey to include sexual health education for our post-stroke patients
- Review our quality improvement project
- Introduce you to our patient education materials
- Allow lots of time for questions





# Sex? We don't talk about that?

Several “Aha! Moments” planted the roots of our interest in post-stroke sexual health

- 55 year old male high functioning L CVA was eager to resume sexual activity during a weekend at home
- His spouse was nervous about his blood pressure and requests to the MD to address fell on deaf ears
- Listening to a patient advocate at a stroke conference speak about the lack of an interprofessional approach to sexual health post stroke
- Audience member (former West Park patient!) relayed her experiences of approaching the doctor at stroke rehab about her concerns regarding sexuality and being told “it’s just like riding a bike!”





# Sexuality & Stroke

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- Sexuality is often avoided and not discussed within health care settings (Schmitz & Finkelstein, 2010)
- Sexuality is often assumed non-existent especially in the older population and those with physical or cognitive impairments (Schmitz & Finkelstein, 2010)
- Some stroke survivors and partners believe that because sex is not discussed it is not safe or recommended
- Some clients/partners refrain from asking questions due to humiliation and embarrassment (Schmitz & Finkelstein, 2010)



# Having the conversation



## The approach

## BMJ Quality Improvement Reports

BMJ Quality Improvement Reports 2015; u207288.w2926 doi: 10.1136/bmjquality.u207288.w2926

### Let's Talk About Sex! - Improving sexual health for patients in stroke rehabilitation

Meiqi Guo, Stephanie Bosnyak, Tiziana Bontempo, Amie Enns, Candice Fourie, Farooq Ismail, Alex Lo  
West Park Healthcare Centre, Canada

#### Abstract

Sexual health contributes greatly to quality of life. Research shows that stroke survivors want to learn and talk about sexual health, but are not given information. In keeping with the Canadian Best Practice Recommendations for Stroke Care, this project aimed to provide all stroke rehabilitation inpatients with the opportunity to discuss sexual health concerns with healthcare providers at West Park Healthcare Centre, a rehabilitation and complex continuing care centre in Toronto. Gap analysis conducted via staff member interviews and retrospective chart reviews showed that close to no patients were given the opportunity to discuss sexual health concerns at baseline.

# Quality Improvement

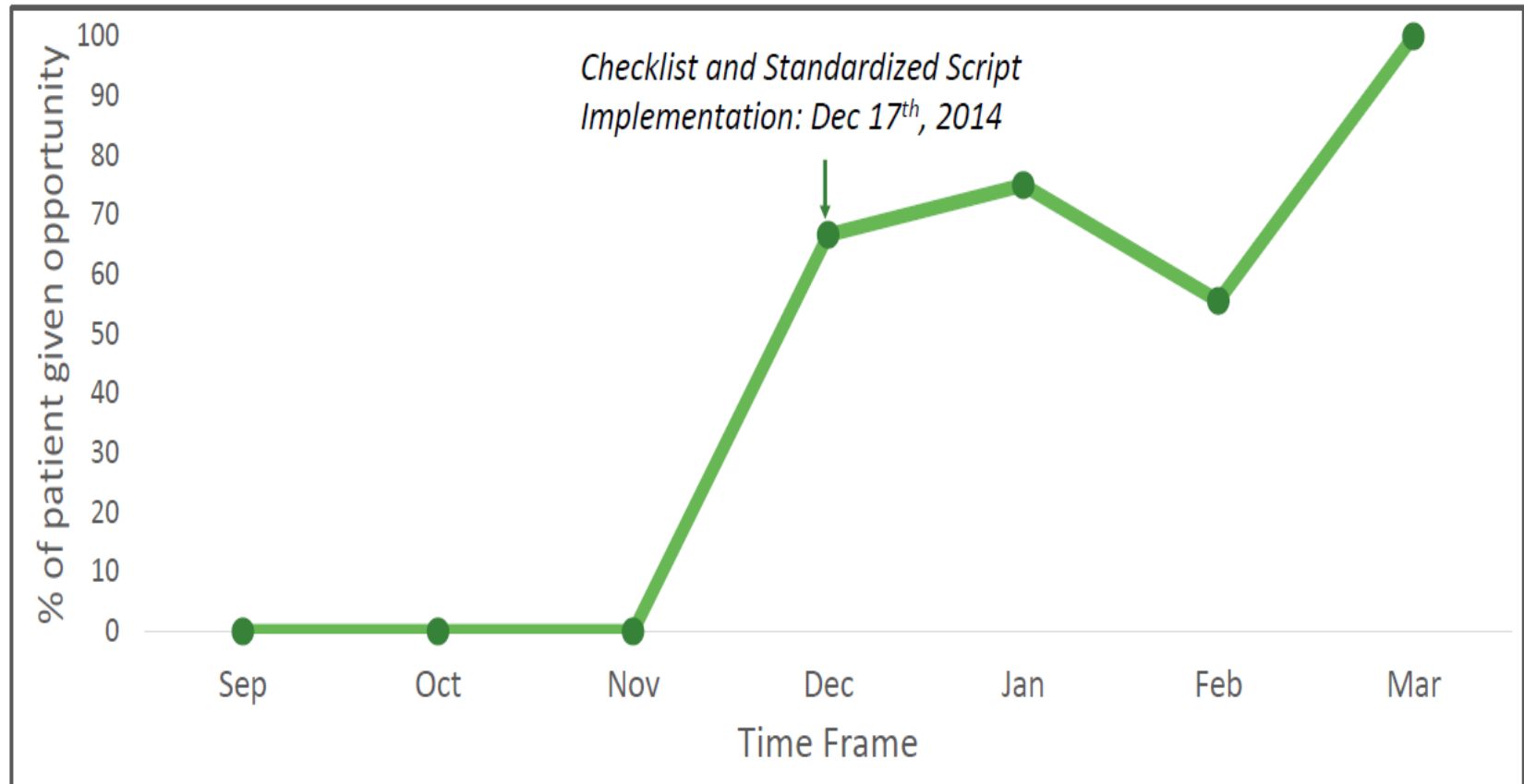


Figure 1. *Percentage of patients provided with the opportunity to discuss sexual health since Sept 2014.*

From: "Let's Talk About Sex." Improving Sexual Health For Stroke Rehabilitation Inpatients: A Quality Improvement Project (poster presentation) Meiqi Guo, Stephanie Bosnyak, Tiziana Bontempo, Amie Enns, Natalie Bailey, Lynn Suter, Farooq Ismail, Alex Lo



**ACCREDITATION**  
**CANADA**

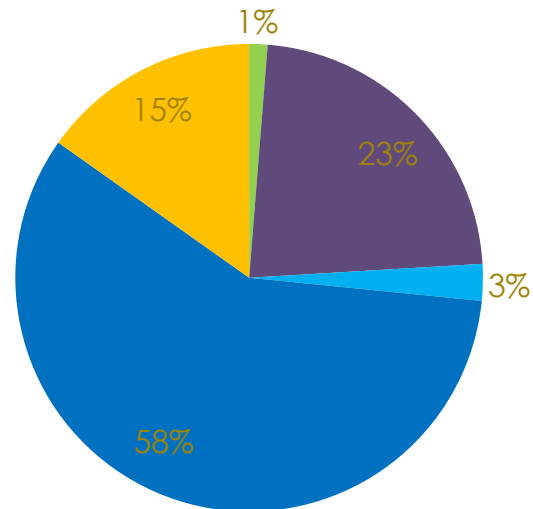
***Part II:***

***Question + Education***



# Continuing Improvement

Reasons for Declining Education  
Q4 2015/16-Q2 2016/17



- Patient is confused/disoriented/inappropriate
- Patient has no sexual partner or is a widow
- Poor relationship with the spouse/partner
- Patient is not interested
- Other



# Timing

- Focus remains on survival and physical functioning post stroke
- No one should be forced or pressured
- Both parties should feel comfortable
- Timing varies from individual to individual
- Give the opportunity to discuss prior to discharge.
- Readiness should be explored and discussed (Casewell, 2009)



# Common Themes

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- Medications
- Sense of Loss & Functional Changes
- Change in Dynamics of Relationships
- Timing
- Lack of Communication
- Incontinence
- Loss of Interest and Desire
- Privacy
- Positioning
- Depression
- Sensitivity
- Hormone Imbalances
- Role Reversal

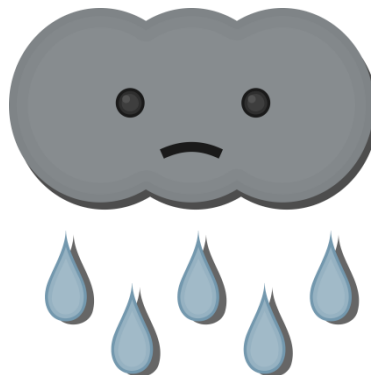
# Medications

- Antihypertensive
- Antidepressant and antiepileptic
- Erectile dysfunction medications



# Depression

- Post-stroke depression is common
- Depression can affect patients and their partners (Freda & Rubinsky, 1991)
- Clinical depression can be experienced by the stroke survivor who has difficulty dealing with the fear, uncertainty or body image issues (Freda & Rubinsky, 1991)
- Treatment can include tricyclic antidepressant, speaking with doctor or psychologist
- Speak with your doctor for more information





# Relationship Changes



- Altered self perception
- Mood changes and negative emotional feelings
- Adjustment is difficult for survivor and partner.
- Altered roles i.e. caregiver vs spouse
- Role reversal can cause sexual conflict or neglect between couples (Casewell, 2009; Freda & Rubinsky, 1991)
- Partners may find it hard to change from being a caregiver for the stroke survivor to then being a lover.

# Lack of Communication

- Partners find it difficult to communicate about sexuality with each other (Schmitz & Finkelstein, 2010)
- Patients and caregivers prefer having the discussion with a health care provider (Schmitz & Finkelstein, 2010)
- Effective, open dialogue and communication is the key to re-engaging and exploring sexual health (Casewell, 2009)
- Re-introducing sex can make both couples nervous
- Couples need to start slowly by closeness and cuddling by expressing what pleases them
- Focus should be placed on intimacy as opposed to intercourse (Casewell, 2009)

# Loss of Interest and Desire



- Body image changes
- Feeling of unattractiveness
- Medications (Casewell,2009)

# Sexual Intimacy

- Sexual intimacy remains an important aspect in ones health and well being
- If a person had sexual interest prior to having a stroke chances are that interest and/or desire will remain afterwards



# Enhancing your Sexual Life

- Rekindle romance by talking
- Touching
- Kissing
- Cuddling
- Mapping pleasure zones
- Massages
- Masturbation



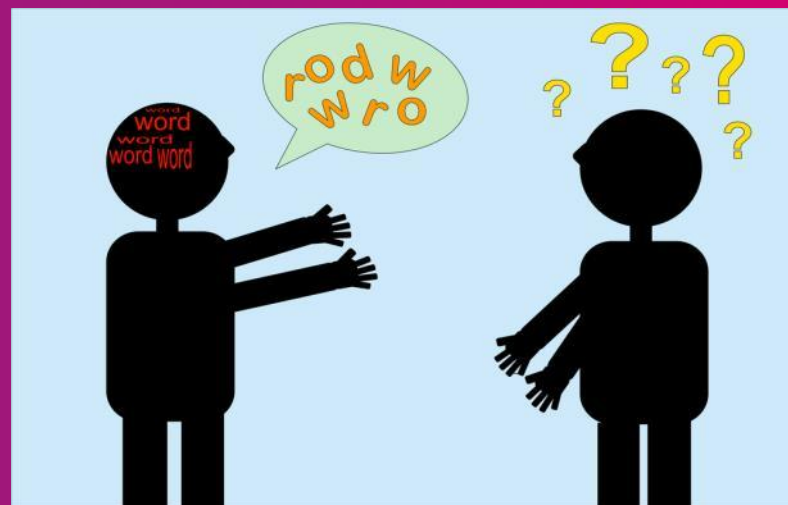
# Positioning

Muscle stiffness ,weakness, loss of muscle tone, pain to affected limbs impacts sexual activity for couples (Kautz,2007, Freda& Rubinsky ,1991)



- Stroke survivor take inferior position
- Side- lying
- Side by side
- Support affected side with pillows
- Use of vibrator / dildo
- BE EXPERIMENTAL







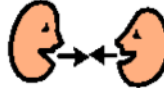




# Aphasia Friendly Education

- Original QI project revealed aphasia was the top reason patients were not being approached about sexual health issues
- Literature review and environmental scan revealed that no suitable aphasia friendly tool existed
- Speech Language Pathologists, Communicative Disorders Assistant and MD resident developed a screening tool and education materials
- Present it to patients using supported conversation



# Aphasia Friendly Education

- Screening tool used during general stroke education
- Is a chance for the patient to get more information on variety of subjects including intimacy/sexual health

Changes After Stroke	
	vision
	weakness
	talking
	walking
	mood
	thinking
	intimacy

Created by the Speech-Language Pathologists at West Park Healthcare Centre, Neurological Rehabilitation Service – Address: 82 Buttonwood Ave. Toronto, ON, M6M 2J5. Phone: 416-243-3600

# Aphasia Friendly Education

I don't want to be intimate with my partner.



I am tired.

I am weak.

I am sad.



I want to know more about sex and stroke.



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# Other Resources

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- Stroke Engine
- The Heart and Stroke Foundation
- Board of Examiners in Sex Therapy and Counseling Ontario  
[www.bestco.info](http://www.bestco.info)
- Stroke Foundation of New Zealand  
[www.stroke.org.nz/resources/Sexuality-Booklet.pdf](http://www.stroke.org.nz/resources/Sexuality-Booklet.pdf)

