

Sexuality

Is it normal to have difficulties with sex after a stroke?

Yes. Many people who have had a stroke experience decreased sexual activity. Problems with sexual performance can occur for a number of reasons.

After a stroke men and women can experience various physical impairments, such as:

- Fatigue
- Muscle weakness, stiffness or tightness
- Pain
- Reduced mobility
- Urinary incontinence (inability to hold in urine)
- Speech impairment (aphasia)

People also experience emotional or psychological problems, such as:

- Depression, anxiety and mood changes
- Memory loss
- Insecurity (feeling less attractive)
- Fear of partner rejection

Body changes specific to sex can also occur, such as:

- Erectile difficulties
- Decreased vaginal lubrication
- Problems with ejaculation
- Problems with orgasm
- Decreased libido (desire)

These difficulties can impact on your ability to resume a sexual relationship. However, sex can still be a part of your life after your stroke.

How long after a stroke should I wait before becoming sexually active again?

You can try to become sexually active again as soon as you feel comfortable. It is normal and common to feel nervous about having sex after your stroke, or to lose interest in sex after a stroke. It is important to be open with your partner so that you can work together to bring sexuality back into your life. It is often helpful to start by reintroducing familiar activities into your relationship, such as hugging, kissing and cuddling. Talk with your partner about how you feel, any

Sexuality

changes you have experienced, and any concerns you may have. Talking together can help you feel connected and can strengthen your relationship. If you are concerned about your health and need guidance before becoming sexually active again, seek the help of a healthcare professional.

Who else can I talk to about having sex after a stroke?

You can talk about sex with your health care providers. However, since sex is a private matter, the therapist may feel uncomfortable addressing it with you, or you may feel uncomfortable or shy asking them questions. Do not hesitate to seek information from one of your health care providers about any concerns or questions you may have. People you can ask include:

- Neurologist
- Physical therapist
- Occupational therapist
- Speech pathologist
- Neurophysiologist
- Physician
- Urologist (specializes in male urinary and reproductive/sexual problems)
- Gynaecologist (specializes in female reproductive and sexual problems)

I am afraid that sexual activity can cause another stroke. Is this possible?

There is no evidence that sex can cause another stroke. The following information comes from research and may help you return safely and confidently to sexual activities after a stroke.

Foreplay: Studies show that foreplay is very important. Spending more time on foreplay will cause your heart rate to increase at a slower rate. This will reduce physical effort and cardiac stress during sexual intercourse.

Self-stimulation and partner stimulation: Self-stimulation or stimulation by your partner is less physically demanding than sexual intercourse. These forms of sexual activity are likely to cause a smaller increase in heart rate and can be very satisfying.

Masturbation: Research has shown that masturbation does not increase your risk of having another stroke.

Position: Research shows that for men, the male-on-bottom position is less physically demanding than the male-on-top position. Take the time to find positions that are comfortable for you and your partner (if applicable), and that allow easy movement.

Time: It is advised that you do not engage in sexual activity immediately or shortly after a meal, as your body takes time and uses energy to digest food. Wait a couple of hours before having sex to reduce the demands on your body. Similarly, plan for sexual intimacy when you are not too tired and have time to enjoy the interactions.

Do physical changes from stroke affect sexual behaviour or ability?

After a stroke many people experience pain, muscle paralysis, weakness or muscle stiffness on one side of their body. These changes can impact on the way a person experiences touch to the affected arm/leg, and their ability to move or find a comfortable position for sex. Taking the time to find comforting touch and comfortable positions is a good way to make sex enjoyable. For instance, it might be easier for the person who has had a stroke to lie on their back, or to lie side-by-side. If you experience altered sensation or pain on one side of your body, your partner can touch and caress the non-affected arm/leg.

Your Physical Therapist and Occupational Therapist may be able to recommend assistive devices to help with moving and to support safe, comfortable sexual activities and positions. Talk with your doctor if you experience pain, spasticity (i.e. tight muscles) or other concerning symptoms.

Do psychological changes from stroke affect sexual behaviour or ability?

The physical changes that occur after a stroke can impact on self-confidence. Loss of independence can impact on self-worth. Emotional difficulties such as depression, anxiety, decreased self-esteem, impaired body image or fear of having another stroke can impact on a person's ability to return to sexual activity and enjoy sex. Changes in memory after a stroke can also affect your sexual relationship. It is important to have accurate information. Talk with your health care provider or a specialist such as a psychiatrist, psychologist or sex therapist. Take the time to discuss your concerns and ask any questions. It is also important to look after yourself – find ways to feel independent, maintain your

Sexuality

personal hygiene and grooming, find hobbies that interest you, eat nutritious foods and keep up regular gentle exercise. These activities will help you feel positive and healthy. Communicating with your partner (if applicable) about psychological changes from the stroke can also benefit your sexual relationship.

Since my stroke I have difficulty communicating with my partner. What should I do?

Some people have difficulty communicating after a stroke. Aphasia is a disorder that affects the ability to produce speech or understand what others are saying. Communication problems can make it difficult to have intimate conversations and express your feelings to your partner. If you have difficulty using words, find other ways to get your message across. Body language (e.g. gestures, facial expressions) can support your words. Draw or write down what you want to say. Find simple hand signals to communicate a feeling to your partner (e.g. pointing to your heart with your hand can be your way of saying “I love you”). Talk with your Speech & Language Pathologist about management of aphasia after stroke.

Are there treatments available to regain sexual function after a stroke?

There is not enough research on specific treatments that improve sexual function after stroke. There are medications to address specific sexual impairments, special materials or devices to help sexual activity. Lifestyle changes such as stopping smoking, reducing alcohol, modifying your diet or losing weight may be of benefit to some people. Consult with your health care provider and physician before using any medications prescribed for sexual function. Therapy sessions with a psychologist or sex therapist can be useful for people with psychological concerns about sex after a stroke.

I am taking new medications since my stroke. Can medications have an impact on my sexual functioning?

Some medications can impact on sexual activity. Talk with your physician if you have any concerns regarding your medication. Do not stop taking medication without consulting your physician.

FOR THE SPOUSE/PARTNER

My partner has different sexual behaviours that they did not have before the stroke. Is this caused by the stroke?

Changes in sexual activity are common after stroke. The physical and emotional difficulties from stroke can impact on your partner's sexual activity.

In rare cases, some people show unexpected changes in their sexual behaviour after a stroke, such as:

- Changes in libido
- Changes in sexual activity
- Inappropriately removing clothes
- Inappropriately physically touching others
- Masturbating at inappropriate times or in inappropriate places

The exact cause of these behaviours is unknown, but may relate to damage to specific regions of the brain. If your spouse shows any of these activities, talk to the healthcare team for suggestions on how to handle the behaviours.

Is it possible be carer and sexual partner at the same time?

As much as possible, the role of carer should be separated from the role of sexual partner. To achieve this balance, support your partner's independence where possible. If possible, find someone to help with your partner's physical care. Find moments to enjoy together – laugh, talk and connect over shared interests and memories. Remember that it is important for you to continue to participate in activities that you enjoy and to spend some time alone without feeling guilty. Research has shown that in taking care of yourself, you will be better able to care for your partner.

Information on this web site is provided for informational purposes only and is not a substitute for professional medical advice. If you have or suspect you have a medical problem, promptly contact your professional healthcare provider.