Sexuality after Traumatic Brain Injury

Traumatic Brain Injury Model System Consumer Information

For more information, contact your nearest TBI Model Systems. For a list of TBI Model Systems, go to: http://www.msktc.org/tbi/model-system-centers

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Changes in sexual functioning are common after TBI. If you are experiencing sexual problems, there are things you can do to help resolve these problems. The information below describes common sexual problems after TBI and ways to improve sexual functioning.

How does a traumatic brain injury affect sexual functioning?

The following changes in sexual functioning can happen after TBI:

- *Decreased Desire*: Many people may have less desire or interest in sex.
- *Increased Desire*: Some people have increased interest in sex after TBI and may want to have sex more often than usual. Others may have difficulty controlling their sexual behavior. They may make sexual advances in inappropriate situations or make inappropriate sexual comments.
- *Decreased Arousal*: Many people have difficulty becoming sexually aroused. This means that they may be interested in sex, but their bodies do not respond. Men may have difficulty getting or keeping an erection. Women may have decreased vaginal lubrication (moisture in the vagina).
- *Difficulty or Inability to Reach Orgasm/Climax*: Both men and women may have difficulty reaching orgasm or climax. They may not feel physically satisfied after sexual activity.
- *Reproductive Changes*: Women may experience irregular menstrual cycles or periods. Sometimes, periods may not occur for weeks or months after injury. They may also have trouble getting pregnant. Men may have decreased sperm production and may have difficulty getting a woman pregnant.

What causes changes in sexual functioning after TBI?

There are many reasons sexual problems happen after TBI. Some are directly related to damage to the brain. Others are related to physical problems or changes in thinking or relationships.

Possible causes of changes in sexual functioning after TBI include:

- *Damage to the Brain:* Changes in sexual functioning may be caused by damage to the parts of the brain that control sexual functioning.
- *Hormonal Changes*: Damage to the brain can affect the production of hormones, like testosterone, progesterone, and estrogen. These changes in hormones affect sexual functioning.

- *Medication Side Effects*: Many medications commonly used after TBI have negative side effects on sexual functioning.
- *Fatigue/Tiredness:* Many people with TBI tire very easily. Feeling tired, physically or mentally, can affect your interest in sex and your sexual activity.
- *Problems with Movement*: Spasticity (tightness of muscles), physical pain, weakness, slowed or uncoordinated movements, and balance problems may make it difficult to have sex.
- *Self-Esteem Problems*: Some people feel less confident about their attractiveness after TBI. This can affect their comfort with sexual activity.
- *Changes in Thinking Abilities*: Difficulty with attention, memory, communication, planning ahead, reasoning, and imagining can also affect sexual functioning.
- *Emotional Changes:* Individuals with TBI often feel sad, nervous, or irritable. These feelings may have a negative effect on their sexual functioning, especially their desire for sex
- *Changes in Relationships and Social Activities*: Some people lose relationships after TBI or may have trouble meeting new people. This makes it difficult to find a sexual partner.

What can be done to improve sexual functioning after TBI?

- Talk with your doctor, nurse practitioner, or other health or rehabilitation professional about the problem, so they can help you find solutions. Some people may feel embarrassed talking openly about sexual issues. It may help to keep in mind that sexuality is a normal part of human functioning, and problems with sexuality can be addressed just like any other medical problem. If you are not comfortable discussing sexual problems with your doctor, it is important to find a health professional who you do feel comfortable talking with.
- Get a comprehensive medical exam. This should include blood work and maybe a urine screen. Make sure you discuss with your provider any role your medications may play. Women should get a gynecology exam and men may need a urology exam. Ask your doctor to check your hormone levels.
- Consider psychotherapy or counseling to help with emotional issues that can affect sexual functioning.
- Adjusting to life after a TBI often puts stress on your intimate relationship. If you and your partner are having problems with your relationship, consider marital or couples therapy.
- Consider starting sex therapy. A sex therapist is an expert who helps people to overcome sexual problems and improve sexual functioning. You can search for a certified sex therapist in your geographic area on the following website: http://www.aasect.org/
- Talk with your partner and plan sexual activities during the time of day when you are less tired.
- When having sex, position yourself so that you can move without being in pain or becoming off balance. This may mean having sex in a different way or unfamiliar position. Discuss this with your partner.
- Arrange things so that you will be less distracted during sex. For example, be in a quiet environment without background noise, such as television.
- If you have trouble becoming sexually aroused, it may help to watch movies or read books/magazines with erotic images and other sexual content.
- There are sexual aids developed to help people with disability. A good website for these aids is: www.Mypleasure.com/education/disability/index.asp
- Increasing your social network can increase the opportunity to form intimate relationships. You may consider joining a club or becoming involved in other social organizations.

Importance of safe sex

After a TBI, it is just as important for you to protect yourself from unplanned pregnancy and from sexually transmitted disease as it was before your injury. Even if a woman's period has not returned, she can still get pregnant. Here are some tips to help with birth control and protection from sexually transmitted disease.

- Do research to help figure out what method of birth control and protection from sexually transmitted disease are best for you. The following website has some helpful information: http://www.plannedparenthood.org
- Because of changes in thinking abilities, it may be harder for you to remember to use protection or to remember to take it with you.
  - You can plan ahead by always carrying a condom or other method of protecting yourself and your partner.
  - For women who use birth control pills, or a device that must be replaced, using a calendar or alarm on a smart phone can help you remember to take the pills or change the device.
- If you are unsure whether your partner has a sexually transmitted disease or has been intimate with others who have such disease, it is safest to use a condom.
- If you have engaged in any risky sexual behavior, one of the best things you can do for yourself is to get tested for sexually transmitted diseases – and get treated if you test positive.

Resources for further information

Sexuality Is A Family Matter by Carolyn Rocchio in Family News And Views: A Monthly Publication of the Brain Injury Association, 1993. http://www.bianj.org/Websites/bianj/Images/Sexuality%20is%20a%20family%20matter.pdf

Sexual Dysfunction Following Injury: Time for Enlightenment and Understanding: Suggestions by Center for Neuro Skills. http://www.neuroskills.com/tbi/sex-suggestion.shtml

Brain Trauma and Sexuality by Stanly Ducharme. http://www.stanleyducharme.com/resources/combin_injury.htm

Traumatic Brain Injury and Sexual Issues by Better Health Channel. http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Traumatic_brain_injury_and_sexual_issues

Disclaimer

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

Source

Our content is based on research evidence whenever available and represents the consensus of expert opinion of the investigators on the TBI Model Systems Directors.

Authorship

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