

Sexuality and the Rehab Patient

Learning Objectives

- Participants will identify 1 model of sexuality education.
- Participants will identify 4-5 concepts that can be included in sexuality education.
- Participants will identify 2-3 resources to provide or discuss with patients.

Why talk about sexuality?

What is sexuality?

- Sexuality & intimacy is a central aspect of being human
- Different for everyone
- Includes sex, gender identity and roles, sexual orientation, pleasure, intimacy and reproduction
- Experienced and expressed in our thoughts, behaviours, beliefs, attitudes, values, practices, roles and relationships



Meet the Team

Physician: sexual function, treatment options, fertility, autonomic dysreflexia (AD)

Nurse: Bowel and bladder impact on sexual activity, body image, sexual function, AD

OT: Skin, AD, bowel and bladder, dressing skills related sexual activity, positioning, adaptive parenting skills

PT: Skin, AD, balance, positioning

Rec Therapy: Adaptive parenting skills, reviewing online resources

Social work/counseling: Referrals for therapy, discussing insurance coverage, reviewing fundraising options

Psych: Discuss relationships, body image/self-esteem, gender roles, adjustment to disability, disability as facet of identity

Choosing a Model

Circles of Sexuality: holistic sex education model

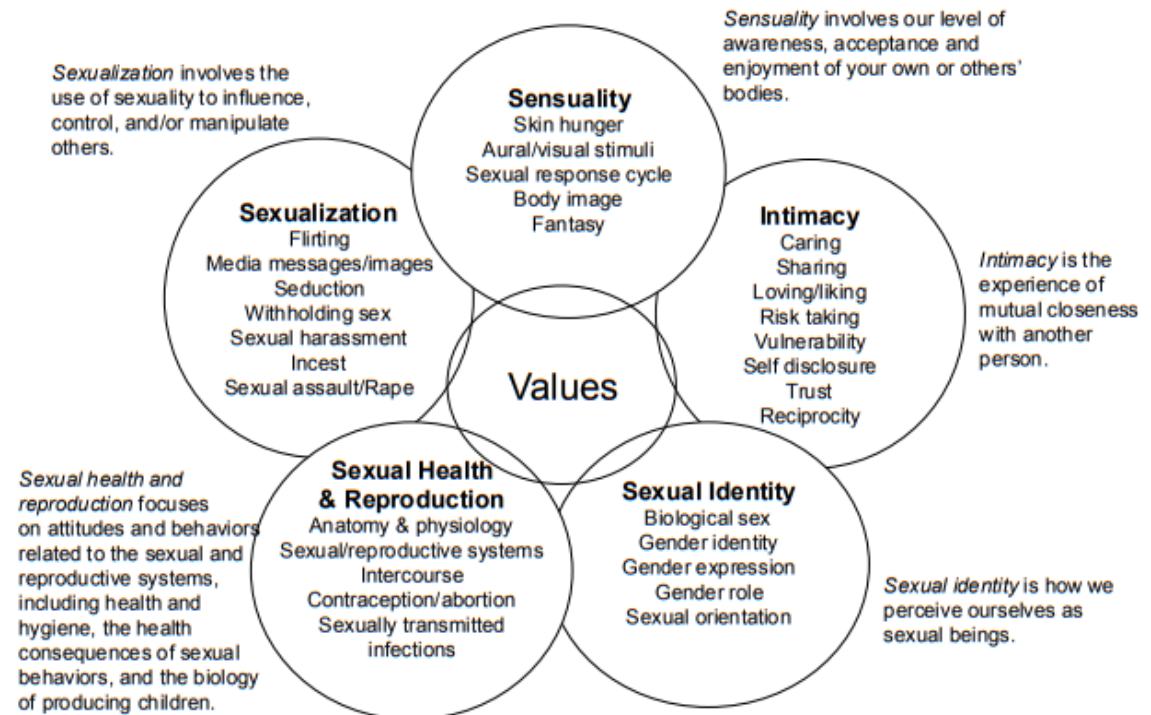
Bancroft/Sanders/Tepper Model: sexuality and disability model, closer to a medical model

Ex-PLISSIT: sex education delivery model

Models

The Circles of Sexuality

Sexuality encompasses nearly every aspect of our being, from attitudes and values to feelings and experiences. It is influenced by the individual, family, culture, religion/spirituality, laws, professions, institutions, science and politics.



"Circles of Sexuality," adapted from *Life Planning Education*, 1995, Advocates for Youth, Washington DC advocatesforyouth.org, based on the original work of Dennis M. Dailey, Professor Emeritus, University of Kansas.

PLISSIT Model

- **P** = **P**ermission
- **LI** = **L**imited **I**nformation
- **SS** = **S**pecific **S**uggestions
- **IT** = **I**ntensive **T**herapy

Stage	Description	Example
Extended-Permission Giving	Give permission for the patient to have sexual feelings / relationships and normalize this.	Many men after a stroke find that it affects their relationships and their interest in sex. Is it ok if we discuss this issue?
Limited Information	Offer limited information to identify the effect of the stroke / treatment on sexuality. Correct any misconceptions dispel myths, provide accurate information.	Treatment side-effects often have a big impact on sexual activities. You mentioned that you wanted to have intercourse again, but that it's still difficult to achieve. How is this affecting your sex life?
Specific Suggestions	Make specific suggestions to manage the sexual side-effects they've identified.	There are many ways couples can adapt their sex lives to adjust to the effect of the stroke and treatment. How would you and your partner feel about focusing on other types of sexual activity?
Intensive Therapy	Identify further support for the issues you've discussed and refer them if appropriate.	Some men find it helpful to get more support for the issues we've discussed. You mentioned you're feeling pressure to keep your sex life the way it's always been. It's making you very distressed, but you can't talk to your partner about it. Would you like to see a counsellor who's experienced in this area?

Models

Ex-PLISSIT Model

- EX-P: Extended-Permission giving
- LI: Limited Information
- SS: Specific Suggestions
- IT: Intensive Therapy

Ways to Give Permission

- People often experience sexual difficulties, such as loss of desire or problems with enjoyment. How have you been affected?
- Many people are concerned about how this condition and/or treatment might affect their sexuality. What is your experience?
- What happens when you and your partner try to make love?
- How has your health affected you as a couple? Has it affected your sexual relationship? Would you like to talk about this?

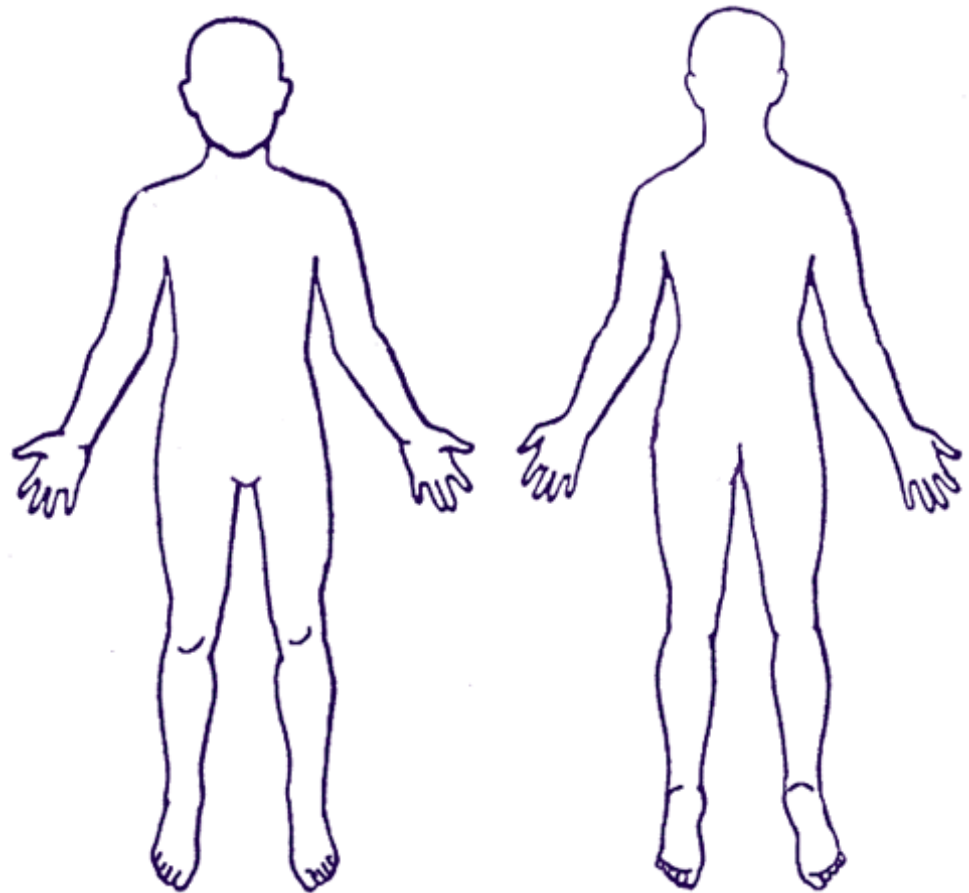
Sex Education: What to Include

- Sexual function, dysfunction treatments
- Fertility
- Sexual health
- Autonomic dysreflexia (T6 or higher)
- Medication side effects
- Assistive devices
- Positioning options
- Spasticity



Sex Education: What to Include

- Bowel/bladder function
- Changes in sensation
- Pain
- Skin integrity
- Relationships/Dating
- Body image/self-esteem
- Gender roles
- Societal views on sexuality



Sex Education: Sexual Dysfunction

Penile function:

- Erectile dysfunction
- Ejaculation dysfunction
- Altered/absent genital sensation
- Fertility: impaired erectile function, inability to ejaculate, poor semen quality
 - Decreased motility, low viability
 - Caused by inflammatory proteins in semen
 - Treatment with probenecid

Vaginal/uterine function:

- Decreased lubrication
- Altered/absent genital sensation
- Fertility intact: special pregnancy concerns

Male Adaptive Techniques

- Vardenafil (Levitra),
sildenafil (Viagra)
- Penile injections
- Transurethral therapy
- Vacuum erection device
- Penile prosthesis

Lower motor neuron

Vs

Upper motor neuron

- Reflex arc destroyed, no reflexogenic erections or vaginal lubrication
- Mild psychogenic erections & vaginal lubrication possible

- Perceives excitement from cerebral or other stimulation above injury level
- Increased sensations may be present in other parts of the body
- Genital manifestations from stimulation below injury level

Sex Education: Treatments

Erectile dysfunction

- Education, counseling
- Vacuum pumps
- Tension rings
- Oral medications
- Urethral suppositories
- Intracavernosal injections
- Penile prosthesis
- Assistive devices (e.g. strap on)

Decreased vaginal lubrication

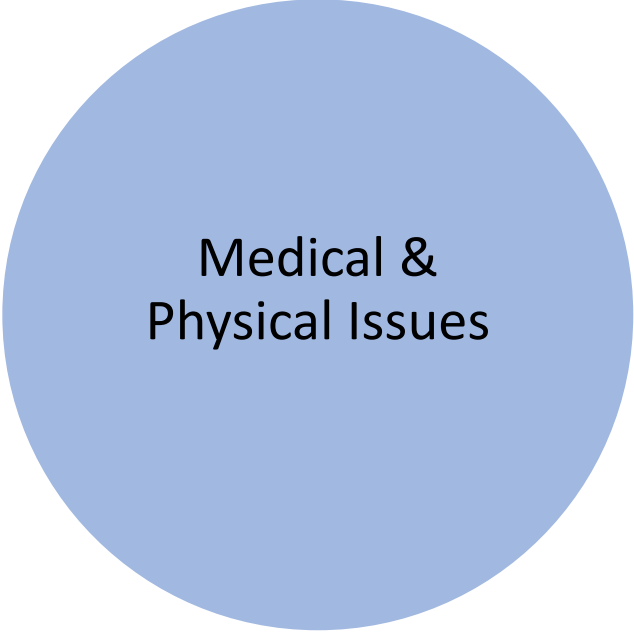
- Education, counseling
- OTC lubricants
 - Recommend avoiding warming, tingling lubricants
 - Water-based or silicone-based work best with condoms
 - Estrogen creams for vaginal dryness

Ejaculatory dysfunction

- Education, counseling
- Penile Vibratory Stimulation
- Rectal Probe Electro-ejaculation
- Needle Aspiration
- REMEMBER: Orgasm and ejaculation are not the same thing!



Medical & Physical Issues



Medical &
Physical Issues

- Medications
- Physical Limitations
- Fatigue
- Pain and Sensitivity
- Arousal and Erectile Dysfunction
- Incontinence

Medications

Some medications can cause decreased sexual desire and interest

It is important to continue to take your medications, please speak with the doctor or pharmacist if you have questions.

- Anti-hypertensive (lower your blood pressure): treating hypertension may improve erectile function
- Antidepressants
- Anti-seizure medications
- Opioids: hydromorphone, morphine
- NSAIDs – Advil, naproxen
- Sleep medication: lorazepam, zopiclone

Physical Changes

The following can impact your activity level :

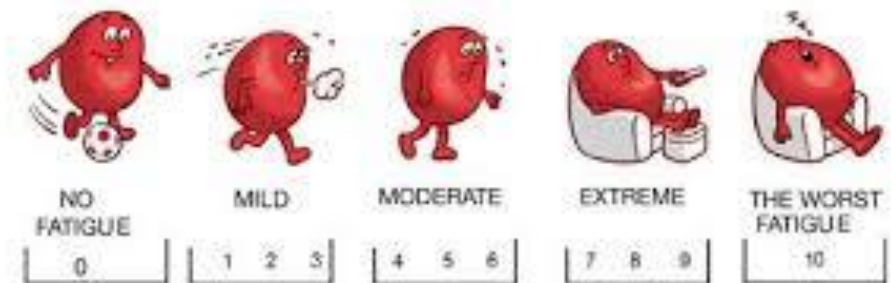
- Muscle stiffness
- Muscle weakness
- Loss of muscle tone
- Spasticity
- Decreased endurance

Medical
&
Physical
Issues



Fatigue

- People fatigue more quickly
- This fatigue may **not** be helped by sleep or rest
- This type of fatigue can last days to months & can persist for years
- Fatigue affects sexual life in people with stroke and brain injury more than those without a brain injury



Source: 4.bp.blogspot.com

Pain and Sensitivity

- Experience decreased or increased sensation in your body
- If they have pain, they may be less likely to participate in daily activities
- Pain and sensitivity, anywhere in the body, may affect sexual health

Arousal and Erectile Dysfunction

- The part of your brain that controls sexual desire and arousal can be impacted after an injury
- The most common sexual changes include lower sex drive, changes with arousal and erectile dysfunction

Medical &
Physical
Issues



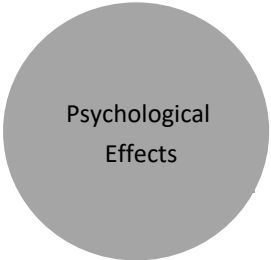
Psychological Effects



- Change of Emotions
- Sense of loss
- Decrease in confidence
- Depression
- Cognitive changes

Sense of Loss and Changes in Self Confidence

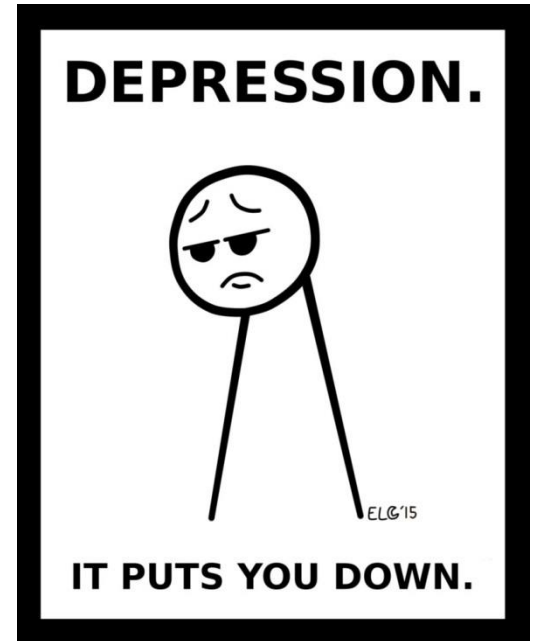
- Decrease in confidence level
- Isolated or frustrated
- Body image changes
- Feeling of unattractiveness or not feeling like yourself



Psychological
Effects

Depression

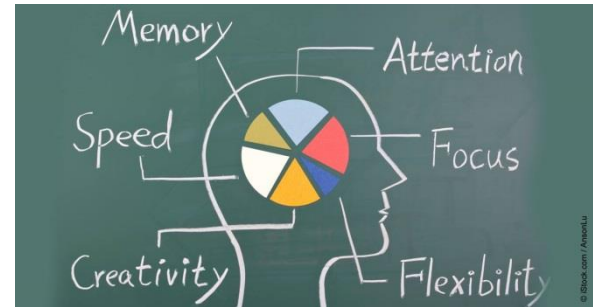
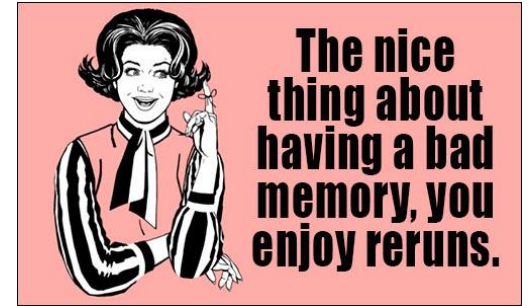
- Depression is common after injury
- Symptoms:
 - lack of energy, changes in sleep, decreased appetite, irritability
- Depression can also affect your relationship with your partner, including changes in your sexual activity.
- Treatment can include talking with your healthcare provider and/or starting medications
- Speak with your healthcare team if you have concerns you may be depressed



Psychological
Effects

Cognitive Changes

- Poor concentration
- Memory deficits
 - Difficulty remembering events or details
- Difficulty with social skills and communication
 - Understanding social cues
 - Planning how to interact with others
- Personality changes
- Persistent behaviors or thoughts



Psychological
Effects

Relationship changes

Communication difficulties

Altered roles

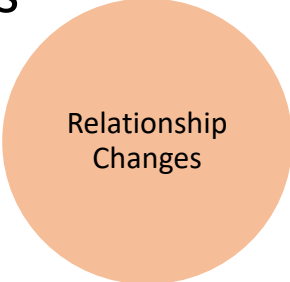
- Partner may now be a caregiver
- Supporting a person with a injury can be positive and rewarding for a partner

Loss of equality in the relationship

- May require more help with daily activities
- Focus on previously enjoyed activities

Decreased spontaneity

- May need to put more planning into intimate activities
- Sexual encounters may be “different” now



Relationship
Changes

Communication difficulties

- You may have more trouble communicating your needs and wants
- Talking about intimacy can be difficult because it is an emotional topic
- Plan for the conversation by thinking about what you want to say to your partner
- Your speech therapist can help you with expressing your thoughts



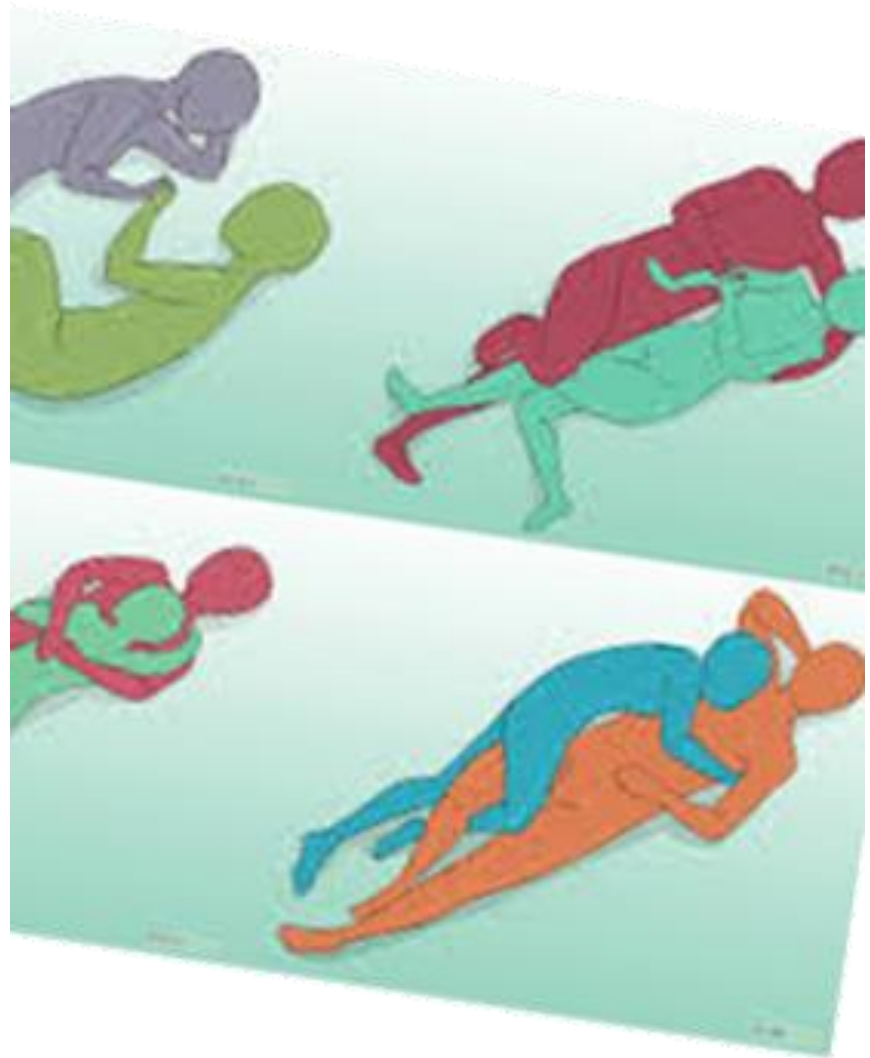
Relationship
Changes

Returning to sexual activity

- No one should be forced or pressured to engage in sexual activity
- Being ready to resume sexual activity will be different for each person in the relationship
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- Having fears and anxiety regarding sexual health after an injury is normal
- Both partners should feel comfortable and should explore and discuss their concerns

Energy Conservation

- **Planning**
 - Time of day
 - Allow adequate time for intimacy
- **Prioritizing**
 - Prioritize dedicated time for Intimacy
 - Limit strenuous activities throughout the day
- **Pacing**
 - Take things at a slower comfortable pace that is best for you
 - Rest between activities
- **Positioning**
 - Try different positions –allow your partner to take on a more active role, positions that reduce stress on the affected side, semi-reclined side lying. Use pillows to support weaker limbs.



General Tips

Environment

- Relaxing environment – music, dim lighting, candles
- Incontinence - use the bathroom prior to sex and empty a catheter bag if applicable
- Comfortable room temperature

Medication

- Keep up with your medication as per your doctor's advice

Other Tips

- Avoid heavy meals or excessive alcohol
- Be aware of signs of distress and take breaks as needed
- Stay active to increase overall endurance
increased mood

Co- Treatment Sessions

- 2 or more disciplines treating patient at same time to address sexuality
- Allows patient to get Specific Suggestions, utilizing knowledge from two experts
- Can be 30-90 minutes, based on need
- Review possible positioning options, special circumstances before session
- Discuss sequencing of trial positions

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