Sexuality, intimacy & relationships for women living with cancer

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“Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.”

(WHO, 2002)
“Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.”

(WHO, 2002)

Normal reactions to a diagnosis of cancer

- Anxiety / Depression
- Grief and loss
- Fear of recurrence
- Loss of time from work
- Relationship discord
- Family role changes
- Re-defining what is important

Sexual issues after cancer: the facts

- At least 50% of people with cancer report sexual problems
- Most people treated for cancer do not receive adequate information or help with reproductive health
- 14% of comprehensive cancer centres offer sexual counselling
How sexuality & intimacy are constructed in the literature
Hordern 2008

- Focuses on sexual function
- Intimacy a metaphor for sexuality
- The elderly are asexual / only young are sexy
- People with cancer have more important things on their mind
- Sexuality adequate in QOL tools
- Rarely asks patients
Natural aging processes in women – do we ever REALLY talk about them?

- Labia
- Clitoris
- Orgasm changes
- Enhanced sensual responses

Natural aging processes: Women (Hickey 2008)

- Vaginal dryness in 50% postmenopausal women
- Vaginal atrophy and thinning
- Vaginal irritation
- Painful intercourse

Sexuality and intimacy after cancer

- chronic fatigue
- surgery
- weight change
- mucositis
- total body hair loss
- fluid retention
- immunosuppression
Chemotherapy and partner protection

- flushing toilet
- condoms first 48 hours
- dental dam
- latex gloves

Fertility issues after chemotherapy

(Schover 2007; Fobair & Speigel 2009)

- the type of drug
- the cumulative dose
- the duration of treatment
- gender and age
- length of time that has lapsed since treatment

I.e. Higher dose, longer duration and older age pose higher risk

Fertility issues after cancer: excellent resources

- How chemotherapy harms ovarian function: and how to assess your patient's risk and reproductive status: Stovall & McGee 2010
- Planning for fertility preservation before cancer treatment: Oktay & Marlow 2007
- Fertility preservation in adolescents and young adults with cancer: Levine, Canada & Stern 2010
Chemotherapy reduces circulating androgen in men and women resulting in:
Beck Robinson & Carlson 2009
- Reduced desire or pleasure
- Reduced arousal
- Lower mood elevation
- Increased Fatigue
- ? Relationship with ‘Chemo brain’

Drug induced menopause: More severe than general population
(Fobair & Spiegel 2009)
- Vaginal dryness
- Vaginal discharge
- Reduced libido
- Mood swings
- ?Weight gain
- Hot flushes / sweats

Managing menopausal symptoms: Excellent resource
Practical clinical guidelines for assessing and managing menopausal symptoms after breast cancer by Hickey, Saunders, Partridge, Santoro, Joffe & Steams 2008
We use this to help patients plan questions to ask your doctor
Managing hot flushes: Guidelines

- Venlafaxine (Effexor)- may increase BP and reduce sexual desire
- Paroxetine (Paxil)- May reduce libido and orgasm ability
- Gabapentin (Neurontin)- if Effexor contraindicated or ineffective
- Clonidine Catapress TTS (transdermal patch)? Inhibit orgasm

Lubrication: What is lubed moves!

- Pjur silicone based
- Astroglide
- Sylk
- KY Jelly – water based
- Lubrin – ‘tampons’

Any substance that cannot go into the eyes should not go near the vagina (Katz 2009)

Vaginal moisturisers (non hormonal):

Replens
- Replens - 3 X week for 3 months
- Vaginal tissue regains moisture & elasticity
- Use with lubricants
- Can use Replens before intercourse

Vit E capsules
- Puncture capsule & use panty liners
- Stains
Painful intercourse and vaginal dryness after breast cancer:
Doreen Wiggins & Don Dizon 2008 article

- Discusses different types of vaginal lubrication & moisturisers / oestrogen
- Not all water based lube is the same
- Replens as effective as oestrogen vaginal cream after breast cancer
- No conclusive data re relationship of sexual function & Raloxifene pre menopausal women or young post menopausal women

Revisiting pelvic floor exercises!

- Muscle tone: stronger orgasms
- Lubrication
- Continence
- Increased blood flow to vagina and enhanced orgasm
- Assessment with a specialist physio

Single and sexy

- You are sexual even if you do not have a partner
- Starting new relationships after cancer: all starts with feeling good about yourself
Same sex partnerships
Phelps 2003

- Considered a less valid relationship in heterosexual world
- Forced to love in secret/grieve in private
- Partner faces own mortality with same breast cancer risks

How you can help: What is sensuality?

- How we look
- How we feel
- What we do
- Fantasy
- What makes us feel good about ourselves: setting the scene, perfume, dressing up
- The way we relate to others …

Will my partner still be attracted to me?
Will it hurt?
Will I be able to function?
Will I feel anything
Encouraging patients to explore their SENSUALITY

- Massage
- Warm baths
- Music
- Lighting
- Different textures
- SEX IS FUN!
Communication & lubrication: ideas for your patients

- Communication
- Make a list of 10 things you enjoy doing: do one every other day
- Hot Dates with yourself or a partner

Ideas for your patients: Preparing partner for sex

- Get comfortable with physical scars and changes – dress up / down!
- Have a go yourself!
- Try fantasy, sex toys, lubrication
- Agree not to go onto intercourse even if all seems to be going well

Discussing Sexuality

- Initiate conversation and use simple language
- Acknowledge that sexuality means different things to different people
- Assess how the diagnosis/treatment has affected the patient’s sexuality
- Ask the patient what concerns them most at this particular time
- Check your assumptions!
Questions for self-reflection

- What do the terms ‘sexuality and ‘intimacy’ mean to me?
- How do I define the terms ‘sexuality’ and ‘intimacy’ in my personal world?
- How comfortable do I feel discussing issues of intimacy and sexuality in my personal world?
- How might these factors influence the way I define patient sexuality?

Questions for self-reflection

- Why is it so challenging for me to communicate with patients about issues of intimacy and sexuality after cancer?
- What are some personal/professional strategies I could put in to place to assist me to recognise the assumptions I bring to my clinical practice?
- How does my place of work recognise patient sexuality and intimacy? Why might this be so?

Negotiated styles of communication:
Opening lines

- What differences has cancer made to the quality of your relationship?
Negotiated styles of communication: Opening lines

- How has all of this affected the way you feel about yourself as a man / a woman?
- Many people tell me that experiences like this lead them to struggle with the more intimate side of their lives? How is this for you?

Negotiated styles of communication: Opening lines

- Has your role as a parent, partner, spouse or intimate friend changed since you were diagnosed or treated for cancer? … Is this the right time or place to discuss these issues further?

… Am I the right person for you to discuss these issues?

Negotiated styles of communication: Opening lines

- Often people who have been through similar experiences to you have shared with me that they miss the physical intimacy in their relationship. How is this for you?
Negotiated styles of communication: Opening lines

- Many of the patients I see express concerns about how treatment may affect their sex lives. How has this been for you? … How has this experience affected intimate or sexual aspects of your life?

Changing the culture: patients are sexual beings!

- Offering a space where people can be undisturbed by health professionals
- A room with a double bed and sensuality box
- Offering to administer pain relief / medications prior to a patient needing privacy
- Please share your ideas ….

 Reliable and helpful websites

1. Cancer Council Victoria (AUS) Sexuality and Cancer Booklet

2. Macmillan Cancer Support (UK) About sexuality
   www.macmillan.org.uk/Cancerinformation/Livingwithandaftercancer/Relationshipcommunication/Sexuality/Sexuality.aspx

3. National Cancer Institute (NCA) Sexuality & Reproductive Issues
   http://www.cancer.gov/cancertopics/pdq/supportivecare/sexuality/Patient

4. CancerNet Sexual and Reproductive Health
Reliable and helpful websites

5 www.shopwellwithyou.org
- Not-for-profit organization
- Customized clothing tips arranged by dressing for cancer-related treatments / managing side-effects
- A directory of cancer-specific products such as swimsuits and head coverings is available
- Guidance on how to use clothing and accessories to maintain a positive body image during and after treatment, and articles and books focused on body image, clothing, cancer, and wellness

“You never get back to the normal before you have cancer – it is a series of evolutions evolving over time as a different person.”

Cancer raises questions. Call us for the answers.
Speak to a Cancer Nurse.
13 11 20 www.cancer.org.au
## References