Conversations we have.....

Let's talk about sex

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In this presentation the term male/female will be used to refer to the person's sex

This use refers to cisgender people inline with definitions provided by WAS

Where 'sex' refers to the biological characteristics which define humans as female and Male

I would like to acknowledge the diversity in Gender expression & the use of Gender affirming hormone treatment that may create variation in sexuality

Overview of Presentation

Creating conversation about sexuality/sex

- Treatment
- Quality of life
- Barriers & Enablers

Framework for sexual assessment:

- (Ex) PLISSIT Model
- BETTER
- PLEASURE

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Sexuality.. A working definition of sexuality:

"…Sexuality is experienced & expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles & relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed.
Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors."

(WHO, 2006a)

Sexuality.. A working definition of sexuality:

Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies a central aspect of being human throughout life encompasses sex, gender identities & roles, sexual orientation, eroticism, pleasure, intimacy & reproduction.

Rates of Sexual Difficulty

Question

What % of cancer patients report sexual difficulties?

Oncology

60-85%

HCP: talking about sex…

Question

What % of

Patients want to discuss sex?

85%

Clinicians think sex should be discussed?

98%

Those who did Discussed sex?

10 – 35%

SEX MYTHS:

1) Men should not be seen to express emotions
2) It is performance that counts
3) An erection is essential for satisfying sex
4) All physical contact must lead to sex
5) Sex equals intercourse
6) Must follow a linear progression of increasing excitement & end in orgasm
7) Sex should be natural & spontaneous
8) Men must always take charge / be ready of sex
9) Sex causes cancer or can spread cancer
10) Older people don't have sex

Impact of Oncology (female) treatments

80% = sexually active

74% = sexually active with partner

49% = high level of sexual distress

- 44% Decreased Lubrication most of time/always
- 41% unsatisfying sex life
- 28% regular dyspareunia
- 15% high levels of pain
- 25% difficulty orgasm

Potential factors that may impact Sexual Wellbeing

- ❑ Mental health
- ❑ Shame
- ❑ Guilt
- ❑ Embarrassment
- ❑ Trauma
- ❑ Lack of knowledge
- ❑ Unhelpful beliefs about sex and sexuality

Relationship

Partners experience a 'ripple' effect:
this in turn, decreases their own libido, sexual self esteem
Resulting in reduced connection & potential increase in relationship distress & further avoiding intimacy

Vignette

- Pain with penetrative sex (pain score 8/10)
- Low desire, libido
- Vaginal Atrophy
- Changes to Body Image
- Distress in relationship

'I Think I have approached the sex issue in the past the wrong way…we are both apprehensive & we just end up arguing' ***(paraphrasing)***

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Body Image Changes

Loss of felt erotic pleasure & reduced Self compassion & kindness

Body image is not only about appearance;

it is also about feeling/s

& sometimes loss of sensation or sexuality

“

Therapeutic interventions include

- ✓ Client Story and how they are relationally
- ✓ Taking the pressure off – sexual intercourse
- ✓ Referral to Physio or relevant AHP
- ✓ Sexual response cycle– Intimacy based
- ✓ Questionnaire– FSFI (Female Sexual Function Index)
- ✓ Encourage self-pleasure, increase sexual thoughts
- ✓ Books (evidenced based)

Lubricants, Vaginal Moisturisers & Vaginal Hormones

From Vaginal Dryness to Vaginal Atrophy- Medically diagnosed

Personal Lubricants

Vaginal Moisturisers

Vaginal Oestrogen

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Tuning out distractions can help managing erectile issues and other sexual concerns.

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Genito-Pelvic Pain/Penetration Disorder

(GPPPD – DSM-5)

Permission not to engage in penetrative sex

- Pain at the vaginal opening as the penis enters the vagina?
- Burning pain during intercourse?
- Pelvic Discomfort during & after?
- Pain elsewhere?

- Arousal
- Positions for intercourse
- What is possible in the meantime
- **Referral to Pelvic health physio**

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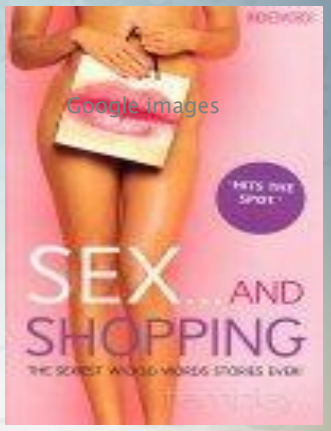
Enhancing Sexuality &Intimacy



Better Sex through Mindfulness

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Psycho-sexual assessment

- **(Ex) PLISSIT Model**

- **BETTER Model**
- **ALARM**
- **PLEASURE**

Questions for Self-Reflection

What do the terms 'sexuality & intimacy' mean to me?

How does the way I think about sex/sexuality influence my personal view?

How comfortable do I feel discussing issues of intimacy and sexuality in my personal world or with my patients?

Principles for creating a conversations about Sexuality

- Prepare for discussions
- Time your discussion
- Use good communication skil
- Use appropriate language
- Normalise and validate
- Sensitively address myths and misconceptions
- Determine preferences for involving partners in the discussion

- Create an atmosphere conducive to open discussion
- Introduce the topic and ascertain the patient's readiness for a discussion.
- Use open-ended questions to gauge the patient's level of understanding and concerns.
- Use a non-judgemental approach based on trust and confidentiality.
- Make no assumptions about the patient.
- Do not use medical jargon.

Consider also…

- Multidisciplinary approach –coordinated involvement of clinical and allied health specialists
- Ripple effect: include partner/s to attend if relevant
- Psychosexual, biological, sociological, spiritual & cultural aspects are important to consider
- Be ok with taking about sex… if you are comfortable to chat this will make all the difference (some don't want to talk about sex and this is also ok)

(Extended) (Ex) PLISSIT Model

(Annon 1976)

- 4 level approach to assist in managing presenting sexual concerns:

- ✓ *L1: P- Permission Giving*
- ✓ *L2: LI- Limited information*
- ✓ *L3: SS- Specific Suggestions*
- ✓ *L4: IT- Intensive Therapy*

- Extended- Permission: given at all levels of intervention, review & self refection in this process- self awareness by challenging assumptions

(Davis & Taylor 2006)

L1: Permission

- Just need to know that they or what they are experiencing is 'normal or OK
- Needs to be explicit – not enough just to say 'do you have any questions' or 'is there anything else you want to know'
- Confidentiality is ensured
- Permission to discuss issues, giving permission to decline

Specific phrases to help open the discussion

- Some people who are going through an illness like yours have been concerned about their sexuality.
- You have been through so much since your diagnosis. This may affect the way you see yourself.
- You must be wondering how all of this will affect you sexually or intimately. Let's talk about that.

L2: Limited Information

- Seeing yourself as resource of information related to impact of treatment or illness on sexuality/sexual function/body image
- Normalize treatment related issues related to surgery, medication, chemotherapy or radiotherapy
- Clarifying any misinformation/ myths and an opportunity to give information in a limited manner that you are comfortable with

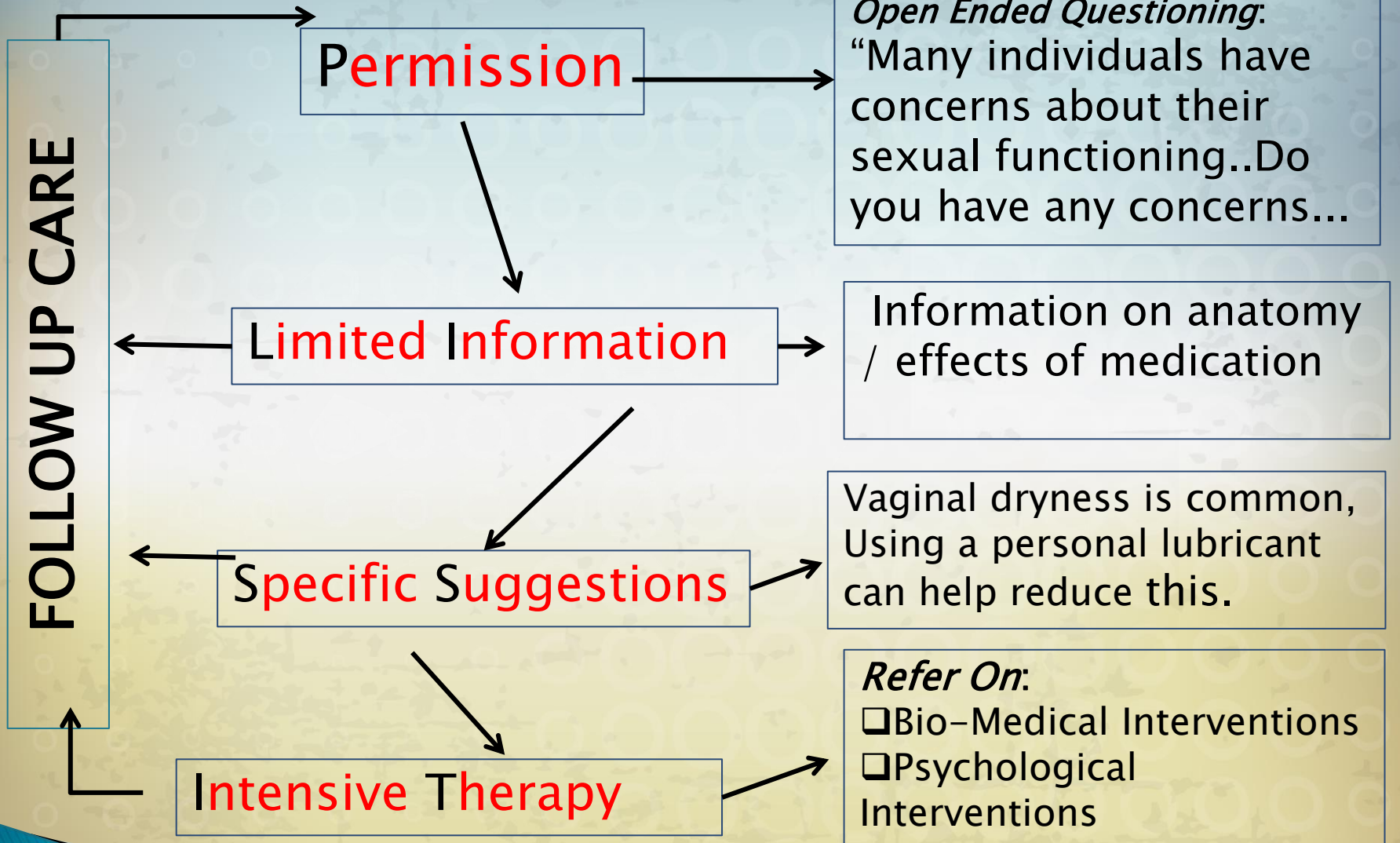
L3: Specific Suggestions

- With permission- Problem solving approach
- Need to be prepared to address all aspects of sexuality/sexual health not just the behaviour
- Sexual problem History- Describe current problem, onset, changes over time etc needs to be adapted to the clinical setting
- Brief therapy- 10 to 30 minutes

L4: Intensive Therapy

- Counselling/ Psychology/ Sex therapy
- Pelvic health physio
- Menopause & MSAC (KEMH)
- Specialist
- General Practitioner
- Other appropriate Services/Support
- Cancer Council 13 11 20

(EX) PLISSIT MODEL



(Adapted from BCC Sexual wellness referral pathway)

BETTER (Mick & Cohen, 2003; Mick et al., 2004)

- **B**ring up the topic.
- **E**xplain: any concerns sexuality.
- **T**ell patients: will find appropriate resources to address their concerns.
- **T**iming: may not be appropriate now, reassure can ask for information at any time.
- **E**ducate patients: about the side effects
- **R**ecord your assessment and interventions

Enabling the conversation

- Incorporate sexual health assessment/questions as part of the conversation- to check if a concern

- Refer if appropriate (Do not need to be an expert)

With intervention, up to 70% of patients can have improved functioning

I just took a leaflet out of my mailbox, informing me that I can have sex at 82!

I'm sooooo Excited, because I live at 73… So it's not far to walk home afterwards!

THANK YOU!