The impact of cancer and cancer treatments on sexuality and what can help

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Presenter Disclosure

Presenters:
Lisa Roelfsema, MSW, RSW and Trish Lymburner, MSW, RSW with the Mississauga Halton/Central West Regional Cancer Program: “Primary Care Oncology Day”

Relationship with Commercial Interests:
No affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.
Objectives

• Why is it important to discuss sexual health with cancer patients?
• What is the impact of cancer and cancer treatments on sexual health?
• What interventions can be used to assist patients with their sexual health?
• Case studies
Why is discussing sexual health important for cancer patients?

• Just about **ALL** male cancer patients will experience some form of alteration in sexual function (Galbraith & Crighton, 2008)

• 90% of women with a history of cancer will have some form of sexual complaint (Krychman, et al., 2006)

• Cancer treatments may have a high likelihood of impacting fertility
Why is discussing sexual health important for cancer patients?

• 85% would be willing to talk to their physician about a sexual problem
• 71% did not think their doctor would be responsive or helpful
• 68% were concerned that their physician would be uncomfortable with the topic (Park et al., 2009)
• If not asked, less than 10% will raise sexual concerns (Park et al., 2009)
• 96% of HCP stated that discussing sexuality was part of their job
• 2% of HCP regularly spoke to patients about sexuality (Robinson & Lounsberry, 2011)
What is the impact of cancer and cancer treatments on women’s sexual health?

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological/Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chronic pelvic pain</td>
<td>• Anxiety</td>
</tr>
<tr>
<td>• Dyspareunia</td>
<td>• Depression</td>
</tr>
<tr>
<td>• Altered sensitivity</td>
<td>• Illness intrusiveness</td>
</tr>
<tr>
<td>• Atrophy</td>
<td>• Loss of feminine identity</td>
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<tr>
<td>• Vaginal stenosis</td>
<td>• Low sexual confidence</td>
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<tr>
<td>• Vaginal dryness</td>
<td>• Decreased sexual desire</td>
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<tr>
<td>• Diarrhea</td>
<td>• Poor body image</td>
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<tr>
<td>• Urgency</td>
<td>• Fear of intimacy</td>
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<tr>
<td>• Fecal leakage</td>
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<td>• Stoma</td>
<td></td>
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<tr>
<td>• Disfigurement</td>
<td></td>
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<tr>
<td>• Induction of premature menopause</td>
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</tbody>
</table>
What is the impact of cancer and cancer treatments on men’s sexual health?

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological/Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erectile difficulties</td>
<td>Altered body image</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Depression</td>
</tr>
<tr>
<td>Inf</td>
<td>Anxiety</td>
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<tr>
<td>e rtility</td>
<td>Relationship changes</td>
</tr>
<tr>
<td>Changes with orgasm</td>
<td>Loss of interest/libido</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Illness intrusiveness</td>
</tr>
<tr>
<td>Menopausal symptoms</td>
<td>Loss of male identity</td>
</tr>
<tr>
<td></td>
<td>Low sexual confidence</td>
</tr>
</tbody>
</table>
What is the impact of cancer and cancer treatments on sexual health?
How can I talk about this with my patients?

PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)

- **Permission**: Giving patients permission to raise sexual issues
- **Limited Information**: Giving patients limited information about sexual side-effects of treatments
- **Specific Suggestions**: Making specific suggestions based on a full evaluation of presenting problems
- **Intensive Therapy**: Referral to intensive therapy (includes psychological interventions, sex therapy and/or biomedical approaches)
Case Scenario: Terry Holmes

• 64 year old male
• Social:
  o Married
  o Prior to diagnosis enjoyed an active sex life and intimate relationship with his wife
• Biomedical:
  o April 2013 diagnosed with stage II prostate cancer
  o Had a radical prostatectomy
  o One year post surgery
    ▪ PSA results are stable
    ▪ Urinary leakage has stopped
Case Scenario: Terry Holmes

• Psych:
  o Avoids any affection with partner as he doesn’t want to start something he doesn’t feel he can finish

• Presenting Problem:
  o Unable to have an erection
  o Has not had sex with partner since prior to surgery
Case Scenario: Terry Holmes

- ESAS scores:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>0</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
</tr>
<tr>
<td>Tired</td>
<td>0</td>
</tr>
<tr>
<td>Nausea</td>
<td>0</td>
</tr>
<tr>
<td>Depression</td>
<td>5</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6</td>
</tr>
<tr>
<td>Appetite</td>
<td>0</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>0</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>6</td>
</tr>
</tbody>
</table>
How can I let my patients know that they have PERMISSION to talk with me about their sexual concerns?

PERMISSION

An example of this level would be to include a general statement that normalizes the topic.

Example

- You may think that your sex life is over; however, many men with prostate cancer recover from the surgery and have a satisfying sex life with their partner. What are some of the things that you have tried to resume your sex life and intimacy?

(Katz, 2007, pg. 135)
What limited information can I give?

LIMITED INFORMATION

If the man has had surgery, a health care provider should be able to give the couple some information about resuming sexual intercourse. (Katz, 2007, pgs.55-135)

Example

• After the surgical removal of the prostate, most men will be unable to achieve an erection. This is a result of nerve and blood vessel which may or may not be permanent.
• Consider asking your urologist for more information on when you can continue this activity. If you want to start by doing some research on your own, go to the Prostate Cancer Canada Network website or read the Canadian Cancer Society’s booklet on Sex and Sexuality.
What specific suggestions can I give?

SPECIFIC SUGGESTIONS

Information at this level, includes anticipatory guidance related to possible sexual consequences of medications and other treatments.

Example

- It’s not unusual to have erectile changes after cancer treatments. Things that you can consider are:
  - Communication
  - Analogies
  - Self stimulation
  - Medications
    - PDE5-inhibitors
    - MUSE
    - injections

(Katz, 2007, pg. 135)
What if they need more intensive therapy?

INTENSIVE THERAPY

Health care providers should know where to refer patients, when problems or issues are disclosed that are beyond the scope of practice or expertise of the professional.

Example

• It sounds to me that the changes are affecting your relationship and sex life. I would like to refer you to:
  – Dr X, who is an expert in this area and who would see you for a number of appointments to deal with these issues

(Katz, 2007, pg. 135)
Case Scenario: Monika Khan

• 55-year old woman

• Social:
  o Married
  o Prior to cancer diagnosis enjoyed an active sex life and an intimate relationship with partner

• Biomedical:
  o November 2013 diagnosed with breast cancer
  o Had a lumpectomy and chemotherapy followed by radiation
Case Scenario: Monika Khan

• Psych:
  o Since surgery she has started to get changed in the bathroom with the door locked as she doesn't want her partner to see her bald head or the scar on her breast  
  o Doesn’t feel attractive and wonders if her spouse is even interested in her anymore.

• Presenting Problem:
  o Tried to have sex once between chemotherapy and radiation, but it was painful.  
  o They are having difficulty maintaining their intimacy.
Case Scenario: Monika Khan

- ESAS Scores:

<table>
<thead>
<tr>
<th></th>
<th>Pain: 0</th>
<th>Drowsiness: 0</th>
<th>Tired: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea:</td>
<td>0</td>
<td>Depression: 7</td>
<td>Anxiety: 5</td>
</tr>
<tr>
<td>Appetite:</td>
<td>0</td>
<td>Shortness of breath: 0</td>
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<table>
<thead>
<tr>
<th>PERMISSION</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>An example of this level would be to include a general statement that normalizes the topic.</td>
<td>Many couples are concerned about making love after a lumpectomy. Do you have any concerns that I can help you with?</td>
</tr>
</tbody>
</table>

(Katz, 2007, pg 41)
What limited information can I give?

LIMITED INFORMATION

If the woman has had surgery, a health care provider should be able to give the couple some information about resuming sexual intercourse.

Example

Once the sutures have been removed, and you are no longer in pain, gentle love making is fine. You will need to tell your partner when you are uncomfortable and in the beginning you may want to protect that side of your body as you are probably anxious that any pressure will cause pain.

(Katz, 2007, pg 41)
What specific suggestions can I give?

SPECIFIC SUGGESTIONS

Information at this level, includes anticipatory guidance related to possible sexual consequences of medications and other treatments.

(Katz, 2007, pg 41)

Example

It’s not unusual to have vaginal changes after cancer treatments. Things that you can consider are:

• Using a moisturizer, like Replens, 3-5 times per week
• Using a lubricant for sexual intercourse
• Different positions
• Dilators
What if they need more intensive therapy?

INTENSIVE THERAPY

Health care providers should know where to refer patients, when problems or issues are disclosed that are beyond the scope of practice or expertise of the professional.

Example

It sounds to me that you are struggling with the side effects of chemotherapy and perhaps a visit to a sexuality counsellor would be helpful. Would you like to have the name and number of a counsellor so that you can call and schedule an appointment.

(Katz, 2007, pg 41)
Resources

• Breaking the silence on cancer and sexuality: a handbook for healthcare providers by Anne Katz
• Where to start...sexuality
• Where to start.... fertility and infertility
• Sexuality and cancer: a guide for people with cancer by the Canadian Cancer Society
• [link](http://www.bestco.info)
References


