Sexuality, traumatic brain injury, and rehabilitation

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Each year more than three million Americans are living with traumatic brain injury (TBI), a condition that is associated with physical, cognitive, and emotional problems that often affect their sexuality, and subsequently their marital stability, identity, and self-esteem. Taking an in-depth look at the impact of TBI on sexuality, an investigative team critically reviews fourteen studies representing a collective study sample of nearly 1,500 patients, partners, spouses, control individuals, and rehabilitation professionals to examine brain injury and sexuality. It is published in *NeuroRehabilitation: An International Journal*.

"Sexuality in patients with chronic disease or physical handicaps warrants attention and consideration so that effective intervention plans can be formulated. A healthy sex life may decrease muscular and emotional tension, increase pain threshold, reduce physical stress, improve sleep, and diminish emotional stress within relationships," says Jhon Alexander Moreno, doctoral candidate in the Department of Psychology at Université de Montréal, Québec, Canada. He has made this important issue the central topic of his research work, which is conducted under the international direction of Professors Michelle McKerral at the Centre for Interdisciplinary Research in Rehabilitation in Montréal, and Juan Carlos Arango Lasprilla from the University of Deusto, Spain, in collaboration with Caron Gan from Holland Bloorview Kids Rehabilitation Hospital in Toronto, Canada. "A lack of information and education on sexuality and disability is a major contributing factor towards the stigma attached to them."
To help clinicians understand the complexity of interactions between psychological factors, physical factors, and relationship factors, investigators have applied a biopsychosocial model in which all three areas intersect to affect sexuality after TBI:

- Neuropsychological and psychological effects—A review of existing literature reveals that cognitive deficits and changes in body image, loss of identity, adjustment, depression, and anxiety can affect an individual's confidence level and ease in forming new relationships.
- Medical and physical issues—Medications prescribed to those with TBI may interfere with sexual function. Drugs such as antihypertensives, antidepressants, stimulants, and anticonvulsants can lower libido and cause erectile, ejaculatory, arousal, or orgasmic problems. Physical changes after TBI can also pose additional limitations in sexual functioning.
- Relationship changes—Stress on the patient and family members can cause marked shifts in relationships. For example, spouses of TBI survivors often perceive important personality changes. Social skills such as meeting people, explaining the TBI to others, and learning appropriate boundaries may need to be taught or relearned.

The critical review also provides perspectives from multiple viewpoints: Professional, survivor, and patient/partner. The team's evaluation of the existing literature notes methodological limitations that include insufficient sample sizes and an underrepresentation of women.

"Sexual difficulties are common in TBI survivors and affect both the individual and the family system. Sexual dysfunction is only one part of sexual difficulties observed in TBI patients, as the existence of other deficits in cognition, emotion and functionality may affect the
expression of sexuality," says Moreno. "Assessment, treatment, and systematic follow-up of post-TBI sexual difficulties should always be part of the clinical agenda throughout all rehabilitation and post-rehabilitation stages."

The research team further notes that future studies need to explore the partner's perspectives and that researchers should favor studies considering both the patient's and the partner's viewpoints. In addition, they mention the need to include Lesbian, Gay, Bisexual, Transgender and Intersex (LGBT) considerations in the assessment and rehabilitation agenda of TBI.


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