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SEXUALITY OR WHAT AR! WE REALLY

TALKING ABOUT

 "Sexuality is throughout life identities an eroticism, pl reproduction expressed in beliefs, attitu practices, ro sexuality can all of them are [....]



SEXUALITY NOT A SIMPLE PHYSICAL ACT

- Physical act
- Affection
- Love life
- Self-esteem
- Reproduction

- Family life
- Social relationships
- Sexual Identity
- Ethics
- Etc.



PHYSICAL ACT: TO DO OR NOT TO DO BUT WHAT?

- Making love
- Caress
- Masturbation
- Kissing
- Hugging
- Touching



- Muscular system
 - Decrease muscle strength
 - Difficulty/Unable to assume certain positions
 - Decrease endurance
 - Decrease ability to close hand/myotonia : masturbation/caress
 - Presence of pain
 - Difficulty/Unable to assume certain positions
 - Fear of having pain during the process

- Central Nervous system
 - Fatigue
 - Decrease interest
 - Decrease endurance
 - Hypersomnolence
 - Decrease interest
 - Decrease opportunity
 - Apathy
 - Trouble initiating
 - General cognitive functionning
 - Risk-taking behaviors

Genito-urinary system

- Erectile dysfunction
 - Between 24.1% and 36.7% of men
 - Medication may be given

Gynecological problem

Painful menstruation

Urinary incontinence

- Medical consultation
- Hygiene technique

Intestinal problem

- Medical consultation
- Sexual counsellor
- Hygiene technique

Cardiac system

Patient and partner may be fearful of having sexual relationships

Respiratory system

Nocturnal ventilation

WHO DOES WHAT?



SEXUAL MEDICINE PHYSICIANS OR PHYSIATRISTS (MD)

- Maximizing sexual physiology and reducing the medical issues
 - Medications
 - Pain
 - Bladder and bowel continence
- Other physicians (urologist, gynecologist, neurologist, etc) may also have valuable expertise

OCCUPATIONAL THERAPIST

- Teaching skills such as how to:
 - organize a daily routine to allow time and energy for sexual activities
 - manage personal hygiene before and during sexual activities
 - compensate for reduction or loss of typical body functioning in order to sexually satisfy self and/or partner
 - alter or eliminate environmental barriers to improve the quality of sexual activity (e.g. poor lighting, inadequate bed system etc.)
- Adapt sexual devices to meet the abilities of clients
 - adding switches
 - making 'hands free' options

PHYSIOTHERAPIST

- Educate and assist clients with skills such as:
 - transferring from wheelchair to bed
 - repositioning in bed
 - maintaining balance
 - maximizing comfort in sexual positioning alone or with partners
 - compensate for reduction or loss of typical body functioning in order to sexually satisfy self and/or partner
 - perineal reeducation (advanced practice)

NURSES

- Can assist with the execution of many of the suggestions given by the OT, PT or MD, and are critical in assisting with the overall medical management.
- Sexual Health Clinicians (SHC) are nurses specialized in the area of sexual health. They are experts in educating clients and their partners on the complex changes to sexual function as a result of chronic illness or disability, and are qualified to make specific suggestions to enhance sexual functioning and/or fertility.

SOCIAL WORKER/PSYCHOLOGIST

Social Workers

- Can play a large role in educating and counseling partners and families around sexual and fertility issues.
- Can also assist with funding options for the purchase of equipment.

Psychologists

- Explore in depth with clients the many different emotional components of sexuality such as self esteem, assertiveness, and positive self-talk, as well as collaborate with partners and family around sexual and fertility issues.
- Psychologists can also address trauma around sexuality.

REHABILITATION SEXUAL COUNSELLORS

- Not found everywhere
- University training
- Holistic approach around sexuality

« It does not exist! »



« Of course, but not my role »



CHALLENGES

- Subject often not discussed
- What is really sexuality/ preconception
- Patients expect clinicians to talk to them about it
- Healthcare professionals do not feel comfortable adressing this with their patients
 - Very few training
 - Specific resources

(Dyer 2013, Gianotten 2006, Taylor 2006)



TABOU...





BRIDGING THE GAP

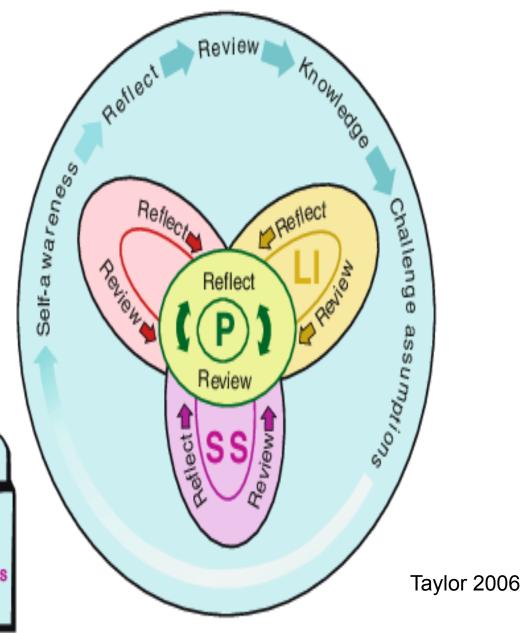
A DUAL RESPONSABILITY

How to talk about sexuality

EX-PLISSIT

(Annon 1976, Taylor 2006)

The Extended PLISSIT Model



KEY

- P Permissiongiving
- LI LimitedInformation
- SS SpecificSuggestions
- IT IntensiveTherapy

Stage 1 PERMISSION-GIVING



OPPORTUNITIES FOR PERMISSION-GIVING

- New patient registration
- Contraception
- Waiting room information and poster
- Discussion around bringing the bed downstairs
- Annual evaluation : include it in the process

EX-PLISSIT

Stage 2 LIMITED INFORMATION

PERMISSION INFORMATION

- Often linked
- Information linked to expressed needs

IMPACTS

- Impact of illness on sexuality
- Effect of treatments on sexual function

CLARIFICATION

Niveau 1
AUTORISATION

- Clarifying misinformation, dispelling myths
- Factual information in a limited manner (leaflet, website, etc.)

EX-PLISSIT

Stage 3 Specific suggestions



EX-PLISSIT

Stage 4 INTENSIVE THERAPY

Advanced practice

- Training
- Not all profession
 - Physiotherapy
 - Sexual counsellor
 - Nursing
- Etc.

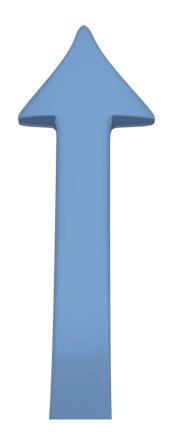
Niveau 3
Specific instructions

Niveau 2 Limited information

Niveau 1
Permission-giving







You talk to your patient about his/her sexuality? Write your thoughts!

- What you have been discussing
- Good moves
- What you should not have said
- Things to do to get better

MARCHARA PARA

Continuum

Continuous review process



TO TALK ABOUT IS THE BEGINNING OF A GREAT SUCCESS

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