

# Sexuality & Intimacy for Stroke Survivors

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# Overview

- Where does sexuality fit in after injury
- Barriers healthcare professionals face addressing issues of sexuality and intimacy
- Sexuality and intimacy issues couples face after a stroke
- Medical, Pharmacological and Clinical approaches to address issues



# The Birds and the Bees



# Why is it a challenge to discuss sex?



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- Intimacy comes in many forms and is often a necessary prelude



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- People in long and short-term relationships make love
- People not in relationships make love



# Sexuality and Intimacy

- There are many words/phrases used to describe making love
- No matter what words/phrases used-sexual expression remains a very important part of people's lives
- Sex a lower priority than breathing, eating, walking, talking, toileting, showering- still common denominator top 10 leisure activity



# Health Care Professionals

- Multiple professionals work with an individual patient
- Stroke Continuum of Care: ER; acute care; rehabilitation; sub-acute; out-patient; home
- Staff: MD, RN; SW; Neuropsychologist; SLP, OT, PT, CTRS; Psychologist; Dietician; Activity Director; Technicians; Aides; Clerks; Housekeepers; Transporters
- When brought up, some engage in topic avoidance or punt by referring person to someone else – but, does that resolve it?



# Barriers to Sexuality Discussions

- Timing
- McLaughlin & Creegan, 2005, found 7 main reasons why staff have difficulty addressing sexual issues that affect comfort level:
  - lack of experience
  - personal beliefs
  - embarrassment
  - fear of offending the patient
  - lack of training
  - other professionals responsibility
  - “other reasons”



# Timing

- At what point do we address it if patient doesn't bring it up first?
  - All settings-Ask if any concerns
  - Rehab-part of patient education-most often part of RN role but MD and other team members also provide information and support
  - Shrinking staffing levels=our jobs increasingly more challenging
  - Privacy Issue re: roommates
  - Increased Customer Service Expectations-concerns of a sexual nature a lower priority-but should these issues be on back-burner?



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- Many staff check 'NO' to this question without addressing it and thus the catch-22 continues



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- A challenge for professionals at all levels



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- Guarantee confidentiality and privacy.
- Avoid getting side-tracked by stereotypes and isms—ageism, sexism, racism, culturalism—everyone different.



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- Grand Rounds can add as a topic



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- I want to help-What are the issues?



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- Partner dissatisfaction



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- “Stroke affects your entire life. I want to be sure to address any concerns you may have about sex/intimacy and answer your questions.”
- Allow to express fears so you can address



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- Address Role Changes-who initiates?



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- Encourage patience and experimentation



# Conclusion

- To treat the entire patient, sexuality needs to be included in interdisciplinary treatment
- Most patients are shy about discussing it, but DO want information
- Staff need education to increase comfort level and knowledge base
- Questions???



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