

The Role of Counseling in Management of Sexual Dysfunction in Cancer Survivors

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Cancer and Sexuality

- **All cancers** have the potential to create sexual dysfunction but cancers related to the reproductive system increase risk
- Sexual problems in cancer survivors encompass:
 - Emotional and psychological changes
 - Relationship dynamics
 - Physical and sexual dysfunction associated with treatment

Emotional and Psychological Changes Associated with Cancer

- Kubler Ross: Five stage reaction to bad news
- Anxiety related to treatment and its outcome
- Sadness and grief over loss of health status
- Anger at the illness
- Helplessness and confusion
- Guilt for becoming a burden
- Resentment over being a caregiver
- Isolation, due to feeling ill or the stigma of cancer

Changes in Women's Body Image

- Mastectomy
- Hysterectomy/premature menopause
- Changes to vulva and vagina, e.g., vaginectomy, vulvectomy,
 - Feeling less feminine; problems with drive, sensation / arousal, anorgasmia
- Embarrassment and shame over appearance
 - Dissatisfaction with breast reconstruction
 - Disgust with changes in genitals
- Facing reaction of partner

Changes in Men's Body Image

- Men: Removal of prostate
 - Feeling physically and emotionally weak
 - Problems with impotence
 - Shrinkage of penis
 - Delayed ejaculation, less pleasurable orgasm, increased refractory period

Relationship Changes Related to Cancer

- Patient-caregiver role
 - May be a real difference in dynamics that is welcome or unwelcome
 - Difficult to switch to roles as sexual partners
- Financial burden and stress of treatment
- Well partner may feel guilty about needs and pull away, leaving patient to feel abandoned
- Well partner may fear hurting ill partner
- Fear of contagion, both by illness and treatment, e.g., chemotherapy drugs

Clinical Issues

- Lack of communication between patients and providers do not ask about impact on emotional and sexual relationship / function
- Lack of training among providers
- Myths about sexuality as people age (mean age for prostate cancer is 60, breast cancer is 61)
- Research focused on white, middle class, heterosexual couples

Treatment of Gynecological Cancers

- Radiation: Shortening and atrophy of vagina, dyspareunia
- Chemotherapy: Fatigue, hair loss, anxiety
- Surgery: Loss of breast, uterus, vaginal tissue
- Hormonal Treatment: Premature menopause, decreased sexual interest, problems with orgasm

Relationship Changes in Women with Gynecological Cancers

- Guilt over being unable to fulfill partner's sexual needs
- Women's lack of communication regarding changes in sexual experience and needs
- Mixed feelings of partner in having needs, but not wanting to intrude
- Lack of sexual interaction leads to emotional distancing and relationship dissatisfaction
- Decreased quality of life

Treatment of Women's Sexual Problems

- Improved communication with partner
- Hormonal treatment, both systemic and topical
- Dilators and PT for atrophy and preparation for intercourse
- Lubricants and moisturizers
- Use of SSRIs to treat menopause sx's
 - Can create further sexual problems, however

Sexual Changes in Men with Prostate Cancer (PC)

- High survival rate increases need to attend to quality of life issues
- Erectile dysfunction highly prevalent, from 60-85% in men tx' d for localized PC
- For many men, erections return but intermittent problems, even with use of medical aids

Relational Changes in Partners Affected by Prostate Cancer

- Men and partners express being given little information prior to treatment, leaving them unprepared
- Dissatisfaction with sex life, avoidance of sexual activity
- Embarrassment over having to discuss issues related to sexual function
- Unrealistic expectations about return to sexual function
 - Pressure, performance anxiety, disappointment
- Lack of knowledge regarding use of medical aids and integration into sexual script

- Rehabilitation
 - First line treatment: Tadalafil preferred to sildenafil as first line tx
 - Second line treatments: Intracavernosal injection and vacuum devices
 - Third line treatment: Implant
- Recommended treatment is to include the couple in counseling, with sex therapy being especially efficacious (Chisholm, McCabe, Wootten & Abbott, *JSM* 2012; 9:1246-1260)

Counseling the Patient and Partner Facing Sexual Problems

- Sexual history taking
 - Normalize process
 - Non-judgmental and non-patronizing
- Questions to include
 - What was sexual function prior to diagnosis?
 - What does the couple feel is the current problem?
 - What has been tried? What worked, what didn't?
 - What is the couple's goal?

Additional Treatment Tools

- Adopting a “new normal” regarding sexual function
- Using sensate focus techniques to decrease performance anxiety and increase sensation
- Broadening ideas about what constitutes “sex”
- Remind couple of the real reason for treatment
 - Not just survival but to really live!