



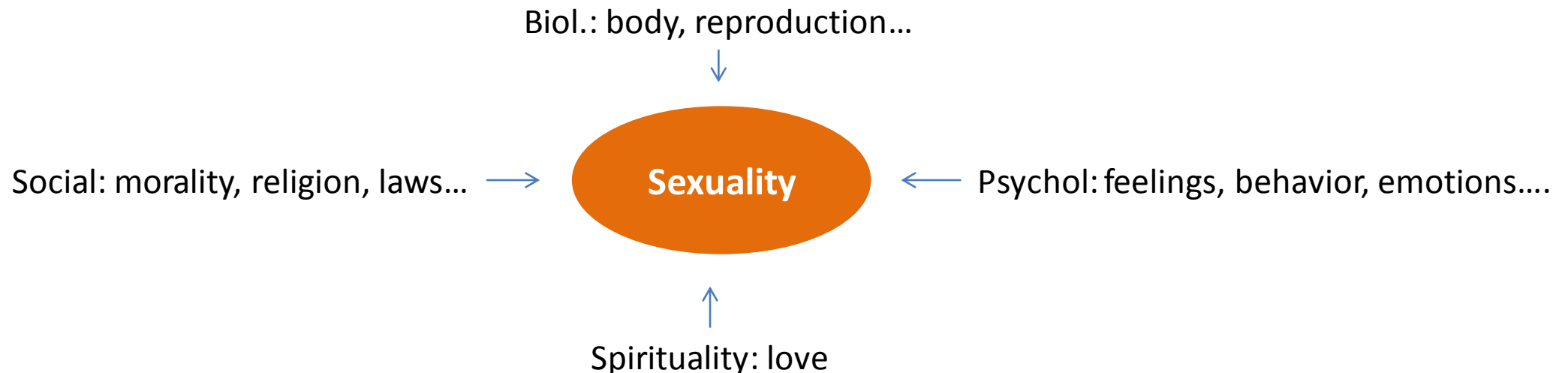
# Sexuality



*Eva M<sup>a</sup> Iglesias Bravo  
H. Valme, Sevilla (Spain)*

# Introduction

- Sexuality is an essential and primordial aspect of human beings and it is present from our conception to our death.
- Sexuality encompasses much more than sex or a physical matter; it includes the physical, psychological, emotional, and social aspects of sex.
- It is influenced by many factors that make it unique in each person:



# Magnitude of the problem

- Advances in oncology treatments result in an increased population of cancer survivors, and one of the most prevalent problems among them concerns sexual dysfunction.
- NCI estimates that 40-100% of cancer survivors experience some form of sexual dysfunction (>12 million of cancer survivors).
- Most prevalent complaints (women): low desire, pain during intercourse, anorgasmy or difficulty to reach orgasm.

# Cancer and sexuality

- Cancer diagnosis implies a vital rupture, bringing changes to every aspect of life, not only health related, but also work, relationships, social activity, thoughts about the future...
- Worries about health can negatively influence the interest in sexual activity.
- Fears and doubts, the illness itself and the repercussion of the treatments may result in a person not feeling in an optimal state.
- Social environment, family and couple relationships are very important. Communication is essential for psychological well-being.
- As the person returns to daily routines, interest in sexual activity may resurface. Although sexual activity may initially decrease, physical contact is necessary to calm the patient's fears and improve self-esteem, but in most cases, patients don't feel worthy to be touched.

# Cancer and sexuality

- **Feelings and thoughts can also affect sexuality:**
  - Wrong beliefs: lifestyle as the cause of cancer (HPV, maternity...).
  - Depression: very common and affects self-esteem, self-image and interest in sexual activity.
  - Anxiety: cancer diagnosis and its treatments can affect the couple. Women who are not in a relationship may avoid new sexual partners or relationships due to fear of rejection.
  - Previous attitude towards sexuality: if positive, it is more probable to continue sex life.

# Cancer and sexuality

- **Effects of surgery:**
  - Breast cancer: body image, mastectomy > conservative surgery.
  - Colorectal cancer: body image, especially when colostomy bag.
  - Cervix cancer: guilt over previous sex life, body image, fertility, negative effects of radiotherapy on the vagina.
  - Ovarian cancer: body image, fertility.
  - Endometrial cancer: body image, fertility, negative effects of radiotherapy on the vagina.

Chemotherapy	<ul style="list-style-type: none"><li>• Cognitive impairment</li><li>• Fatigue</li><li>• Ovarian failure with or without menopausal symptoms</li><li>• Sexual dysfunction</li><li>• Change in libido</li><li>• Infertility</li><li>• Weight gain</li><li>• Obesity</li><li>• Neuropathy, especially after taxanes</li><li>• Oral health issues</li><li>• Hair loss</li></ul>	<ul style="list-style-type: none"><li>• Osteoporosis/osteopenia</li><li>• Increased risk of cardiovascular disease (cardiomyopathy, congestive heart failure) with anthracycline-based chemotherapy</li><li>• Increased risk of leukemia and myelodysplastic syndrome with alkylating agents, anthracyclines, other topoisomerase II inhibitors, and other agents with immunosuppressive potential</li></ul>
Hormonal therapy Tamoxifen	<ul style="list-style-type: none"><li>• Hot flashes</li><li>• Changes in menstruation</li><li>• Mood changes</li><li>• Increased triglycerides</li><li>• Vaginal dryness</li><li>• Decreased libido</li><li>• Musculoskeletal symptoms/pain</li><li>• Cholesterol elevation</li></ul>	<ul style="list-style-type: none"><li>• Increased risk of stroke</li><li>• Increased risk of endometrial cancer</li><li>• Increased risk of blood clots</li><li>• Osteopenia in premenopausal women</li><li>• Increased risk of osteoporosis</li><li>• Increased risk of fractures</li></ul>
Aromatase inhibitors		
Targeted therapy Trastuzumab	<ul style="list-style-type: none"><li>• Increased risk of cardiac dysfunction</li></ul>	
General psychosocial long-term and late effects	<ul style="list-style-type: none"><li>• Depression</li><li>• Distress—multifactorial unpleasant experience of psychological, social, and/or spiritual nature</li><li>• Worry, anxiety</li><li>• Fear of recurrence</li><li>• Fear of pain</li><li>• End-of-life concerns: Death and dying</li><li>• Loss of sexual function and/or desire</li><li>• Challenges with body image</li><li>• Challenges with self-image</li><li>• Relationship and other social role difficulties</li><li>• Return-to-work concerns and financial challenges</li></ul>	

# What can we do?

- **ASK!!!!**
- Talk
- Include questions about sexuality in any appointment
- Normalize



# So, why don't we do it?

## PATIENT:

Shame  
I don't know who to ask  
It's a temporary problem  
It's not important  
It's normal with ageing  
Lack of intimacy or empathy  
(...)

## DOCTOR:

Lack of training , I don't know what to do!  
I'm too busy  
Embarrassment  
I don't think this is a health problem (you survived cancer!)  
Beliefs: you're single, or too old, or you have a metastatic disease  
(...)



# Sexual counseling

1. **Information:** wrong beliefs, doubts, expectations, treatment options...
2. **Correcting modifiable factors:**
  - Healthy lifestyle
  - Medication that may influence sexual response
  - Physical condition: genitourinary syndrome, state of the vagina (narrowing and shortening)

# Sexual counseling

## 3. Promote sexual relations as a source of health and well-being:

- Resources to get more understanding, realistic and positive attitudes towards sexuality. Techniques to improve self-esteem.
- Provide techniques to cope with anxiety and increase tolerance for frustration.
- Advise to not dramatize the situation.
- Encourage other types of relations: sensuality over sexuality. Stimulate the rest of the body, not only genitals (*Sensate Focus Technique; Masters&Johnson*).
- Avoid considering penetration as the only and fundamental part of sexual relations. Promote erotic games.
- Enjoy sexual relations without having a goal (orgasm), enjoy physical contact and communication.

# Sexual counseling

## 4. Couple work:

- Promote co-responsibility
- Evaluate the partner's attitude
- Encourage communication and improve it
- Increase creativity and generate a pleasant atmosphere
- Include sexual practices in their schedules
- Restructurate aspects of the relationship that may be affecting their sexual life



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# Thank you!!!!

