RELATIONSHIPS, INTIMACY, AND SEXUAL HEALTH

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A PATIENT’S PERSPECTIVE

“At first I had to press my doctor to find out what the risks are. After the surgery, he told me I was thinking too much about sexual dysfunction. I was depressed. I felt defeminized. I would have rather died a whole woman than to live like this. I found a doctor I could talk with. We talked about lubricants, techniques, and medications. But mostly we talked about how I was feeling as a human being. I began to realize why I was in so much distress.”

57yr old gynecologic cancer survivor
Why is addressing sexuality important

• Sexuality is an integral component of
  – self-esteem
  – relationship satisfaction
  – quality of life

• Sexual side effects weigh in as the most important long-term factors during cancer
Communication between health care professionals and cancer patients

100% patients would have welcomed written or verbal information about sexuality

98% oncologists and nurses felt sexuality should be addressed

26% felt they should be the one to address it

21% actually discussed sexuality

Stead, 2003
Communication between health care professionals and cancer patients

• Why not?
  – “It is not my responsibility”
  – “It is not appropriate”
  – Embarrassment, lack of privacy, limited time, if it is important the patient will raise the issue, lack of knowledge and resources
BIOLICAL
• medications
• surgeries
• radiotherapy
• chemotherapy
• fatigue
• stress
• new medical diseases

PSYCHOLOGICAL
• acute/chronic stress
• body image
• intimate relationship
• depression
• self-esteem
• sexual-esteem
• loss of reproduction
• morbidity

SOCIOCULTURAL/INTERPERSONAL
• culture
• religiosity
• STI
• roles
• relationships

sexual function
Multi-Factorial Model

Predisposing Factors

Maintaining Factors

Precipitating Factors

Early Development

Cancer

Current Functioning
Factors that predict sexual health

- Previous behaviour
- Feelings toward partner
- Change in partner status
- Hormones
- General health (psychological and physical)
Types of sexual difficulties

• **Sexual Desire**
  – Lack of interest in sex
  – Fewer thoughts or fantasies
  – No initiation
  – Not receptive to a partner’s attempts to initiate
Types of sexual difficulties

• **Sexual Arousal**
  – Difficulty with lubrication
  – Change in physical sensations

• **Orgasm**
  – Longer time/unable to climax
  – Change in orgasmic sensations
Types of sexual difficulties

- **Pain**
  - Decreased lubrication
  - Other injuries or soreness interfere with intercourse/touching

- **Vaginismus** – pelvic floor muscle tension
Rates of sexual difficulty following cancer

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td>Low Desire</td>
<td>64%</td>
<td>45%</td>
</tr>
<tr>
<td>Arousal/erectile problems</td>
<td>42%</td>
<td>88%</td>
</tr>
<tr>
<td>Orgasm problems</td>
<td>44%</td>
<td>17-62%</td>
</tr>
<tr>
<td>Genital pain</td>
<td>38%</td>
<td>9%</td>
</tr>
<tr>
<td>Vaginismus</td>
<td>30%</td>
<td>-</td>
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</table>
IMPACT OF BONE MARROW TRANSPLANT ON SEXUAL HEALTH

- 80% of women reported at least one sexual problem at 3 yrs post-transplant
- Hormone replacement within a year of transplant helpful
- Only half of those sexually active at baseline were sexually active 3 years post-BMT
- Only 50% of care providers discussed sexuality at baseline, 1 yr, and 3 yrs follow-up
- Negative correlation between having a care provider discuss sexuality & sexual problems

Humphreys, CT. 2007. Sexual functioning in patients undergoing bone marrow transplantation: A longitudinal study. Bone Marrow Transplantation
GRAFT VS HOST DISEASE

- inflammatory reaction to donor lymphocytes and can cause fibrosis (scarring)
- Genital GVHD in 25% of transplant recipients

Symptoms:
- Genital burning
- Soreness
- Dyspareunia

Treatment:
- Vaginal dilators
- Local estrogen
- Sexual activity
- Regular surveillance
PALLIATIVE STAGE OF CANCER
**EFFECT OF CANCER STAGE ON SEXUALITY: A CONTROLLED STUDY**

**Table 2** Current sexual, emotional and wellbeing scores

<table>
<thead>
<tr>
<th></th>
<th>Palliative care (n = 64)</th>
<th>Oncology (n = 56)</th>
<th>General practice (n = 67)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Derogatis satisfaction</strong>¹</td>
<td>1.6 (0.5–4.2)</td>
<td>3.7 (1.5–6.6)</td>
<td>3.7 (0.7–7.7)</td>
</tr>
<tr>
<td><strong>Grouped median (IQR)</strong></td>
<td></td>
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<tr>
<td><strong>Strength of sexual relations</strong>²</td>
<td>0.6 (0–3.7)</td>
<td>1.4 (0.2–4.2)</td>
<td>5.1 (1–7.6)</td>
</tr>
<tr>
<td><strong>Grouped median (IQR)</strong></td>
<td></td>
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<tr>
<td><strong>General sexual satisfaction</strong>³</td>
<td>1.1 (0.1–3.8)</td>
<td>3.2 (0.8–5.5)</td>
<td>5.6 (2.1–8.0)</td>
</tr>
<tr>
<td><strong>Grouped median (IQR)</strong></td>
<td></td>
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<tr>
<td><strong>Frequency of sexual relations</strong>⁴</td>
<td>0.2 (0–0.8)</td>
<td>0.5 (0–1.3)</td>
<td>1.2 (0.1–3.1)</td>
</tr>
<tr>
<td><strong>Grouped median (IQR)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Strength of emotional relations with sexual partner</strong>⁵</td>
<td>8.4 (3.8–9.7)</td>
<td>7.6 (5.4–9.3)</td>
<td>9.2 (8.0–10)</td>
</tr>
<tr>
<td><strong>Grouped median (IQR)</strong></td>
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<tr>
<td><strong>GHQ 12</strong>⁶</td>
<td>5.4 (1.2–9.7)</td>
<td>2.4 (0.6–6.5)</td>
<td>1.1 (0.2–4.4)</td>
</tr>
<tr>
<td><strong>Grouped median (IQR)</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>EuroQol</strong>⁷</td>
<td>11.6 (2.35)</td>
<td>8.7 (2.05)</td>
<td>8.2 (1.82)</td>
</tr>
<tr>
<td><strong>Mean (SD)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health state on EuroQol</strong>⁸</td>
<td>52.4 (18.13)</td>
<td>66.6 (19.39)</td>
<td>74.9 (14.52)</td>
</tr>
<tr>
<td><strong>Mean (SD)</strong></td>
<td></td>
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Ananth, Palliative Med, 2003
ISSUES SPECIFIC TO LATER STAGE CANCER AND SEXUALITY

- What does sexuality “mean” for palliative patients?
  1. The meaning and expression of sexuality
  2. Sexuality continues to be important
  3. Barriers to experiencing sexuality
  4. Discussing sexuality
TREATMENT OPTIONS
PLISSIT Model

• **Permission**
  - acceptance, empathy
• **Limited Information**
  - basic education regarding anatomy & sexual response
• **Specific Suggestions**
  - medical-medications, procedures to relieve discomfort
  - psychological-behavioral strategies, communication skills
• **Intensive Therapy**
  - individual or couples therapy to manage relationship issues
  - Surgery (penile implants)
PRACTICAL SUGGESTIONS

- Learn as much as you can about cancer’s or treatment’s effects on sexuality
- Celebrate the positive
- Think (and act) sexually outside the bedroom
- Take your time, relax and focus on sensations
- Reduce “spectatoring”
- Set realistic expectations
- Use aids to increase arousal
- Do focus on arousal and enjoyment; Don’t focus on orgasm
- Practice alone first
- Increase the intensity of stimulation
- Kegel exercises
- Experiment with different positions
- Use lubrication (water-based)
- Start with non-penetrative sexual activity
Non-sexual incentives or reasons

Emotional & physical satisfaction

Spontaneous sexual desire (triggers unknown)

Responsive Desire

Subjective Arousal

Sexual stimuli with appropriate context

Model of women’s sexual desire

Basson et al., 2003, J Psychosom Obstet Gynaecol
LOW DESIRE CONCERNS

- Consider reasons/incentives for sexual activity
  - *This enhances intimacy with my partner*
  - *I enjoy the physical feelings*

- Are you promoting a healthy sexual context? *It is difficult to find privacy*
  - *Cancer has exhausted me*

- Consider varying the types of stimuli to elicit your arousal
  - *While on vacation we tried…..*
  - *Clitoral stimulation is much more reliable than vaginal touching – especially with my dyspareunia*
LOW DESIRE CONCERNS

● Are distracting thoughts interfering with arousal?
  
  *What if I have sexual difficulties?*
  
  *I hope my husband won't look at my scars/ostomy bag*

● Are you aware of “responsive desire” – desire to continue once you’ve accessed arousal?
  
  *I do not have spontaneous desire to initiate sexual activity, but, once I have some arousal, I enjoy it and I wish the feelings to continue.*

● Is the entire experience emotionally and physically satisfying? If not, what is standing in the way?
TREATMENT OPTIONS: MEDICAL AND PHYSICAL TREATMENTS

www.pureromance.com

Lubricants, moisturizers, Local estrogens

Vaginal dilators

EROS: Clitoral Therapy Device
THERE ARE NO FDA APPROVED MEDICAL TREATMENTS FOR FEMALE SEXUAL DIFFICULTIES
TESTOSTERONE FOR LOW SEXUAL DESIRE

**A**

Total Satisfying Sexual Activity

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Testosterone</th>
<th>Placebo</th>
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<tbody>
<tr>
<td>0</td>
<td>0.0</td>
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<tr>
<td>4</td>
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<tr>
<td>20</td>
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<td>4.0</td>
</tr>
<tr>
<td>24</td>
<td>5.0</td>
<td>4.5</td>
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**B**

Sexual Desire

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<tbody>
<tr>
<td>0</td>
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<td>5.0</td>
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<tr>
<td>24</td>
<td>7.0</td>
<td>6.0</td>
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WHAT ABOUT IN WOMEN WITH A HISTORY OF CANCER?

- N = 133 women with history of cancer and current low desire
- Not significantly more effective than placebo

INVESTIGATIONAL PRODUCTS FOR FEMALE SEXUAL DYSFUNCTION

• Bupropion
• Bremelanotide
• Flibanserin
BEHAVIOURAL INTERVENTION: SENSATE FOCUS

3 stages

- Step 1: Take turns being the giver and receiver of touch
  - 60 minute exercise
  - 15 min each – non-genital and non-breast
  - Receiver tunes into sensations, relaxation, and mindfulness
  - Switch roles
  - Afterwards, discuss what types you enjoyed
Step 2: Take turns being giver and receiver of touch → all body parts

- The goal is not necessarily arousal, but if arousal occurs, tune into the sensations
- Receiver can provide gentle guidance
- Switch roles
Step 3: Giving and receiving touch with a focus on pleasure
- Continue to guide giver’s touches
- Proceed and experiment
- Provide feedback
MINDFULNESS-BASED COGNITIVE BEHAVIOR THERAPY

Cognitive therapy

Education

Behaviour therapy

Mindfulness

Relationship exercises
Larger context

Treatment

cancer-related factors
symptom
BOOK RESOURCES

SEXUALITY AND FERTILITY AFTER CANCER
LESLIE R. SCHOVER, PH.D.

Woman Cancer Sex

Breaking the Silence on Cancer and Sexuality
A Handbook for Healthcare Providers
Anne Kan, RN, Ph.D.

Intimacy After Cancer
A Woman’s Guide
Dr. Sally Angell & Diane Rosen
USEFUL WEBSITES

- www.vaginismus.ca
- www.makemeheal.com
- www.lookgoodfeelbetter.org
- www.intimatemomentsapparel.com
- www.goodvibes.com
- www.evesgarden.com
- www.xandria.com
- www.mdanderson.org/topics/sexuality
HOW TO FIND A SEX THERAPIST

- www.sstarnet.org (Society for Sex Therapy and Research)
- www.aasect.org (American Association of Sex Educators, Counselors, and Therapists)
- www.isswsh.org (International Society for the Study of Women’s Sexual Health)
- Contact your state/provincial college of registered psychologists or counsellors
- Ask your physician!
CLOSING POINTS

- No matter what kind of treatment you had, you still have the capacity to experience some sexual pleasure!

- Keep an open mind about ways to feel sexual pleasure!

- Strive for good communication with partner and doctor

- Sexual response is not the same as sexual satisfaction

American Cancer Society
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