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SEXUALITY FOLLOWING STROKE

Sexuality is a normal and natural part of human development. Each person is born a sexual being, and has sexual needs.(3) In close relationships shared sexual expression can give confidence, happiness and contentment. Sexual expression does not only refer to the physical act of intercourse, but also feelings of love, respect, and gratitude shared by partners. (7)

Some people stop having sex after experiencing stroke as they feel undesirable, and awkward or because they are concerned about the health risks. The issue of sexuality may be overlooked in rehabilitation programmes or the person who has had a stroke and their partner may feel uncomfortable asking questions about sex.

Problems with sexuality following stroke are often related to emotional rather than physical factors, thus partners need to be sensitive to each others needs. (1) The aim of this paper is to clear up some of the issues related to sexuality following stroke.

Before discussing the effects of stroke on sexuality it is important to note that the sexual function changes with aging. In the older person there is a need to distinguish between changes that may occur as a result of age and changes that may occur as a consequence of having a stroke. (3)

CHANGES IN SEXUALITY THAT OCCUR WITH AGING

MALES

Many men report a change in sexual desire as they age. The male hormone testosterone is the primary hormone associated with sexual desire. After the age of 20 testosterone levels slowly begin to decline, this decline accelerates after the age of 55. However, males continue to produce testosterone at all ages. (3)

The most obvious change that can occur for the aging male is related to erections. Many men are unable to get as rapid or as complete an erection as during their younger life. More direct and intense stimulation of the penis is often required to achieve an erection. However, after an erection occurs most men find that they can maintain an erection longer than they could in youth. (3)

Contractions for ejaculation may become less forceful and the physical sensation of orgasm may become less intense and be of a shorter time span. Following orgasm the aging male has to wait a longer time before he can achieve another erection. (3)

FEMALES

Menopause is the most obvious change that occurs to females with aging. As the female ages there is a decrease in effectiveness in being able to achieve vaginal lubrication. Vaginal lubrication may take longer to occur or be so minimal that it causes painful intercourse. Females also experience a general decrease in estragon levels. Estragon is involved in breast, uterus, vaginal and genital function. With a decrease in estragon levels vaginal tissue can become very fragile (lubricants may need to be used during intercourse). (3)

Testosterone is also associated with sexual desire for females. The production of testosterone is not effected by menopause. As estragon and progesterone decrease with menopause there may be an increase in sexual desire with the unmasking of testosterone. However, it is important to note that sexual desire is related to a number of factors including opportunities for sexual expression, and acceptance of personal sexuality etc. (3)

CHANGES TO SEXUALITY THAT MAY OCCUR WITH STROKE AT ANY AGE

An issue that is of concern for both males and females following stroke, is the fear of having another stroke during sexual intercourse. This fear is often unnecessary as there has been no medical evidence to suggest that intercourse can bring on a stroke. However, if this is of concern it may be best to ask your medical practitioner when to resume sex and how vigorous sexual activity should be. (3)

MALES

Some men have decreased ability to achieve an erection on a regular basis. For some this is due to the emotional effects of stroke. This is often related to the fear of not being able to achieve an erection. For others this can be very often related to the tablets that they are taking for their blood pressure (if you are taking blood pressure tablets it may be useful to discuss their effects on sexual function with your medical practitioner).

Some men also experience a decreased ability to achieve ejaculation. For those unable to achieve ejaculation changes may need to be made in regards to their attitudes towards sexuality. There may be a need to look at the value of other sexual behaviours such as touching, feeling and holding. (3)

Problems with physical mobility may necessitate changes in how intercourse is carried out. Handles on the head board, side rails, trapezes, footboards, extra pillows can aid intercourse. Positioning on the back or side during intercourse may also be easier. (3,4)

FEMALES

Females may have a decreased ability to achieve an orgasm (this can be related to such factors as decreased sensitivity in the genital area). For those who can achieve an orgasm the time and effort to do so may be much greater (may require more direct clitoral stimulation over a longer time span).

Women who have a stroke during menstrual years often experience changes to their cycles. Due to the unpredictable nature of their menstrual cycle, if child birth is not being considered, birth control must be discussed and plans made according to the persons individual characteristics and values. The use of birth control pills may need to be questioned due to the increased risk of vascular disease and should be discussed with the doctor. (3)

As with males, positioning may be of concern - again lying on the back or side during intercourse is often easier.

COMMUNICATING ABOUT SEX

Open communication with your partner about sexual issues is essential. The following are suggestions as to how to enhance communication about sex:

1. Think through what you want to say and choose a time when you and your partner would be most comfortable talking.
2. Be clear about your concerns. do not start a discussion with accusations or criticisms (this is likely to make your partner feel uncomfortable and inadequate). Make points that reflect your own feelings.
3. Give your partner a chance to respond, and listen openly to what they have to say.
4. Do not talk when you are feeling angry or feeling emotionally volatile as things may be blown out of proportion.
5. If you would like your partner to vary their sexual practices eg using a different position or a different kind of caressing, practical demonstration may be easier than trying to describe it in words (then your partner will not have to guess as to what you want).
6. Finally, do not expect perfection. It is best to talk with your partner to ensure that you both have realistic expectations about sex. Remember that it is likely that not every sexual encounter is going to be a memorable passionate experience. Just as your moods change so can the ecstasy of your sexual experiences. (2)

The younger person who has had a stroke may feel that their disabilities or the emotional acceptance of their stroke has considerable effect on their sex life. All avenues of help should be investigated and these may include open discussion with family doctor or specialist, community health centre counsellors, family planning centres, private agencies such as Sexuality Counsellors at Professional All Care Services.

Many courses are available which can also help eg WEA "Self Esteem for Women" etc.

It is important to note that a stroke can lead to some surprising advantages in relation to sexuality. These include the opportunity for lengthy fore-play and increased intimacy. For example, previously a male may have had a tendency to rush and focus on ejaculation, this may have resulted in less gratification for their partner. A less hurried pace and the use of caressing often leads to more lasting satisfaction for he and his partner. (5)

CONTACTS

For specific information and counselling on an individual basis -

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