

Management of psychosexual dysfunction after prostate cancer treatment

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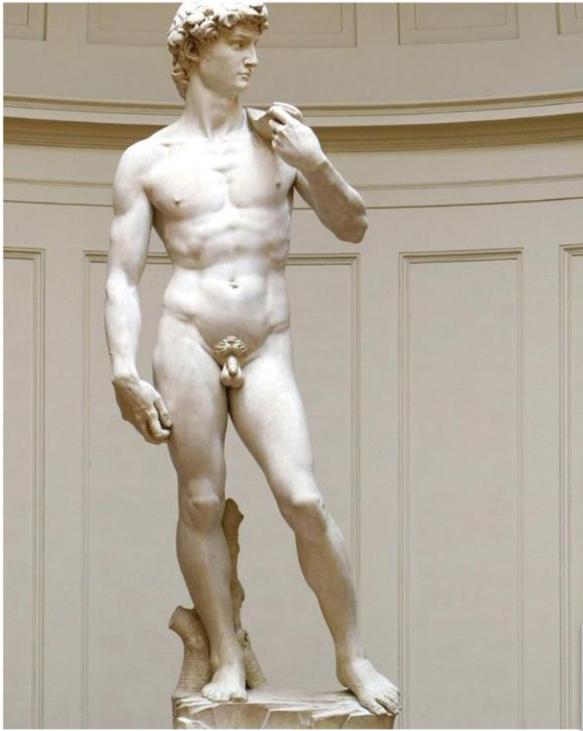
@lekgrover



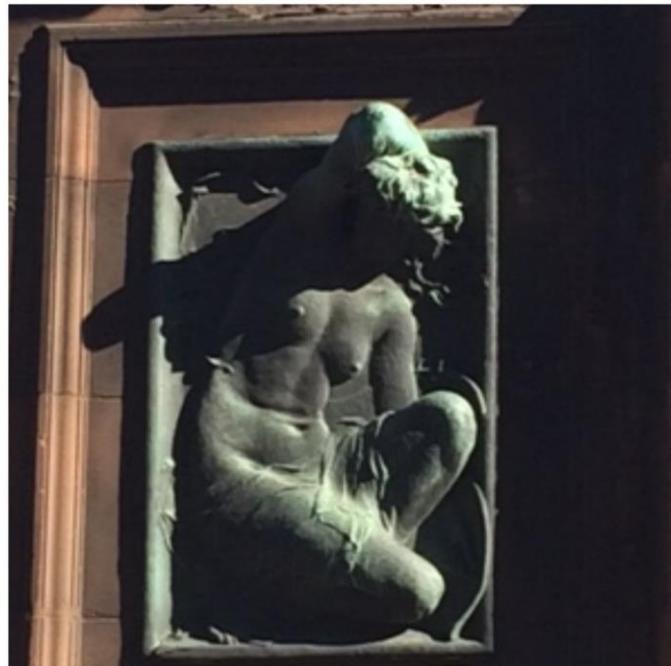
Fact – January 2019

PCUK research suggests that just 30% of men with post treatment ED receive support that meets their needs





**“Good sex usually
takes place within the
context of a good
relationship”
B. Zilbergeld, 1999.**



National Institute for Health and Clinical Excellence (NICE) Prostate Cancer.

- 2008 and 2014.
- Treatment and care should take into account men's individual needs and preferences.
- Healthcare professionals should ensure men and their partners have early and ongoing access to specialist psychosexual and erectile dysfunction services
- www.nice.org.uk

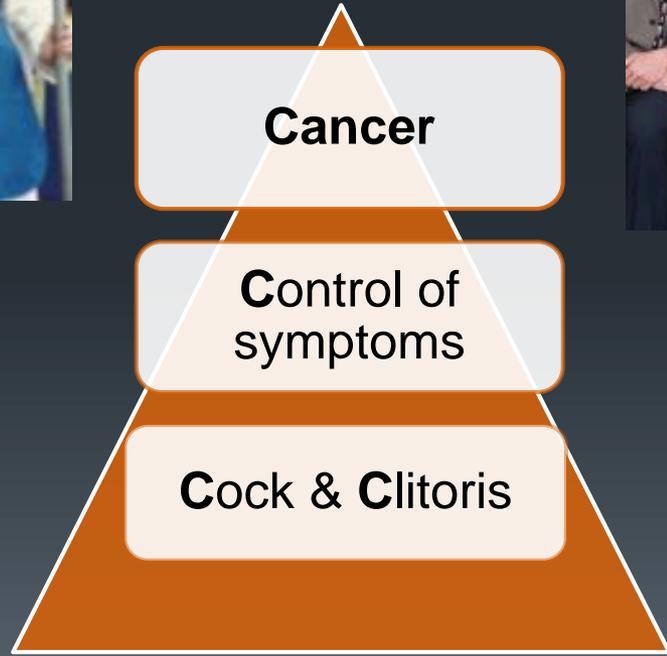


WHO declaration - sexual health

- 'There exist fundamental rights for the individual, including the right to sexual health and a capacity to enjoy and control sexual and reproductive behavior in accordance with a social personal ethic
 - freedom from fear, shame, guilt, false beliefs and other factors inhibiting sexual response and impairing sexual relationships
 - freedom from organic disorders, disease and deficiencies that interfere with sexual and reproductive function'



Multi Disciplinary Team



Desire Phase

General level of interest in sexuality. Sexual feelings in response to sexual thoughts or fantasies. Frequency of sexual activity including masturbation as well as involving a partner.

Arousal Phase

Subjective sense of sexual pleasure & physiological signs of arousal. In men an erection, in women vasocongestion of blood in pelvic area leading to vaginal lubrication & engorged nipples. Vaginal mucosal lining lubrication is intravaginal & may stay there if not brought to opening.

Plateau Phase

The duration of this phase varies hugely. In men with premature ejaculation this can be brief. For women, the shaft & glans of the clitoris retract, it withdraws fully under the clitoral hood & lies up against the pubic symphysis.

Orgasm Phase

In men, preceded by 'point of inevitability' followed by ejaculation. In women, contraction of walls of the lower third of vagina. Sensations can vary in intensity.

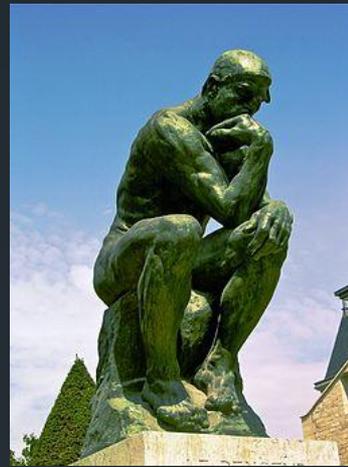
Resolution Phase

Reduction in arousal which includes a refractory period for men. Anatomical & physiological changes reverse. Can take longer with high sexual tension & no orgasm occurring.



INDIVIDUAL CHANGE

- Self Esteem
- Impact even if not in a relationship
- Body image

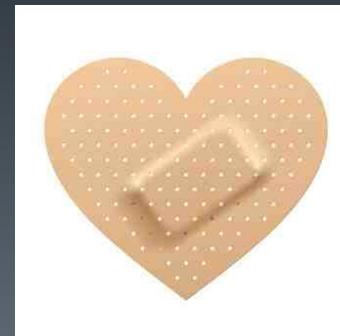


RELATIONSHIP CHANGE

- Intimacy and connection
- Encourage partner to consultation
- Primary organic ED can have a psychological element
- Equally, psychogenic can have coexisting organic disease
- Anger and bereavement

1:10 people
keep any
sexual
contact.

(Riley and Riley. Int
Journal Clinical
Practice 2000)



Partner issues

- Emotional effect
- Communication
- Fear
- Change in role
- Change in plans

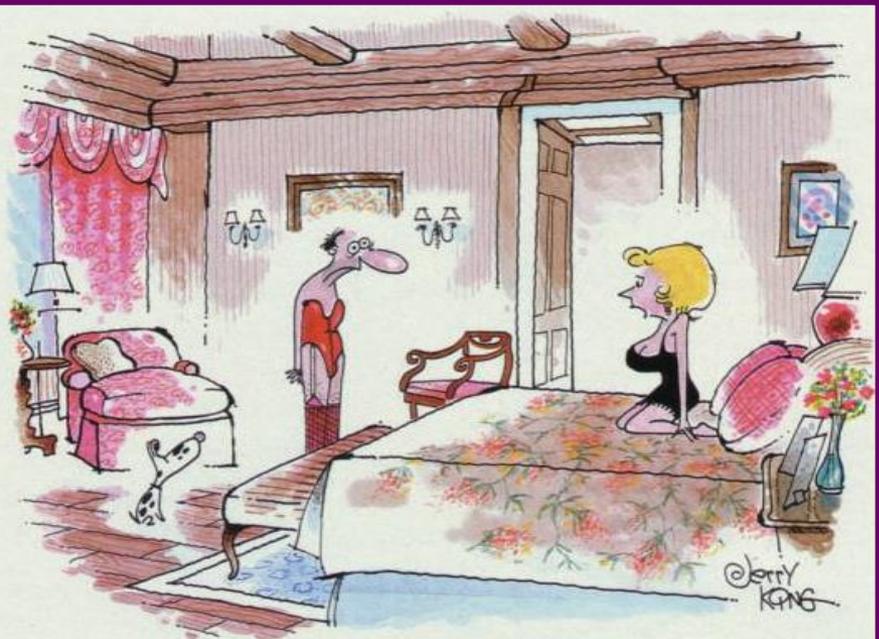


Michael Craig-Martin – Untitled (Sex) 2007



INCURABLE ROMANTIC

SEEKS
DIRTY FILTHY WHORE



*"I'm sorry, Frank, but when you said you like sexy lingerie,
I naturally assumed you meant on me."*



Effects of treatment on sexuality



- Fatigue – anxiety, sleep patterns
- Emotional changes – different issues at different stages of ill health
- Surgery – nerves can be affected that can impact on orgasmic function and erections. Sudden onset.
- Radiotherapy – gradual onset of symptoms.
- Chemotherapy – temporary effect. Tiredness can cause lack of interest in sex, lower sex drive. Use of condoms.
- Hormonal changes – lowered sex drive and difficulty with erections.



Sexual difficulties pre-existing problems

- Female sexual interest/arousal disorder
- Female orgasmic disorder
- Genito-pelvic pain/penetration disorder (vaginismus, dyspareunia)
- Male hypoactive sexual desire disorder
- Erectile disorder (erectile dysfunction, ED)
- Premature (early) ejaculation
- Substance/medication-induced sexual dysfunction
- Other specified sexual dysfunction (retrograde ejaculation)
- Unspecified sexual dysfunction

Sexual Dysfunctions. (n.d.). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*. doi:10.1176/appi.books.9780890425596.125889



Questionnaires

E.g. Sexual Health Inventory for Men (SHIM)

Websites

E.g Macmillan Ask an Expert Online Forum, SAA,PCUK, Relate, COSRT

Normalise the conversation

Permission giving to discuss sexuality throughout care

Posters / Leaflets

E.g. Prostate Cancer UK, Macmillan, SAA

Books

E.g. The New Male Sexuality, New Joy of Sex



PLISSIT Model

- **P**ermission to talk about sexual function. It is OK to have sexual thoughts, fantasies and behaviours
- **L**imited **I**nformation discussing anatomy and physiology, impact of disease and formation of stoma
- **S**pecific **S**uggestions for the individual or couple anticipating effects of treatment on sexuality and offer help eg positions
- **I**ntensive **T**herapy often requires referral onto a psychosexual therapist or specifically trained counsellor.
- Expanded PLISSIT includes reflection and review on interventions

- Annon, J. S. (1977). The PLISSIT Model: A Proposed Conceptual Scheme for the Behavioral Treatment of Sexual Problems. *General Procedures*,70-83. doi:10.1016/b978-0-08-020373-7.50019-x
- Davis, S., & Taylor, B. (2006). From PLISSIT to Ex-PLISSIT. *Rehabilitation*,101-129. doi:10.1016/b978-0-443-10024-6.50009-8



It's good to talk!



- 'In my experience.....'
- 'It's a circumstance that you are both in and no one is to blame'
- 'Since we last spoke are there other things you have thought about '
- 'How has it been since we last spoke with each other about.....?'
- Use open ended questions



Psychosexual Therapy (PST) Techniques – New chapter!

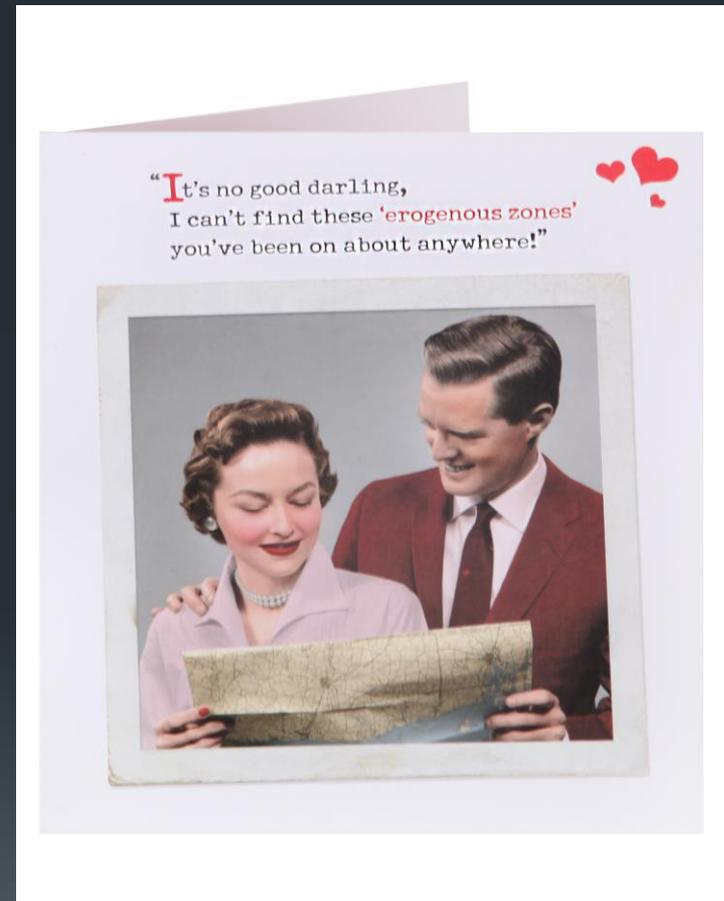


- Dispel myths and misconceptions
- Expectations
- ‘Normal’ sexual response cycle
- Self Focus
- Sensate focus
- Intimacy: non genital, genital, intercourse ban
- Communication: talk, touch.
- Tasks
- In privacy of home



Relaxation techniques

- Breathing exercises
- Mindfulness
- Yoga
- Visualisation



'Thinking out of the box'

- Sexual aids:
 - Vibrators
 - 'strap ons'
- Masturbation:
 - lubrication
- Vacuum constriction device
- Vaginal dilators/fingers/vibrators
- Vaginal lubrication
- Clothing, scarves, textures, ostomy bag covers

- NOT RESTRICTED TO THE PHYSICAL ASPECT OF FUNCTION





Lubricants





Say hello to our new SMART SAA app!



Download our app to:

- Access validated sexual health questionnaires
- Gain access to advice and tips relating to a wide array of sexual issues for men, women and couples
- Understand what to expect at your GP appointment

Telegraph ^{Belfast} **talkRADIO**  **Prescriber**

 **SexualAdvice**
Association

www.sexualadviceassociation.co.uk

Prostate facts for gay and bisexual men



Prostate cancer and your sex life



Outcome



- Change balance of relationship
 - exacerbate difficulties
- Improve communication
 - fears, dislikes, enjoyment
 - manage expectations
- Achieve satisfactory sexual activity
- Referral to appropriate clinician





- Health professionals have vital role in supporting patient/partner – own awareness, it may feel difficult to do
- Being aware of patient/partner or clinician verbal and non verbal communication – body language
- Management to include identification of organic cause(s), sexuality and relationship issues of the couple
- Flexibility of treatment options that may include pharmacological, psychosexual and relationship support
- Follow up



Reading List

- The New Male Sexuality. Zilbergeld 1999.
- Healthy Sex. Stoppard 1998
- For Women Only. Berman and Berman 2001
- Intimacy and sexuality for cancer patients. Brandenburg, Grover & Quinn 2010 (Sexual Advice Association) .
- www.sexualadviceassociation.co.uk
- www.macmillan.org.uk
- www.prostatecanceruk.org





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