

Sexual & Relationship Impacts of Cancer & It's Treatment!

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perci



“Cured- But At What Cost?”

Macmillan Cancer Support Report (2013)

- 1 in 4 people in the UK (approx. 500,000) living with cancer face poor health or disability after cancer treatment
- Around 240,000 are living with mental health sequelae
- Around 80,000 are living with menopausal / hormonal symptoms
- Around 90,000 are living with gastro-intestinal symptoms
- Around 150,000 are living with urinary problems
- **Around 350,000 are experiencing sexual difficulties**
- Treatment late effects usually emerge some months after treatment & can persist for > / = 10 years



Why should we Talk about Sex after Cancer ?

“Worried Sick: The Emotional Impact of Cancer”, Macmillan Cancer Support, 2006

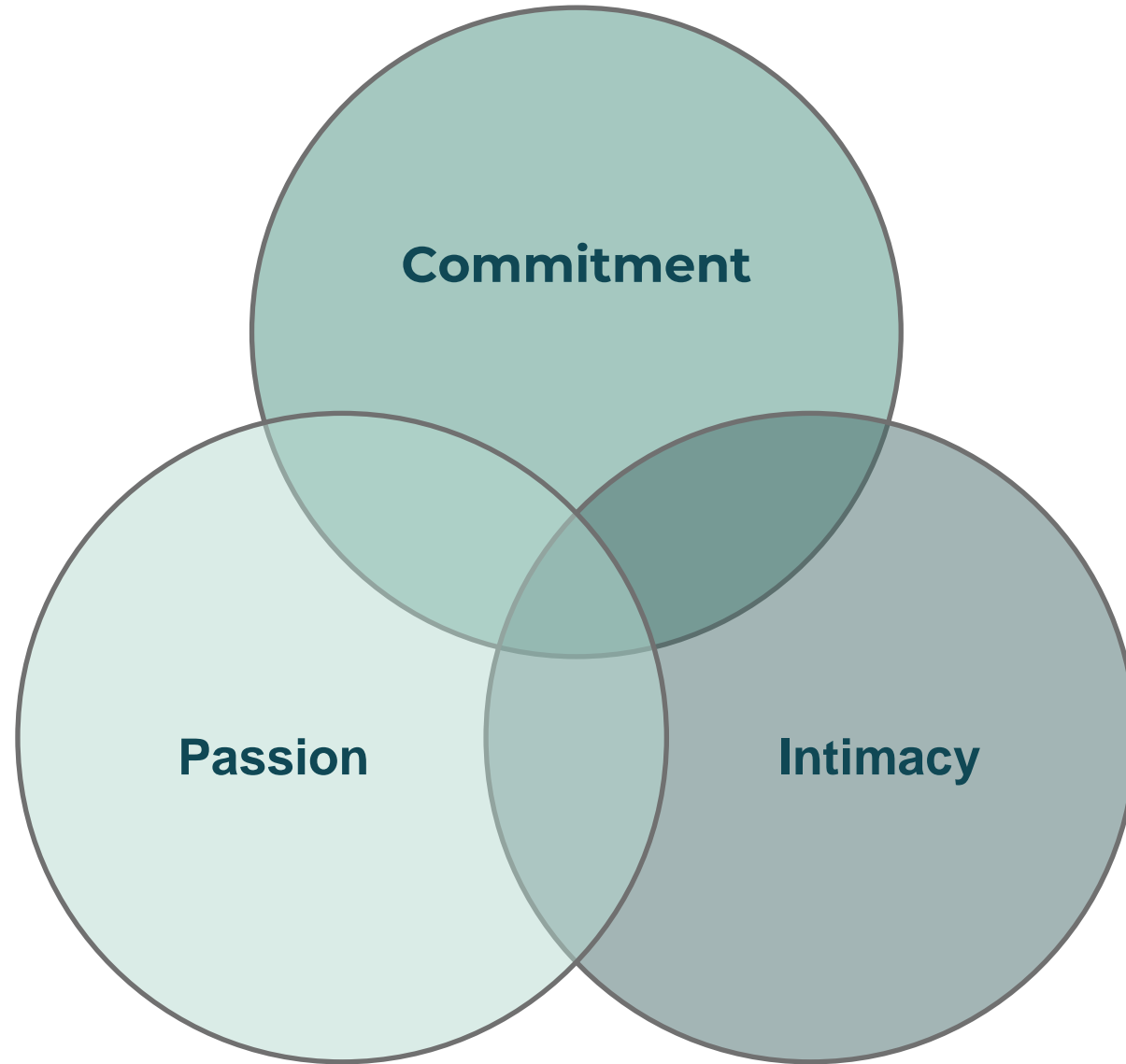
“My relationship with my wife has deteriorated. Despite her 100% support during the treatment, I feel she considers me unclean to the extent that we have had separate bedrooms ever since I was diagnosed.”

- ❑ 26% of people with cancer say they experience difficulties in their relationship with their partner as a result of their cancer diagnosis

- ❑ 32% people with cancer say their relationships are put under ‘enormous strain’
- ❑ 43% of people living with cancer say that their sex life suffers

“I think the person who has the cancer gets information & support. But at no time did anyone speak to my husband. Maybe it would have helped, and we may have even stayed together.”

Sternberg's Theory of Love (1986)



Sternberg's Theory of Love (1986)

- Components defined uniquely by individuals
- Good quality relationships usually have a close match between partner's patterns
- Partners need to be able to match their interpretation of love if needs are to be met
- Interpretations need to be translated into action
- Illness-related circumstances and roles may re-shape components to the couple's benefit or detriment

Relationship Challenges Associated with the experience of Living with & Beyond Cancer

- Role Changes (temporary / permanent) e.g. partner becomes carer: NOT lover or breadwinner- shifts in couple dynamic
- Biographical disruption: of self / partner / couple
- Financial strain
- Impact of depression / anxiety responses to cancer for the patient / partner
- Impact on masculine / feminine roles & “division of labour”, especially in couples with a more traditional gender role split
- Emotional Distance: misunderstandings from differences in emotional response to demands of illness & treatment
- Vulnerability & Protection behaviours: self / partner / children
- Usual coping strategies may be disrupted by illness / treatment constraints
- Resentment related to uncertainty caused by cancer experience
- Exacerbation of poor couple communication
- Changed life priorities = changes in couple dynamic
- Withdrawal- responses to grief / multiple losses
- Fear & anticipation of end of active Tx / end of life & loss of partner



What do we need for Good Sex?



BLOOD VESSELS (ARTERIES & VEINS)
THAT WORK



NERVES THAT WORK



RIGHT LEVELS OF FEMALE & MALE
HORMONES



FEEL OKAY OR GOOD EMOTIONALLY



BE WITH A SUPPORTIVE PARTNER



Multifactorial Aetiology of Sexual Difficulties

Pre-disposing Factors

- Younger age
- Cultural & Religious factors
- Trait Anxiety / Low Mood
- Poor self-esteem
- Negative body appraisal
- History of sexual abuse
- Pre-existing sexual difficulties in self / partner
- Poor couple communication
- Co-morbid physical or mental health conditions

Precipitating Factors

- Acute Treatment Side-Effects**
e.g. infection risk; bleeding risk; diarrhoea; mouth ulcers; palmar-plantar syndrome; pain
- Changed function:** nerve damage: erectile dysfunction; orgasm changes; ejaculatory dysfunction; vascular damage
- Changed sensation** e.g. peripheral neuropathy
- Changed appearance:** hair loss, weight loss, jaundice, scars
- Treatment-induced menopause or hypogonadism**
- Emotional Impact** of cancer diagnosis & treatment

Maintaining Factors

- Fatigue
- Low Oestrogen or Testosterone
- Vulvo-vaginal atrophy & vasomotor symptoms
- Neurogenic or Vasculogenic Erectile Dysfunction
- Psychological vulnerability
- Poor couple communication
- Unhelpful coping strategies
- Inflexible sexual scripts in patient / partner

Sexual Activity during SACT: Myths & Reality

- **Partner safety:** theoretical risk of exposure to SACT breakdown products in body secretions
- No evidence on excretion of antineoplastic drugs in vaginal fluids
- Some evidence on excretion of antineoplastic drugs in urine, faeces, breast milk & saliva
- Therefore consider drug half-life & known excretion routes
- Advise use of barrier contraceptives
- If patient / partner concerned consider delay in intimate sexual contact until excretion complete (48 hours?)

Sexual Activity during SACT: Myths & Reality

- **Neutropenia:** Barrier contraceptives to reduce risk of infection (Male / Female condoms), wash sex toys after use / after anal insertion / before sharing
- **Thrombocytopenia:** Lubricants to reduce risk of trauma, gentle penetration, careful use of sex toys
- **Safer sex:** vaginal, oral, avoid anal penetration
- **Contraception:** Barrier / hormonal contraceptives to reduce risk of unplanned pregnancy during/ after treatment

Sexual Side Effects of Supportive Care Medications

Low Sexual Desire

Fluoxetine (anti-depressant)
Amitriptyline (anti-depressant)

Metoclopramide (anti-emetic)
Prochlorperazine (anti-emetic)

Diamorphine / Morphine
(strong opioids)

Erectile Dysfunction

Oxaliplatin (peripheral neuropathy)
Cisplatin
Paclitaxel

Amitriptyline (anti-depressant)
Fluoxetine (anti-depressant)

Diazepam (anxiolytic)

Metoclopramide (anti-emetic)
Prochlorperazine (anti-emetic)
- increased prolactin

Delayed Orgasm / Ejaculation

Diazepam (anxiolytic)
Lorazepam (anxiolytic)

Fluoxetine (anti-depressant)
Amitriptyline (anti-depressant)

Diamorphine / Morphine
(strong opioids)

Triage Model for Sexual Wellbeing Assessment in Practice (Schover, 1986)

All Patients Need One Question

Many people with your type of cancer / after this kind of surgery tell me that it has an impact on their physical or sexual relationship.

Is that something that concerns you?

Some Need Brief Information or Advice

Advice on Vaginal Health
: Lubes, Moisturisers, Dilators

Advice on coping with breast changes-
scarring, reconstruction, prosthetics, bra
selection, body presentation skills

Changed appearance: hair loss, weight gain,
scars

Management of Treatment-induced
menopause

Erectile Dysfunction Management:
sources of help: medication, Vacuum devices
Emotional Impact of cancer diagnosis &
treatment

10-12% Need Intensive Therapy

Local Referral Pathways within /
Outside of Cancer Unit / Cancer Centre

Where are your local sexual
counselling services?

Where are your local ED services?

Where are your local menopause,
gynaecology, urology & andrology
services?

What are the key charity websites with
sexual health information?

Cancer Specific & General?

Local / National sources of
psychosexual & relationship
counselling?

Talking About Sex: Sensitive Questioning

(Oliviere, Hargreaves & Monroe, 1998)

- How long have you been together?
- Has the physical / sexual side of your relationship been important to you / your partner?
- How were things for you before the illness?
- How have things changed?
- In what ways has your illness changed the sexual side of your relationship?
- In what ways has your illness changed the way you can get close to your partner, your family, to your friends?
- Have you coped with times like this before?
- What do you want most from your partner at the moment?
- What would help you most?
- Is there any way I could help you with that?
- What do you think your partner's reaction would be?
- How do you think you could get closer?

Bio-psycho-social Model = Integrated Management

- **Patient Factors:** Health status, performance anxiety, low mood
- **Partner Factors:** Health status, sexual disinterest, emotional readiness to resume sexual intimacy
- **Relationship** (non-sexual factors): quality of overall relationship
- **Relationship** (sexual factors): couple's sexual scripts, how long since last sexual encounter
- **Contextual factors:** current life stressors (CANCER), finances, work concerns
- **Treatment Expectations:**
 - sex & cancer myths e.g. catching cancer via sex, sex promoting cancer growth
 - realistic or unrealistic expectations e.g. extent of erectile recovery after non-nerve sparing surgery
 - meaning of ED medication use to man & his partner: "Doesn't he fancy me anymore?"

(Althof SE, 2016; Titta et al, 2007)

Psychological Approaches

- **Psychosexual Therapy:** emerged as a distinct approach in 1960's-70's; a brief therapy; couple therapy preferred cognitive behavioural approach dominant; integrative therapy combines biomedical management & psychosexual counselling
- **Cognitive behavioural therapy**
- **Mindfulness** – Lori Brotto & Rosemary Basson (Brotto & Heiman, 2007)
- **Systemic Therapy** – the couple as a system
- **Psychodynamic Therapy**

N.B. No current evidence support for superiority of any one type of psychosocial or psychosexual counselling over another (Carter et al, 2018)



Sexual Skills for Coping With Illness

(Adapted from presentation by Professor Lesley Schover, Texas USA)

- Open & honest communication between partner(s)
- Judicious use of humour
- Focus on self-esteem not the “perfect body”
- Shared responsibility for sexual initiation
- Substitution of non-coital sexual behaviours
- Broadening sexual repertoire
- Respect for sexual boundaries
- Lovemaking as a process not “performance”



Psychoeducational Strategies

- Transience vs. Permanence of sexual change & exploring adaptation
- Promoting healthy lifestyle & relationship behaviours for sexual well-being (mutual respect, individual & couple boundaries, couple communication principles, exercise, fatigue & weight management)
- Functional Adjustments (urinary & bowel control, body presentation options for scars etc.)

- Vaginal Health Strategies (Moisturiser & Lubricant Selection & Use of Vaginal Dilators or Vibrators)
- Optimising Hormone Replacement Therapy (HRT, vaginal oestrogen, Testosterone for both ♂ & ♀): dispelling myths, optimising dose / formulation
- Optimising biomedical ED management: dispelling myths, advising on optimal use of medication, constriction rings / loops, vacuum pump (VED) use



Male Biomedical Interventions

SILDENAFIL / TADALAFIL / VARDENAFIL / AVANAFIL

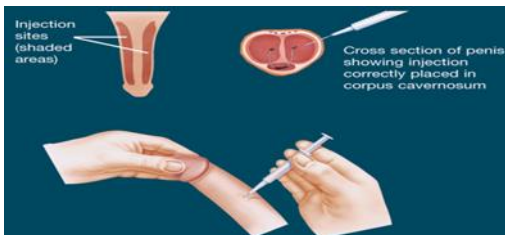


VACUUM ERECTION DEVICE

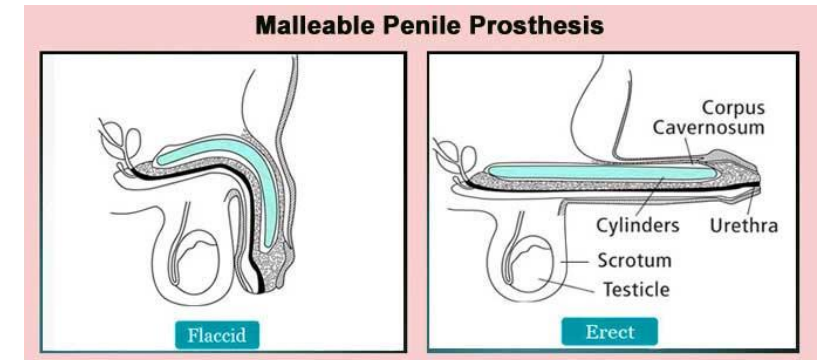


ALPROSTADIL or INVICORP Intra-Cavernosal Injection (ICI)

Urethral pellet; urethral gel; alprostadil ICI



PENILE IMPLANTS: MALLEABLE / INFLATABLE



Vaginal changes

NON-HORMONAL VAGINAL MOISTURISERS

- Used x 2-3 / week irrespective of sexual activity



INTIMATE LUBRICANTS

on-demand before sexual activity: water, oil, silicone-based



In discussion with oncologist re safety:
Local (vaginal) oestrogen, androgen replacement

VIBRATORS: CLITORAL / VAGINAL

[increase blood flow/ arousal]



- For women who find vaginal penetration painful
- 4 rings to enable women to choose preferred depth of penetration
- soft, 100% body & skin safe polymer blend
- Soft and stretchy wearable penetration aid comfortable for both partners

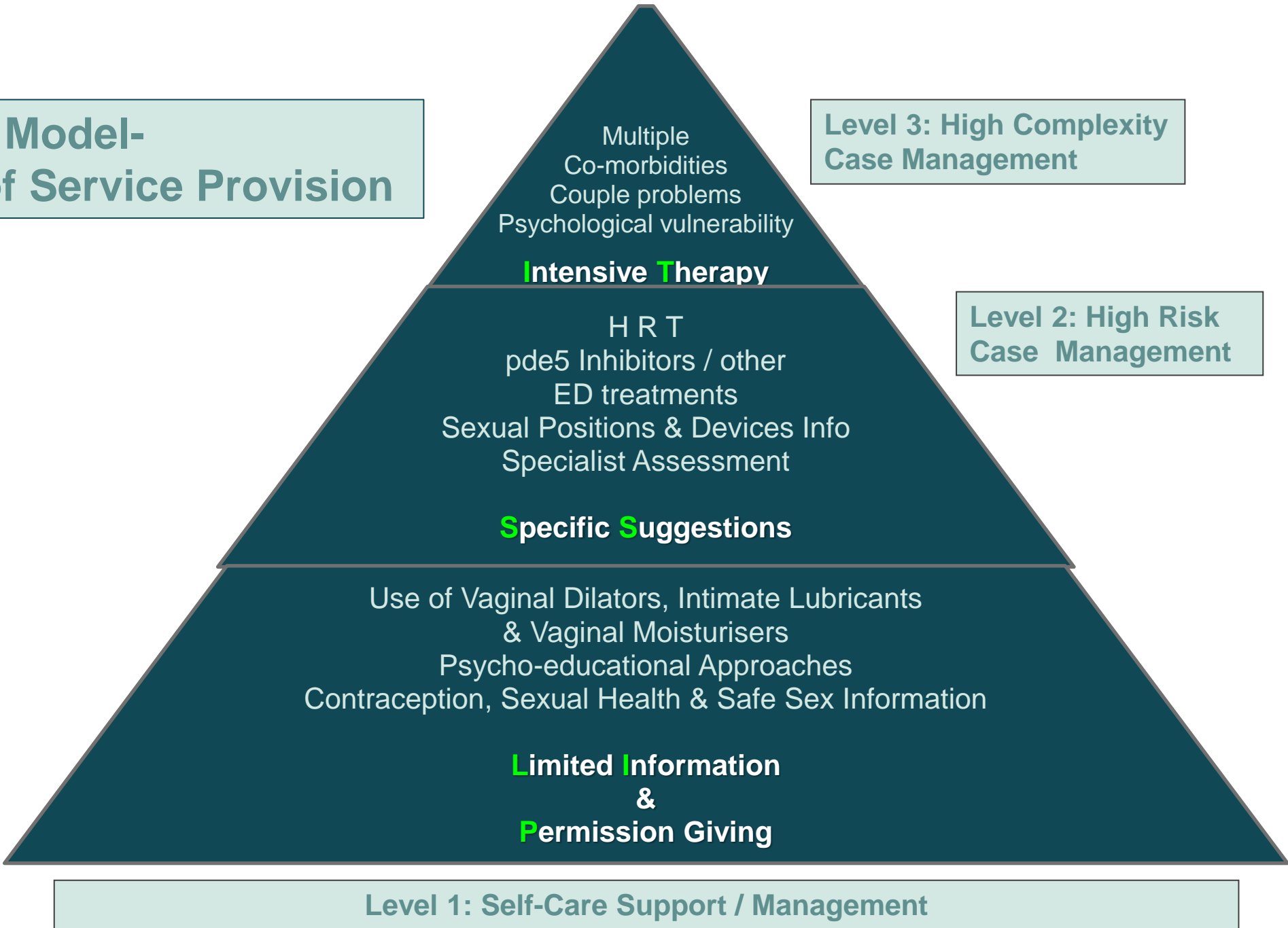
Vaginal Shortening: Aid to Reduce Depth of Vaginal Penetration

PELVIC FLOOR PHYSIOTHERAPY / EXERCISES

Fractional microablative CO2 laser- “MonaLisa Touch”



**PLISSIT Model-
Levels of Service Provision**



Cancer-Related Sources of advice and support

- **Breast Cancer Now website, Helpline, App, support groups & courses** breastcancernow.org/
- **Shine Cancer Support podcasts (sex & dating)** shinecancersupport.org/information/sex/
- **Live Through This - LGBTQI Cancer Support UK Charity** www.livethroughthis.co.uk/
- **Sex with Cancer website** www.sexwithcancer.com
- Est. 2021 by Brian Lobel & June Lynn Goh; Pt. Led initiative in partnership with Shh Women's store www.sh-womenstore.com
- **Perci Health** www.percihealth.com

Launched 2021: Telemedicine Platform offering personalised holistic healthcare for people living with cancer





www.sexwithcancer.com

Meet the team



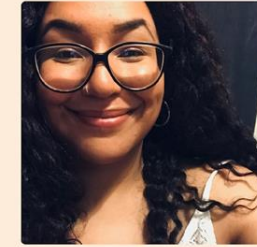
Joon-Lynn Goh

Co-Founder



Brian Lobel

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Toni Lewis

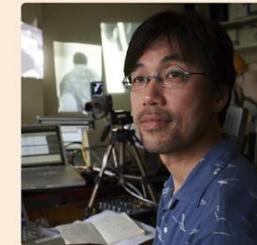
Shop Curator



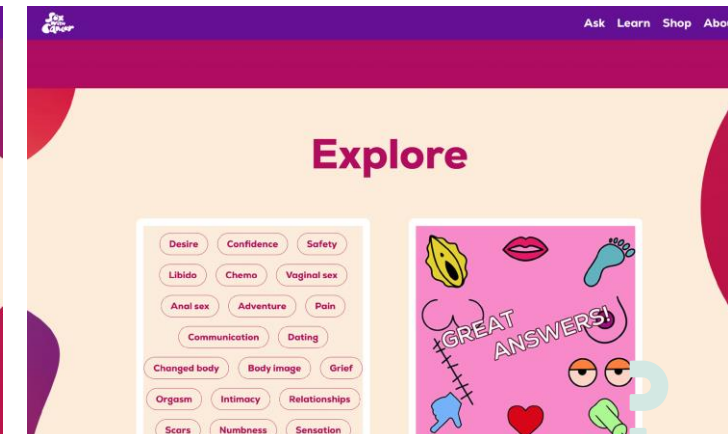
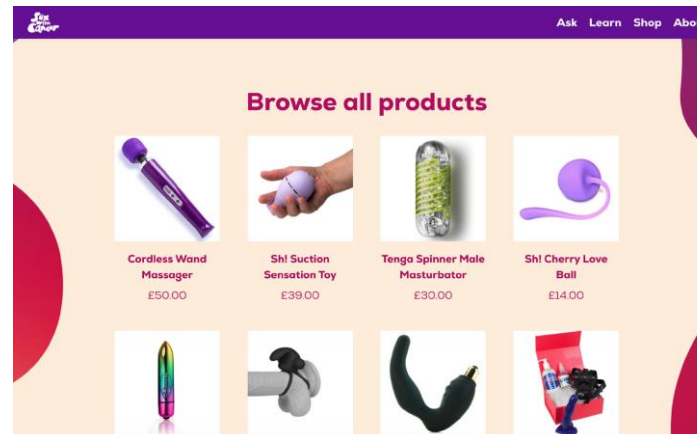
Rasheed Rahman



Will Mower



Mamoru Iriguchi



Sources of advice and support

- Sexual Advice Association (New Mobile App launched) www.sexualadviceassociation.co.uk
- THE MIX: essential support for under 25s www.themix.org.uk
- LGBT Foundation www.lgbt.foundation
- COSRT (College of Sexual & Relationship Therapy) www.cosrt.org.uk
- RELATE www.relate.org.uk
- RELATIONSHIPS SCOTLAND www.relationships-scotland.org.uk
- Tavistock Relationships on-line psychosexual therapy www.tavistockrelationships.org
- Institute of Psychosexual Medicine www.ipm.org.uk



Take Home Messages

(Oliviere, Hargreaves & Munroe, 1998)

- Individuals will not (usually) ask for help spontaneously
- Learning to ask is our / professional's responsibility
- Anticipation & honest discussion can reduce anxiety
- Offer privacy, time and warmth
- Remember people's needs to be seen separately and alone
- Encourage patients to solve their own problems & make choices regarding their sexual rehabilitation goals
- Many sexual difficulties can be prevented by timely, limited information that is within all of our remit to offer
- Know when & where to refer on



ANY AND ALL
QUESTIONS WELCOME

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www.percihealth.com