

Sexuality

There are many people who must begin to put their lives back together after a stroke. One area that is affected after stroke is a person's sexual relations.

Changes in sexual function may be caused by physical, behavioral and cognitive/thinking problems. Sometimes people do not like to talk about sex and that makes getting help more difficult.

Causes

Sexual difficulty can be caused by:

- The stroke
- Medicines
- Cognitive problems (thinking problems)
- Behaviors, emotions, and social factors

Sexual issues that start early are usually caused by brain swelling, sensory changes (the way a person feels things), cognitive changes (the way a person thinks about or remembers things) and the type or location of the stroke.

Sensory changes can include changes in:

Sight	Smell
Hearing	Touch
Taste	

Cognitive/thinking skills changes include problems with:

- Attention span
- Thinking and memory
- Neglect or inattention to certain parts of their body
- Communication (expressive or receptive language difficulty)

These are problems because a person may have trouble paying attention during sex, may not respond to sexual advances or may not remember how to initiate sex in a pleasant way. They may not be able to communicate or understand language the same way as before stroke.

Behaviors, emotions, and social factors:

- No interest or very interested in sex
- Inappropriate behaviors (yelling, inappropriate touching or sexual advances)
- Irritability/anger/sadness
- Increased amounts of stress in social situations

Frontal or right-sided brain injuries may result in problems with social skills or behavior. This can lead to behaviors that cause the other partner to be embarrassed or not aroused. For example, a person may talk too loudly or say sexual things in front of others.

These changes may reduce sexual function and create stress for the person and/or the partner. Among the top stressors for all people (not just those with stroke) are marital changes, job changes, changes in housing, loss of a loved one and illness.

Other stressors are caused by the financial impact of stroke. The injured person may not be able to return to work or create an income. This can cause concerns for the family. Another family member may need to start working. Switching roles and duties within the family can create a big shift in the sexual relationship.

Sometimes partners do not realize they are stressed until it shows up sexually. Stress can cause hormonal changes, which can be responsible for sexual issues. Lower testosterone levels in men can cause problems achieving an erection or ejaculating too soon.

Women can also have a reduced desire for sex. Low levels of estrogen (female sex hormone) can lead to decreased genital sensitivity. For example, there may be less feeling when being sexually touched in the vaginal area. Reductions in sex hormones can also affect reproduction. However, if pregnancy was possible before the injury, it will likely still be possible after the injury. Consider this when choosing among birth control options.

Medicines may also cause sexual problems. Some may decrease desire and performance. It is important to talk to your doctor about your medicines.

Some spouses have said that personality changes after brain injury make sex difficult. Some have said they don't feel like they know their partner or that their partner is somehow different. They may feel that the stroke survivor acts or thinks differently.

This mix of stroke, changes within the family, medications and changes in sexual behavior make it difficult for couples to resume their sexual lives together. If you have questions or are having

difficulties resuming your sexual relationship, please talk to your doctor, nurse, chaplain, therapist, or neuropsychologist. **Help is available.**