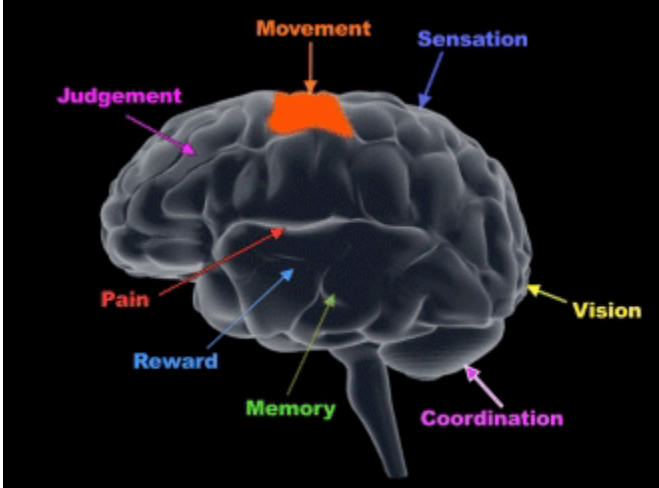


SEX AND INTIMACY

- Brain injury effects
 - L hemisphere: hyposexuality
 - R hemisphere: hypersexuality (decreased inhibition/regulation)
 - Brain injury near front of brain can impact motivation, initiation, impulsivity, inappropriateness
 - Brain injury near rear of brain: awareness to issues to address (e.g., neglect)
 - Importance of sexuality and intimacy
 - Physical, spiritual, psychological
 - Important for feelings of masculinity/femininity, worthiness, desirability, affection (person with brain injury and partner)
 - Intimacy
 - Can be with or without sex
 - General warmth and closeness, with or without touch
 - Verbal expressions of love
 - Quality time together
 - Changes in roles
 - Spouse/partner -> Caregiver/patient
 - Is the partner feeling more like a caregiver than romantic partner? A few tips...
 - Hire someone to assist with care, especially bathing and toileting
 - Continue working on independence with simple self-care tasks (e.g., toileting)
 - Make time to spend time as a couple (not necessarily sex)
 - Playful leisure time and other types of intimacy:
 - listen to music
 - watch a favorite movie
 - spend time outdoors
 - enjoy a special meal together
 - massage
 - read religious material that is important to both of you
 - Make time for a "date night" once per week or month (at home or in the community; make sure it is intentional time together without distractions)
 - Talk openly with your significant other about the changes they are feeling, and what types of intimacy they hope to engage in. Talk about this away from the bedroom if that makes it easier to start the conversation.
 - Make sure to reflect on your pre-injury relationship, and what made it strong
 - Work on creating a new type of relationship (build upon old, create new)
- Other tips
 - Consider couples counseling
 - Be present during communication, especially when it's a date night or preset time together
 - Talk more
 - Be comfortable again with touching each other
 - Start with simple intimacy and getting comfortable with one another
- Suggested assessments
 - Brain Injury Sexuality Questionnaire (BIQS)
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- Quality of Life After Brain Injury Questionnaire (QOLISBRI)
- Changes in Sexual Function Questionnaire Short Form (CSFQ-14)
- Modified Quality of Sexual Function Scale (QSF)
- Sexual Interest and Satisfaction Scale (SIS)
- Sexual Satisfaction Index (SSI)
- Female Sexual Function Index (FSFI)
- Brief Male Sexual Function Index (BSFI)
- International Index of Erectile Function (IIEF)
- Sexual Quality of Life Questionnaire (SQoL)
- Barriers/challenges to sexual activity and potential solutions

Barriers	Potential solutions
Cognition	Be direct with sexual communication, use words to compensate for decreased ability to read facial/body expressions, establish sexual activity routines. Regarding inappropriate behaviors, discuss openly, talk to therapist, or adjust nature of relationship.
Mood	Participate in positive psychology activities, plan sex appropriately with anti-depressant medications (consult with physician)
Aphasia	Use more gestures and touching (e.g., use sign language to say “I love you” or come up with communication method within the couple); facilitate nonverbal methods of intimate communication (www.aphasa.ca)
Oral-motor muscles	Can affect kissing and facial expressions (consult SLP)
Decreased libido and poor self-image	Maintain grooming/personal hygiene, participate in daily activities with partner to increase well-being and pleasure (e.g., date nights, intimate activities prior to engaging in sexual activity), honest conversations between partners
Breathing difficulties	Continue using oxygen (safely tuck oxygen tubing out of the way), utilize energy conservation techniques
General pain (e.g., arthritis)	Light massage, heat modalities (e.g., warm bath)
Poor balance	Positioning, safe transfer techniques
Headaches/dizziness	Prop head up on pillows, plan medications appropriately
Vision and perceptual changes	Diplopia (occluded glasses), vision loss (more talking, compensatory techniques), neglect (partner should be sensitive to this)
Bowel/bladder	Planning toileting, cover on bed, lie on side, manage catheter, consider fluids
Erectile dysfunction	Modification of risk factors (e.g., weight loss, smoking cessation, exercise), use lubricant, discuss medication and other options with physician
Vaginal dryness	Lubrication (use pump dispenser if hemiparesis is a barrier)
Apathy and fatigue	Energy conservation, ideal time of day, return to exercise routine
Easily overwhelmed	Low stimulation environment, calming preparatory activities
Sensation changes	Decreased: focus on maintained sensory areas, explore other areas Increased (e.g., pain): TENS, sensory re-training, meditation/mindfulness training, plan around pain medications, massage
Spasticity	Lie on hemiparetic side, consider positioning, PROM, plan around medications
Decreased mobility/coordination	Positioning, use dominant hand, adaptive equipment, sexual aids

- Sex aids and toys:
 - <https://disabilityhorizons.com/2014/07/disability-and-sex-lets-be-frank-about-sex-toys/>
 - <https://www.spokz.co.uk/sex-aids.html>

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