Sexual Problems in Cancer Patients: An Introduction

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- None relevant to this talk

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Sexual Health

- State of physical, emotional, mental and social well-being in relation to sexuality, not just the absence of disease, dysfunction or infirmity (WHO, 2006)

- Sexuality: a central aspect of being human throughout life
Important elements

- Identified need, distress, perception of negative or unwanted change
- Pertains to an individual as well as to a relationship
- Not a disorder
Key Points

• Sexual health is prevalent and relevant irrespective of cancer diagnosis, age or partner status

• Sexual health has many dimensions that interact – most evidence in physical and psychosocial realm

• Sexual health is under-addressed due to misconceptions and topic taboo philosophies but it doesn’t have to be
Long term sexual function changes

- European longitudinal study 390 women BC
- QOL and sexual activity questionnaire given out to 60 months post treatment
- High dose and conventional dose chemotherapy
- QOL returned to baseline by 12 months
- Sexual outcomes: discomfort and pleasure worse out to 5 years
- Activity decreased at 6 months but return to usual for all by 24 months

(Malinovszky KM, Br J Ca, 95, 2006)
It’s about human intimacy

• Cross sectional study in over 1000 men and women evaluating sexual function and sexual conceptual models

• Models are linear or circular, revolving around spontaneous arousal (MJ) desire and arousal (Kaplan) or relationship based around intimacy and closeness (Basson)

(Giraldi, J Sex Med, 12, 2015)
## Table 5 from Giraldi, J Sex Med, 2015
### Mean FSFI total scores in 429 women

<table>
<thead>
<tr>
<th>Model</th>
<th>Mean FSFI total score (SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters and Johnson</td>
<td>30.8 (3.9)</td>
<td>P=.00 vs. all others</td>
</tr>
<tr>
<td>Kaplan</td>
<td>28.7 (4.7)</td>
<td>p=.00 vs. all others</td>
</tr>
<tr>
<td>Basson</td>
<td>24.6 (5.4)</td>
<td>P=.00 vs MJ/K; .002 None</td>
</tr>
<tr>
<td>None of the above</td>
<td>19.2 (1.5)</td>
<td>P=.00 vs MJ/K; .002 Bas</td>
</tr>
</tbody>
</table>
Newer evidence
(Raggio, Psychology & Health, 2014; Oberguggenberger, BMC Cancer, 2017)

- 83 breast cancer survivors, median 7 years from diagnosis
- 77% met criteria sexual dysfunction (FSFI)
- 51% met criteria sexual distress (FSDS-R):
  28% single, 60% married (Raggio, Psych & Health, 2014)

- Self reported sexual health lower than in non-
cancer controls (Oberguggenberger A. BMC Cancer, 2017;
Age is not a defining factor

- Few studies on age in context of cancer history

- Up to 60% older adults (>60) sexually active/interested and of those with a partner, over half are sexually active (Lindau ST, BMJ, 2010; NEJM 2007; Carpenter LM, J Aging Stud, 2006; Thomas, Ann Fam Med, 2015)

- Age is a factor in activity but not satisfaction/pleasure/desire/interest (Kleinstauber, Curr Opin Psychiatry, 2017)

- Models do NOT support age as a main factor in overall sexual Health but rather relationship, communication, importance, **good physical and mental health** (Lindau ST, BMJ, 2010; Thomas HN, Ann Fam Med, 2015; Addis, ObGyne, 2006)
Potential Etiologies

- **Diagnosis and surgery**: body image changes, partner support

- **Treatment** (RT, chemo, endocrine therapy):
  - side effects including fatigue, nausea, vomiting, skin effects, hormone deprivation, vaginal atrophy, stress, depression, bowel-bladder changes, anorexia

- **Survivorship**: sense of control, self-efficacy, relationship and intimacy, hormone deprivation, body image, fatigue, depression, anxiety, bowel-bladder changes


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<table>
<thead>
<tr>
<th>Cancer Population Prevalence</th>
<th>Satisfaction</th>
<th>Distress Anxiety</th>
<th>Desire</th>
<th>Arousal-Lubrication</th>
<th>Pain</th>
<th>Relationship</th>
<th>Body-Self-image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast 40-74%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Colorectal Up to 80%</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Prostate Up to 95%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Gynecologic 30-100%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Head Neck 24-100%</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Hematologic Up to 60%</td>
<td>X</td>
<td>X</td>
<td>X</td>
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Physiologic predictors

- Hormone deprivation: genitourinary syndrome – vulvovaginal atrophy, neuroendocrine changes
- Anatomical alterations, scar tissue, GVHD
- Chronic fatigue
- Bowel and bladder dysfunction
- Oral hygiene changes
- Circulatory deficits, fibrosis, adhesions, lymphedema
Dopamine and sexual desire/motivation

- In women with hypoactive desire disorder, fMRI studies show areas of the brain involved include those impacted by dopamine.

- Estrogen deprivation is associated with a loss of dopamine and estrogen supplementation improves dopaminergic tone.

(Brom, Neurosci & biobehav Rev 2014; Hull, Behav Brain Res, 1999; Bianchi-Demicheli, J Sex Med, 2011)
Psychosocial predictors


- Depression
- Anxiety
- Body image stress
- Self-esteem
- Distress and worry
- Relationship stresses
- Difficulty reconnecting
Body/self image as an issue

- Meta-synthesis of 30 qualitative studies (1990-2003), 795 women
  
  Concept of “redefining self” emerged
  
  (Bertero C, Ca Nursing, 30:194-202, 2007)

- Prevalence of body image concerns range from 31-67%
  
  (Fobair, Cancer J, 15:19-26, 2009)

- Body image stress linked to fatigue, vaginal changes, age
  
  (Carpenter, Arch Sex Beh, 2008; Levin, Int J Gyne Ca, 2010)
Lack of Communication


• Door has never been opened
• Treatment of the disease is more important
• Clinic visits are too short
• Difficult topic to bring up, if interested, will ask
• Not Oncologist role, not trained as sex therapists
• Not familiar with support resources

• Important to be able to discuss
• Lack of knowledge about the physiologic changes
• Providers have the knowledge about sexual side effects
Decreasing sex intimidation

- Provide education and find out about resources – normalize and understand sexual side effects

- Focus on positive mental and physical health- “getting back to normal” is seeing self as healthy and whole

- Studies in cancer populations demonstrate general health perception-phys function is lower than non-cancer counterparts (Baglia, Cancer, 2019; Winters-Stone, J Ger Onc, 2019)
Summary-Conclusions

- Negative changes in sexual health are prevalent
- Equal opportunity
- Cannot assess needs by looking
- Discussion does not have to be overly intrusive
- Sexual humanness: intimacy, self-image, achieving maximum potential for physical and mental health
References for slide 9

- Sears CS et al, A comprehensive review of sexual health concerns after cancer treatment….Eur J Cancer Care, 27:e12738, 2018