REVIEW OF LITERATURE

Thompson S B, Walker L (2011;2(9)): This article is a review article which has aimed to address the physical and psychological issues together with their interaction together with recommendations from research and rehabilitation.

The authors have reviewed various articles and explained the concepts of sexuality and dysfunction, various psychological factors, physical and sensory problems, post stroke fatigue.

Y. Tamam, L. Tamam, E. Akil, A. Yasan, B. Tamam (2008, 15:660-666): This article is aimed to assess the impact of stroke on sexual functioning in a stable cohort of Turkish stroke patients with mild or no disability and to assess the relationship between post stroke sexuality and a number of socio-demographic, clinical and laboratory variables.

The study was conducted at the Neurology department of Dicle University in Diyarbakır, Turkey with a sample size of 103. Barthel and Rankin indexes and the National Institutes of Health Stroke Scale (NIHSS) were used to evaluate the functionality of the patient after the stroke.

Donald D. Kautz and Elizabeth R. Van Horn (2014, S3:003): Sexual counseling for cardiovascular disease patients, including stroke, is an area that needs more attention and action by multi-disciplinary health care providers. Education is also needed for health care providers, so that they can be comfortable and knowledgeable in providing guidance to their patients.

The authors have summarized the key points of AHA consensus document and other recent research for multidisciplinary members of stroke rehabilitation teams to use in alleviating concerns about sex and intimacy for stroke survivors and their partners. Evidence based recommendations include asking about intimacy, and sexual concerns, discussing the safety of resuming sexual activity, coping with stroke sequel of paraparesis, aphasia, concrete thinking, emotional liability, and loss of emotional awareness.

Boldrini P, Basaglia N, Calanca MC (1991;72:202-7): The study was designed to measure changes regarding aspects of sexual behavior and hemiparesis, changes in sexual life experienced by the spouses of stroke victims, possible differences between two genders
concerning sexuality after CVA, the association between changes in sexuality and clinical features of hemiparetic patients.

Louisa NG at.al (2017; 49: 333-340): This article is aimed to assess the effectiveness of a structured sexual rehabilitation programme compared with written information alone regarding sexual and psychological functioning (anxiety, depression, stress), functional independence and quality of life in an Australian cohort.

A total of 68 participants were randomized to be a structured sexual rehabilitation programme (treatment group n=35) or to written information alone (control group n=33). Outcome measures included sexual functioning questionnaire short form; depression, anxiety stress scale; Functional Independence Measure, and stroke and aphasia quality of life scale-39 generic.

After the statistical analysis, the authors concluded that provision of written information alone appears to be as effective as a 30 min individualized sexual rehabilitation programme in an inpatient setting.

Meiqi Guo at.al (2015): The present study is a QI project. The aim of this project was that all stroke rehabilitation inpatients at West Park Health care center Unit 3EC would be given the opportunity to discuss sexual health with one of their health providers by 2015.

Li et al. (2016): This article is aimed to explore the effect of sex and age difference on ischemic stroke using integrated microarray datasets.

Talli Rosenbaum et.al (2013): This article is aimed to examine the existing literature on sexuality and stroke patients in order to better understand how the sexual lives of stroke patients and their partners are affected and to provide recommendations to rehabilitation professionals for addressing sexuality as part of treatment.

Wendy Dusenbury (2017; 71:e12969): This article is a systematic review to examine determinants of sexual function and dysfunction in men and women post stroke, and to evaluate effectiveness of interventions.

Adrienne Keller, Elizabeth L. McGarvey, Anita H. Clayton (2006): This article is aimed to check whether the CSFQ-14, which yields the scores for three scales corresponding to the phases
of the sexual responses (desire, arousal, and orgasm) as well as the five scales of the original CSFQ for internal consistency and reliability as a global measure of sexual dysfunction.

The present study is a cross-sectional study of the prevalence of sexual dysfunction. The data was collected from 1,101 primary care clinics based in USA with a sample size of 6,297. The data was collected on a 5-point Likert scale of CSFQ-14 based on Patient-self-evaluation on his or her sexual behavior. The data was analyzed statistically by SPSS (statistical package for the Social Sciences). The internal reliability was assessed with Cronbach’s alpha Coefficient of internal reliability.

After the statistical analysis, the authors concluded that the short version of the CSFQ is brief measure of sexual functioning with good construct validity and internal reliability

Glen Gillen (2016): In this chapter, the author has described the various sexual dysfunctions caused by stroke. He has narrated the pre and post effects of sexual dysfunction in stroke patients. The author has clearly described the content with a clear review of literature on the various types of rehabilitative approaches to rehabilitate or improve the functional ability in sexual health of a patient suffering from stroke. The schematic approach of the book is a great contribution to the rehabilitation team in stroke patients as it explains the importance of sexual health, describes the sexual dysfunction and process of rehabilitation. Even though the rehabilitation of various team members are not elaborately mentioned.

The various team members responsibilities and rationales of approach were not elaborately mentioned as it may be the beyond the scope of content of this book. The author has given references in APA style and has acknowledged the researchers in the field of study by giving review of literature in the initial pages of the chapter.

F. Boller et.al: In this chapter, the authors have described the various sexual dysfunctions caused by stroke. They have narrated the pre and post effects of sexual dysfunction in stroke patients. The authors have clearly described the content with a clear review of literature on the prevalence & impact of sexual dysfunction around the world in stroke survivors. The authors have described correlation between the sexual intercourse and hyper sexuality between men and women.
The authors did not mentioned about the rehabilitative measures or role of rehabilitation team in sexual dysfunction in post stroke survivors. The authors have acknowledged the previous researchers on this research. The authors have given the references in APA style.


In this chapter, the authors have described the various sexual dysfunctions caused by stroke. They have narrated the pre and post effects of sexual dysfunction in stroke patients. The authors have clearly described the content with a clear review of literature on the prevalence & impact of sexual dysfunction around the world in stroke survivors. According to the authors female sexuality and related issues are often overlooked both in the society and medical literature. But the authors have not shown any evidence of this statement not given any reference. They have discussed sexual health and ageing and their dysfunction in disabilities.

The authors have discussed the various sexual dysfunction in various disabilities which included Post-stroke survivors also. They have expressed their view that sexual dysfunction may be related to medications used in the individuals with disability. Differently from other authors, on the same topic, they have mentioned the diagnostic criteria of sexual dysfunction in disability. They have also provided clinical scales for evidenced based practice. The authors described various methods for sexual dysfunction in disabled people. The authors have acknowledged the previous researchers on this research. The authors have given the references in APA style.

Per Olov Lundberg: The authors have elaborately described various brain disorders and spinal cord disorders and their contribution towards sexual dysfunction. They also stated that peripheral nervous system disorders could also lead to sexual dysfunction. The authors have clearly differentiated sexual dysfunction in UMN & LMN lesions. authors have not mentioned about female sexual dysfunction as it is beyond the scope of title of the book. The authors have thoroughly acknowledged the previous researchers on the topic and given the references in APA style.

Stuart J. Dimond: In this chapter, the author has thoroughly reviewed the literature based on various brain parts and their relation to sexual behavior. The author also mentioned how damage to these parts can lead to sexual dysfunction by exploring the review of literature.
The author has mentioned how the sexual sex differences in brain and cortical organization between male and female brain for lower animal species. The author mentioned cortex is the most important part of sexual behavior.