ASSESSING AND ADDRESSING THE SEXUAL HEALTH NEEDS OF OUR PATIENTS: A QUALITY OF LIFE ISSUE

Sage Bolte, PhD, LCSW, OSW-C
Program Coordinator, Oncology Counselor
Life with Cancer, Inova Cancer Services
Sage.Bolte@inova.org
Rate your level of comfort in assessing and addressing the sexual health concerns of your patients

A. Very Comfortable
B. Comfortable
C. Somewhat Comfortable
D. Uncomfortable
E. Very Uncomfortable
To get us thinking...

• 35 y/o female dx w/ stage IIB uterine sarcoma four months ago
• Tx Received: Hysterectomy and 2 rounds of chemotherapy
• Married with two young children
• Admitted 3 days ago for neutropenic fever
• Receiving IV antibiotics for infection

- Imagine her hospital room…
- What might the barriers she faces to being intimate with her husband?
- Are these barriers the same at home?
1. Information or Event:
External events that affect sexual function or affect aspects of sexuality (e.g., disfigurement, positive sexual experiences, etc.)

2. Sexual Esteem:
Cognitive, Attitudes, Sexual Schemata

3. Sexual Affect/Feelings:
Feelings about sexuality and function: Includes distress or negative/positive.

4. Sexual Behavior and Function

(Bolte, 2010)
Intimacy
Incidence of Sexual Dysfunction in Long-Term Survivors

http://www.cancer.gov
Between 40 – 100% of patients experience some form of sexual dysfunction

Survivors are living longer, making “life and relationship issues” even more important

QOL studies have identified cancer survivors concerns including altered sexuality (identified as one of the highest concerns)

incidence of altered sexuality is high and can persist for years, and may continue to increase

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

Disorders of Sexual Health – DSM 5

- Most commonly reported sexual dysfunctions
  - Male Hypoactive Sexual Desire Disorder
  - Female Sexual Interest/Arousal Disorder
  - Orgasm Disorders
  - Erectile Dysfunction
  - Genito-Pelvic Pain/ Penetration Disorder
    - dyspareunia, vaginismus
  - Substance/Medication-Induced Sexual Dysfunction

Must also be distressing!
Factors that Contribute to Sexual Challenges

1) the cancer
2) psychological distress (including partner)
3) cancer therapy
4) side effects & long term effects
5) alterations in relationships
Commonly Experienced Sexual Challenges

Men
- Erectile Dysfunction
- Changes in desire/interest
- Changes in orgasmic intensity
- Issues related to stoma/ostomy
- Altered body image

Women
- Effects of premature menopause
- Vaginal changes
- Changes in orgasmic intensity
- Issues related to stoma/ostomy
- Subjective pleasure changes
- Altered body image
Physiologic Alterations in Men

- neurovascular damage resulting in erectile dysfunction (ED)
  - chemotherapy agents, radiation, surgery
- hormone changes (impacts physiological and psychological)
- infertility
- fatigue and decreased physical stamina
- male children treated for cancer may experience delayed or absent puberty
Physiologic Alterations in Women

- hormone changes
  - acute or premature ovarian failure
- consequences of menopause
- vaginal pain disorders
  - radiation, surgery, chemotherapy
- fatigue and decreased physical stamina
- female children treated for cancer may experience delayed or absent puberty
What do you perceive as potential barriers to successfully evaluating the sexual health and intimacy concerns of your patients?

A. Lack of Time
B. Lack of Knowledge
C. Topic not of interest to my patients
D. I don’t want to embarrass the patient
E. None of the above
Assessing Sexuality into Daily Practice

- Routine Screening (Distress/QOL)
  - Interview and assessment models (i.e. Ex-PLISSIT)
  - Questionnaires
- Create your own Likert scale: “Over the past three months, how sexually satisfied do you feel overall?”
Ex-PLISSIT Model

- **Permission**
  - Assessment, offering permission and review at every stage

- **Limited Information**
  - education
  - provide written information

- **Specific Suggestions**
  - counseling

- **Intensive Therapy**
  - referrals
  - need to develop a network for referrals
Permission

“Part of your quality of life includes your sexual health...”
Limited Information...education

“Many patients describe the worries you are expressing about being intimate again.”

“Yes, this is so normal. Here are some resources that might be helpful.”
Specific Suggestions...counseling

- provide specific suggestions for the identified sexual concern
Specific Suggestions...counseling

- provide prescriptions and education sheets as needed
  - “I provide prescriptions for dildos so the woman does not need to visit a sex shop” Marisa Weiss, MD
Specific Suggestions... counseling

- include sexual partner
  - facilitates a discussion between the couple and normalizes potential problems & expectations
  - may identify the partner’s concerns
  - enlists the partner’s support
Specific Suggestions ... Low Sexual Interest / Low Desire

- Counseling and education
  - Address relationship issues

- Assess and treat
  - Rule out medical causes/contributions
  - Anxiety, depression, body image changes
  - Other sexual dysfunctions
  - SSRI’s (Wellbutrin)
Specific Suggestions ... Low Sexual Interest / Low Desire

- cognitive behavioral therapy
  - cognitive restructuring and communication training
    - *i.e.* “I’ll never be the same” to “Life will be different, and I have the resources I need to find new ways of satisfaction”
  - expectations: mind to body (erotic focus)
  - relaxation training
  - couples based therapy is most effective
Specific Suggestions ... Vaginal Dryness and Vaginal Pain

- topical or systemic estrogen
- vaginal lubricants
  - Internal lubrications
  - External lubrication (check glycerin & paraben free) Wet®, Astroglide®, Sylk® (organic)
  - Organic yogurt
- vaginal dilators
- Eros
Specific Suggestions … Vaginal Dryness and Vaginal Pain

- intravaginal dehydroepiandrosterone (DHEA)
  - RCT showed improvement in sexual functioning
- assume a position during intercourse to allow control of rate and depth of penetration
- prolong foreplay
- non-penetrative sexual activity
Specific Suggestions ... Erectile Dysfunction

- counseling and education
- assess self esteem and body image
- review medication profile
- evaluate concurrent health problems
- MUSE or Caverject
- vacuum devices
- PEI’s (assess patient and partner’s desires)
Helping our Patients Reclaim or Maintain Sexual and Intimate Moments

- Create a sensual mood. Lighting, music, scent, or a romantic meal. Back to the basics!
- Find other ways to be sexual: sometimes being naked together is the most intimate experience
- Go slowly at first (allow time to get used to the scars, spend time touching, etc)
Helping our Patients Reclaim or Maintain Sexual and Intimate Moments

- Encourage more foreplay
- Find ways to feel more sexual and sensual
- Adapt social life
- COMMUNICATE: Fact, Belief, Feeling, Action
Intensive Therapy...referral

- providing intensive therapy surrounding issues of sexuality and sexual dysfunction
  - any patient with a history of non-consensual sex, sexual abuse or trauma requires a referral to a qualified specialist
- know your limits and skills
- refer to a trusted network
- provide support and compassion