



Change in Sexuality – How Do I Talk About Sexuality to the Patient SASRO 2013

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Content

- Erectile dysfunction (ED) and Radiotherapy
- Challenges of talking about changes in sexuality
- Clinical barriers and possibilities

Erectile Dysfunction (ED) and Radiotherapy

- Etiology is unclear – age, pre-existing ED, tissue injury? (Van der Wielen, Mulhall & Incrocci, 2007; Mendenhall et al., 2009)
- Reduced HRQoL (incontinence, ED) after 4 and 8 years compared to healthy men (Miller et al., 2005)
- Intensity-modulated radiation therapy (IMRT) results in less GI-discomfort, less hip fractures, but increased ED (Sheets et al., 2012)

Different Point of Views

	Patient	Physician
Urinary incontinence	97%	21%
Anal incontinence	33%	2%
Sexual dysfunction	97%	52%

(Litwin, 1998)

Definition of Sexuality

Sexual Health is “the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love”.

(WHO, 1975)

Factors that Influence Sexuality

- Stress of disease
 - Fear
 - Anger
 - Depression
- Change of body image

(Schover, 1988)

From life...

- Between 60-69 years, 50% of women and 75% of men are sexually active.
- At the age of 70y, 16% of women and 46% of men have sexual intercourse.

(Persson, 1980)

Diseases Influencing Sexuality

- Cardiovascular diseases
- Diabetes mellitus
- Multiple Sclerosis
- Parkinson's Disease
- Rheumatic Diseases
- Depressionen
- Cancer

Psychosocial Causes of Sexual Disorders (1)

- Confrontation with diagnosis "Cancer" and effect on self-experience and sense of self.
- Interference of sense of own attractiveness, for example sense of shame or feeling of disgust due to colostomy.
- Disease- or treatment-related depressed mood.

Psychosocial Causes of Sexual Disorders (2)

- Misconception and lack of knowledge
- Fear of failure
- Expectations and conception
- Exacerbation of latent relationship-conflict triggered by disease

Language use....

- Men **are** impotent – not **have** impotence....

(Zetttl, 2002)

Communication and Talking about Sexuality

- Is one of the most important but at the same time most difficult issue in cancer patients' care

(Maquire, 1985; Wilkinson, 1991; Chaitchik, 1992)

- Care givers have unsatisfactory communication skills and avoid talking about “sensitive issues” “like e.g. sexual problems

(Heaven & Maguire, 1996)

Consequences

- Patients' dissatisfaction
- Patients experience little support

(Suominen et al. 1995; Krishnasamy ,1996)

Talking about Sexuality

- Out of 100 cancer patients – 84% require more specific information about sexuality
- Out of 100 patients (male and female) – only 7% would spontaneously start talking about sexuality themselves.

(Zettl,2000)

Talking about Sexual Problems

- General premises
- Plissit-model – a communication model

General Premises

- Knowledge about cultural characteristics (multicultural society)
- Knowledge about socialization process of women and men (gender)
- Training and further education must be developed that specifically and comprehensively focus on sexuality

The Plissit - Model

- The Plissit Model: a 4-step model that gradually describes possible interventions that can be applied for sexual disorders in a preventive or therapeutic manner

(Annon & Robinson, 1978, Annon, 1987)

P = Permission

- Giving the patient - directly or indirectly - to understand that one is willing to talk about this issue (= one of the most important interventions)
 - Studies have shown that patients are waiting for you to address this issue.
 - Issue should be addressed already prior to the treatment (information & support)

(Zettel 2000)

P = Permission (2)

- Ask open-ended questions:

"A prostate surgery often has effects on sexuality. Do you experience this, too? "

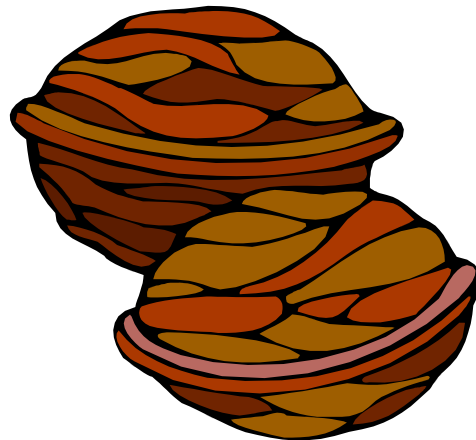
"From other affected men, we know that Do you also feel that way?"

- Provide information

Permission (3)

- Patients are not nuts, we need to crack.

(Stefan Zettl)



Permission (4)

- Caregivers should offer to talk.
- The patient decides whether he/she wants to use the service.

Plissit-Model – Limited Information

- Providing specific information to the patient:
 - Anatomical, physiological and psychological aspects of ED
 - Information about chances of recovery (e.g. time frames)
 - Information about when sexual intercourse is possible again (e.g. six weeks after surgery)

Plissit-Modell – Specific Suggestions

- The caregiver will provide specific information on ways how to tackle the problem.
 - Ask: use of assistive devices - support through self-help groups
 - How to deal with partner

Plissit-Modell – Intensive Therapy

- Psychotherapeutic support may be required in case of persistent disorder:
 - It is the duty of caregivers to draw attention to this option and to offer assistance in finding an expert.

(Zettel, 2000)

Giving Information

- Since men use less supportive programs compared to women, interventions need to be developed that will be accepted by them.
- Most preferred information means by men are brochures, video and internet addresses.

(Dunn et al, 1999)

SEAMUS MOORE



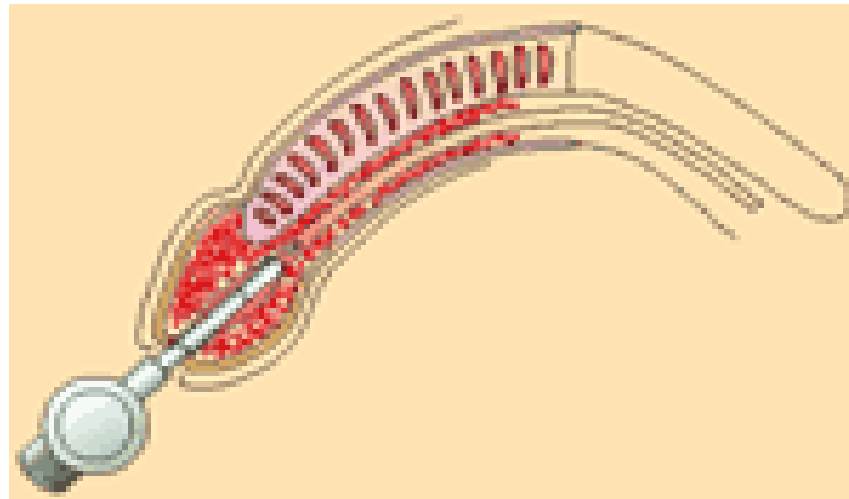
THE VIAGRA SONG



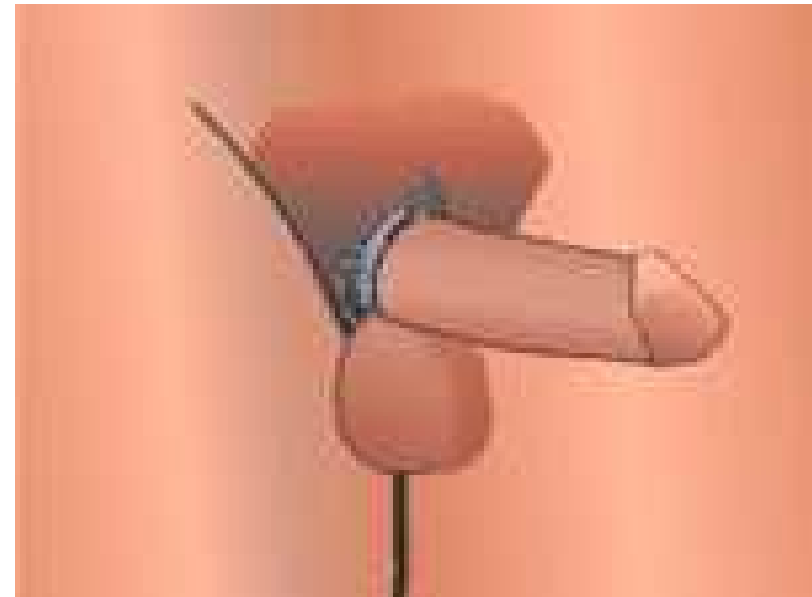


Therapy Options - MUSE (Alprostadil)

- **M**edical **U**rethral **S**ystem for **E**rection



Therapy Options – Vacume Erection Support



<http://www.isg-info.de/>

ISG Start - Windows Internet Explorer

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Informationszentrum für Sexualität und Gesundheit e.V.

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Aktuelle Meldungen

Liebespaare: Sprachtest verrät, ob die Beziehung hält

Suchen Sie einen Facharzt in Ihrer Nähe?

And What Does That Mean For The Daily Clinical Life?

- The issue "Sexuality" and the analysis of ED arise often only after completion of therapy (survivors). There exists no low-threshold offer.
- Provide information preventively (brochures, internet, contact people of patients' organizations).
- Counseling by specialized caregivers.....

I Thank You For Your Attention

