



Sexuality & Cancer

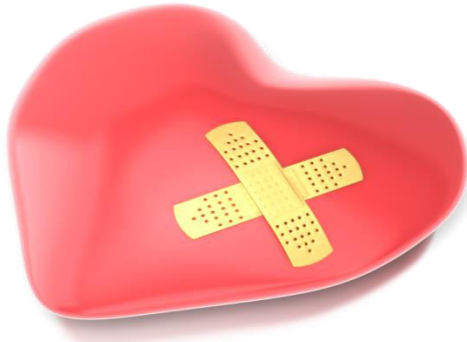
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(Curtin Sexology students 12th May 2015)

Overview



- sexuality & intimacy-
Quality of Life
- Psychosexual changes
after cancer diagnosis
& treatment/s

Defining it....



...From the deepest longings for mutual affection to the simple enjoyment of the company of a loved one...Sexuality including behaviours of- Touching, Kissing, Caressing and Cuddling, Genital intercourse with mutual orgasm and ***feelings of closeness & of being wanted and valued as a human being***”



Our Sexuality

“Sexuality is part of life. It reflects and affects an individual’s physical and emotional well-being, which in turn shapes one’s sense of health. Healthcare professionals should ask about their patient’s sexual functioning... Knowing about patients’ sexuality and sexual functioning enhances the delivery of integrated health care.”

American Medical Association



Sexuality

- gender identity and roles, body image, reproductive capabilities and sexual functioning are distinct and interrelated aspects of sexuality
- sexual expression is influenced by age, developmental stage, cultural norms, past experiences and relationship with the intimate partner(s)



Intimacy

- a human need regardless of age, health status, relationship status, sexual orientation
- need for human connection which may or may not include sexual intimacy
- Abraham Maslow's hierarchy of needs includes love and belonging

QOL Issue

QOL studies have identified cancer survivors

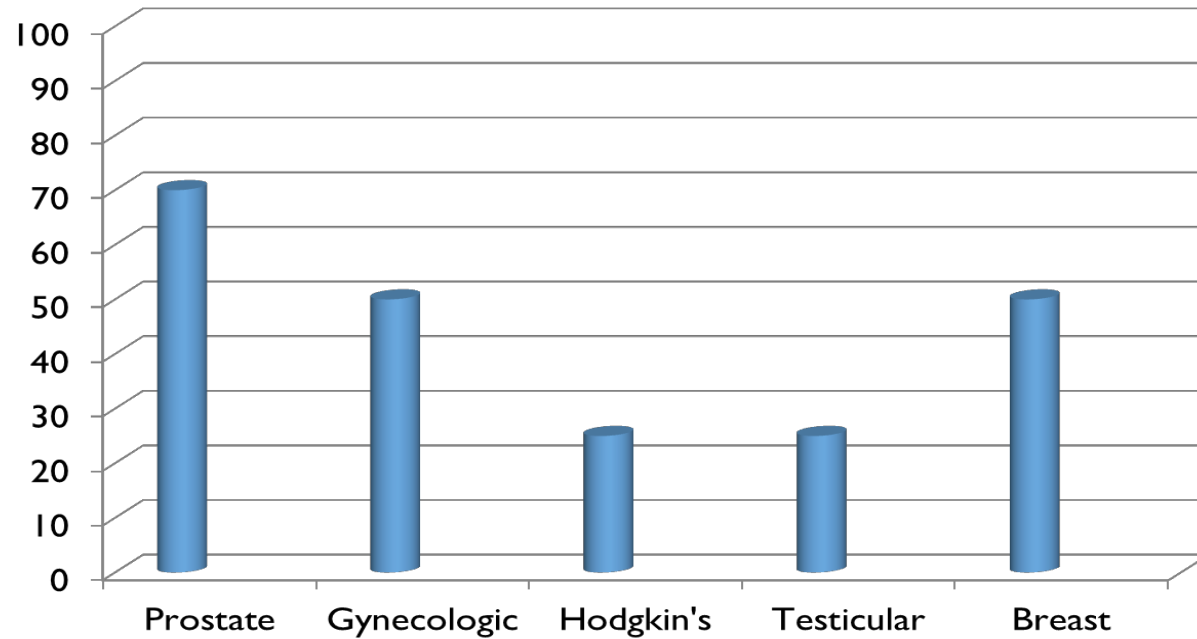
concerns including altered sexuality

incidence of altered sexuality is high and can
persist for years

altered sexuality negatively affects the QOL of the cancer
survivor AND the intimate partner(s)



Incidence of sexual issues



<http://www.cancer.gov>

Diagnosis of Sexual Concerns:

disorders are characterized by physiologic or psychological changes that adversely influence sexual functioning leading to psychological distress OR stress within relationships

two important components of the diagnosis

**adverse effect on sexual functioning caused by
physiologic or psychological changes**

**alteration leads to distress for the individual or within
the relationship**

Impact on Sexuality

Sexual Response Cycle:

- *Desire*
- *Arousal*
- *Orgasm*
- *Resolution*

Lowered/Nil

Difficulty

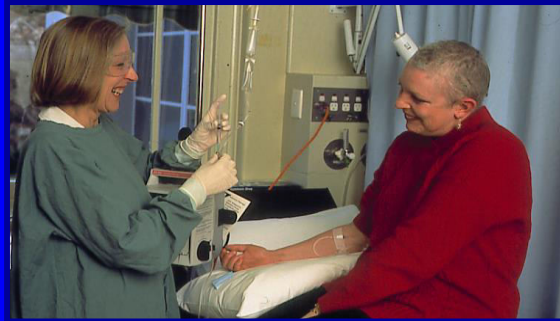
Difficulty

Difficulty

Sexual Pain:

Vaginismus

Vulvodynia





Physiologic impact in Males

neurovascular damage resulting in erectile
dysfunction (ED)

chemotherapy agents, radiation, surgery
endocrine changes

decreased testosterone

decreased libido, osteoporosis, vasomotor
flushing

infertility

fatigue and decreased physical stamina

male children treated for cancer may experience

Physiologic impact in Females

Premature, early or resurgence of menopause

Changes in libido and arousal

Mood swings/depression

Vagina alteration/Stenosis/Dryness

Hot Flashes

Changes in Body image

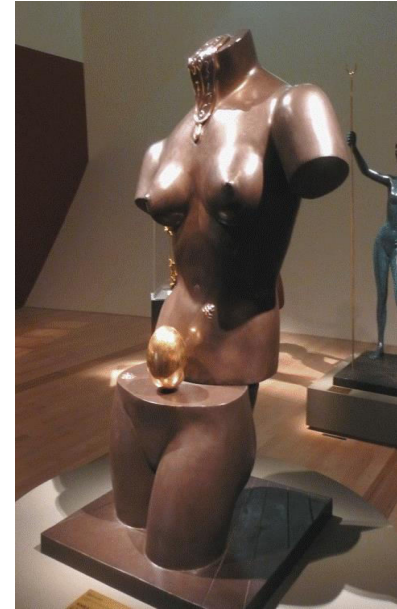
weight gain or loss

Pelvic pain

GVHD

osteoporosis

female children treated for cancer may
experience delayed or absent puberty



Salvador Dali

Sexual Myth-conceptions & Assumptions

- ❑ **Sexuality/sexual function is not important if old/single/widowed/have advanced disease**
- ❑ **If sexually active there are no problems**



Negative Impact on Sexual Wellness

- Diagnosis & Surgery
- Chemotherapy/Radiotherapy
- Endocrine Therapy
- Medications
- Concurrent illnesses
- Changes: appearance, sensitivity, interest in sex, feeling self conscious



Sexuality & Sexual Wellness



Fundamental to the way in which we share intimacy or experience physical closeness

Includes but not limited to sexual function

Linked to our roles and relationships within families, work & society

Patient Comment:

“ I was having trouble with hot flashes and vaginal dryness after my chemotherapy, so I decided I'd ask the female intern about how to deal with this. When I told her my problem, she said that she would order some eye drops for my dry eyes!”

(Life after Cancer: what Does Sexuality have to do with it? By M chamberlain Wilmoth)

- Experience more significant symptoms related to sexuality/menopause
- Quality of Life – sexuality & wellbeing
- living longer – it's not just about survival



- 90% cancer patients will experience sexual dysfunction at some stage during their illness or treatment
- 80% of women after treatment for cervical cancer report sexual dysfunction
- 80% of women who have colostomy formation after surgery reduce or stop sexual activity

Impact varies but in most cases worsens with time

Quote

The truth of it is that I don't feel like a woman most of the time. I wear my hair long on purpose...[crying] I don't cry much about this anymore...but I wear my hair long because this is all I have left that makes me female. I don't have boobs and ovaries and I don't have sex in my life and so I can grow my hair.”

Suzanne, 42 years old, diagnosed with breast cancer at 36 years of age



Natural aging processes: Women

Vaginal dryness in 50%
postmenopausal women

Vaginal atrophy and thinning

Vaginal irritation

Painful intercourse

(Schover, 2005)

Dyspareunia(s)

Where is the pain?

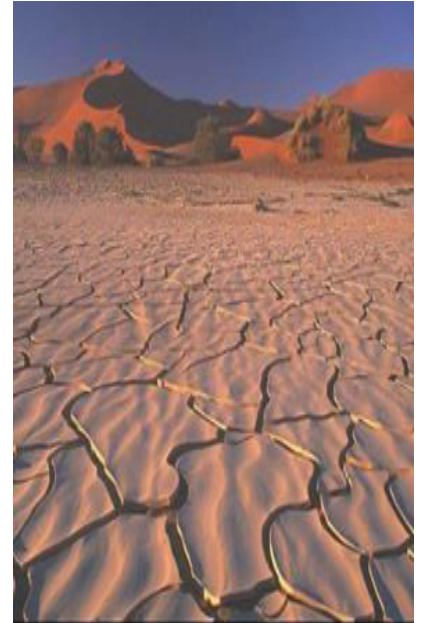
Pain at the vaginal opening as the penis enters the vagina?

Burning pain during intercourse

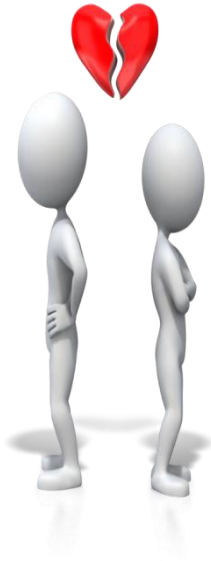
Pelvic Discomfort during and after

Pain elsewhere

- Arousal
- Moisture
- Positions for intercourse
- Pelvic Floor Exercises / Dilators



Partners: experience a 'ripple' & this in turn, can decrease their own libido



- Fear of rejection or of hurting their partner
- The complexity of regaining a sense of 'normality' - sexual relationship
- Sense of being 'unwanted'/'undesirable'
- Same Sex partnerships

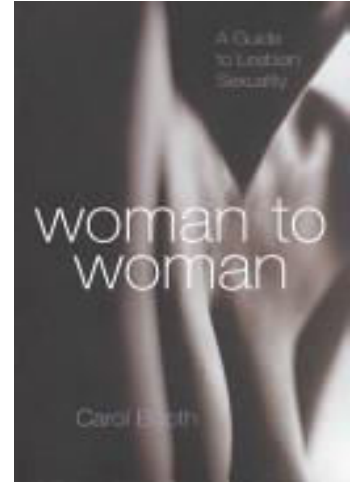


Same sex partnerships

less acknowledgment of
relationship in heterosexual
world/health care

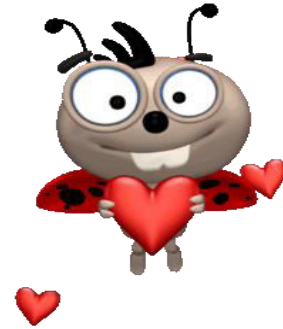
Love – grieve in private

Partner faces own mortality

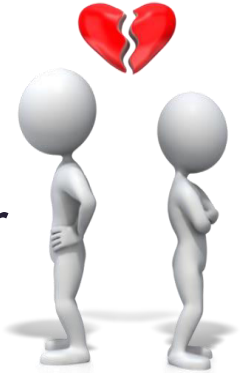


Self-esteem

A feeling of self-worth, self-confidence, and self-respect



Low self-esteem is having a generally negative overall opinion of oneself, judging or evaluating oneself negatively, and placing a general negative value on oneself as a person



Inhibitors to sexual Confidence & Desire

Fatigue

Relationship stress

Vaginal Dryness

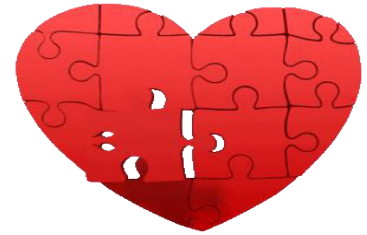
Loss of sexual self-esteem related:

- to body image changes

- Menopausal Symptoms

- Infertility

- Changes to one's sexual response (reduced Arousal difficult to orgasm)





Sex at 82!!!

I just took a leaflet out of my mailbox, informing me that I can have sex at 82! I'm soooooo happy, because I live at 73 ...
So it's not far to walk home afterwards!



Psychosexual care

of women affected by
gynaecological cancers

View website



www.canceraustralia.gov.au/ncgc/about-centre/ncgc-homepage

Jane's Story



Australian Government
Cancer Australia
National Cancer Centre
Cancer Research and Biomedicine

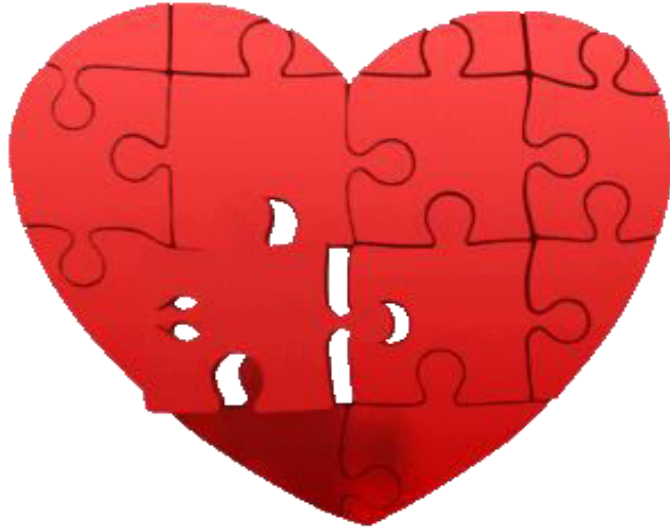
© 2010

Barriers to talking about Sex

- **Beliefs (cultural)**
- **Inexperience and fear of opening a 'Pandora's Box'**
- **Stereotypical Attitudes (Ageist)**
- **Private Nature (own discomfort)**
- **Sexual Orientation**



Personal Experience



... I'm not ever feeling interested so I just do it anyway





Continuing Sound of Silence..

reluctance on the part of the health care
provider and the patient

85% of adults want to discuss sexual functioning with their
physician

71% believe their physician lacks the desire and time to
discuss sexual issues

68% worry they would embarrass their physician

76% feel treatments do not exist for their sexual dysfunction

Marwick, 1999, JAMA, 281:2173- 2174

Sexuality Discussions Patients with by HCP:

Before Treatment: 13%

After Treatment: 5% (Edu Care Inc.2002)



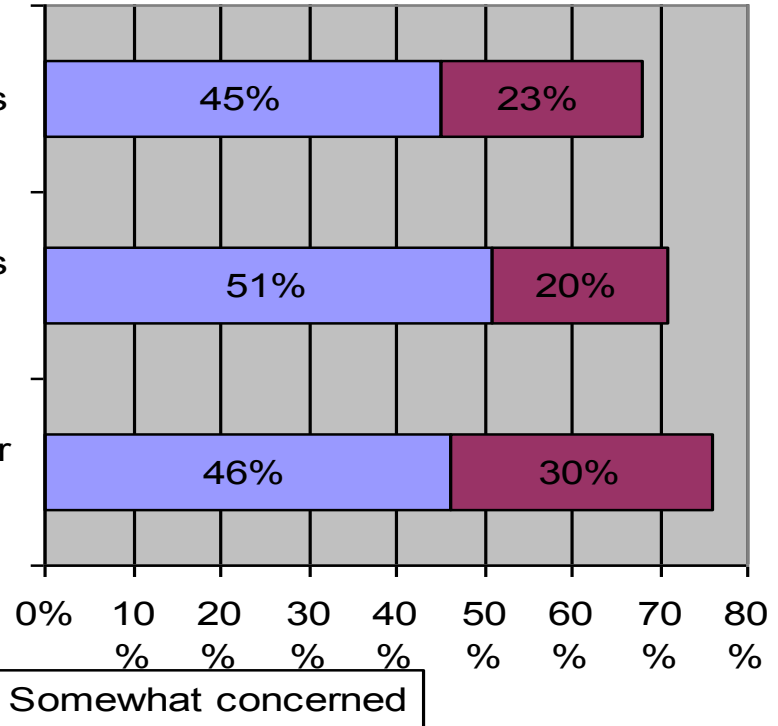
Survey of Physician/Patient Communications

If you wanted to talk to your doctor about a sexual problem, how concerned would you be that --- might happen?

Your doctor would be uncomfortable talking about the problem because it was sexual in nature

Your doctor would dismiss your concerns and say it was just in your head

There would be no medical treatment for your problem



Essential to know services to refer:

- ☐ Clinical Psych. Service / Social Worker
- ☐ Menopause & MSAC Clinic (KEMH)
- ☐ Women's Health Clinics
- ☐ Women's health Physiotherapy
- ☐ General Practitioner
- ☐ KEOH Institute (Private cost associated)
- ☐ Sex Therapy: SASWA
- ☐ SECCA: Sexuality & Disability Counselling
- ☐ Continence Specialist
- ☐ Look within your own organisation

One word frees us from all the weight
and pain in life, that word is love
(Sophocles)



*Sexuality & intimacy: fundamental, integral
aspect of palliative care*

Palliative Care & Sexuality

A life-threatening illness...brings major losses

We need to communicate, receive love in a variety of ways

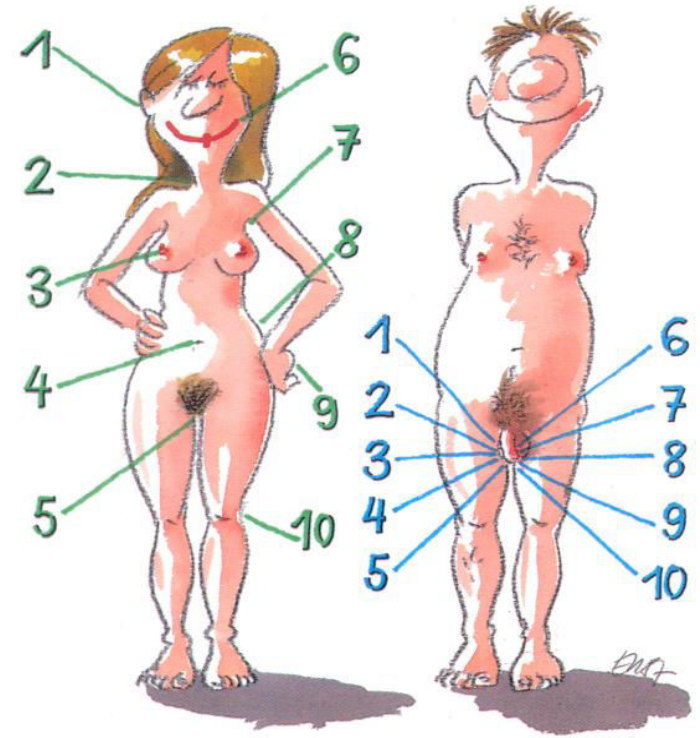
Desire for physical closeness, to touch/ be touched



Creating Intimacy

Create opportunities for intimacy : Take time out to be together as a couple

Explore new ways of being together and deepening your level of intimacy



Why Viagra doesn't work in women!

Male & Female Erogenous Zones

Principles for Communicating with People about Sexuality

- Prepare & timing of conversation
- Use good communication skills
- Use appropriate language
- Normalise and validate
- Sensitively address myths and misconceptions
- Determine preferences for involving partners

Personal/Professional Self Reflection & continuing education

- ❑ **Feel comfort/confident to facilitate discussions**
- ❑ **Have a basic up-to-date knowledge**
- ❑ **Have a self awareness**



<http://erikatakacs.wordpress.com/2008/11/29/the-thinker/>

If sex is such a natural phenomenon, how come there are so many books on it? Bette Midler

Models to help start the conversation

(Ex) PLISSIT Model

BETTER Model

ALARM

PLEASURE



(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*

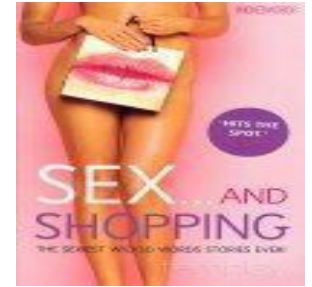


Extended- Permission: given at all levels of intervention, review & self reflection in this process- self awareness by challenging assumptions

(Davis & Taylor 2006)

No Magic Pill!!!!





**Vacurect™ Erection Enhancement System:
treatment of Erectile Dysfunction**



Ref: :website: google images

Enabling the conversation...

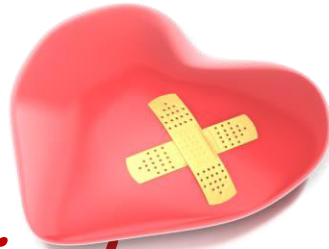
As part of assessment

Communication skills

Partner may be same sex/ or single

Age not a barrier to being sexual

Refer if appropriate



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

Resources:

Cancer Australia (gynaecological and breast cancer)
www.canceraustralia.gov.au/ncgc/about-centre/ncgc-homepage

National Cancer Institute Supportive Care:
<http://www.cancer.gov/cancertopics/pdq/supportivecare>

Cancer Care Connect www.CancerCare.org
www.femplay.com.au *And many more.....*

Questions?



***"If even a day should go by when I don't say I
love you,
May never a moment go by without you
knowing that I do"***