

# Management of psychosexual dysfunction after prostate cancer treatment

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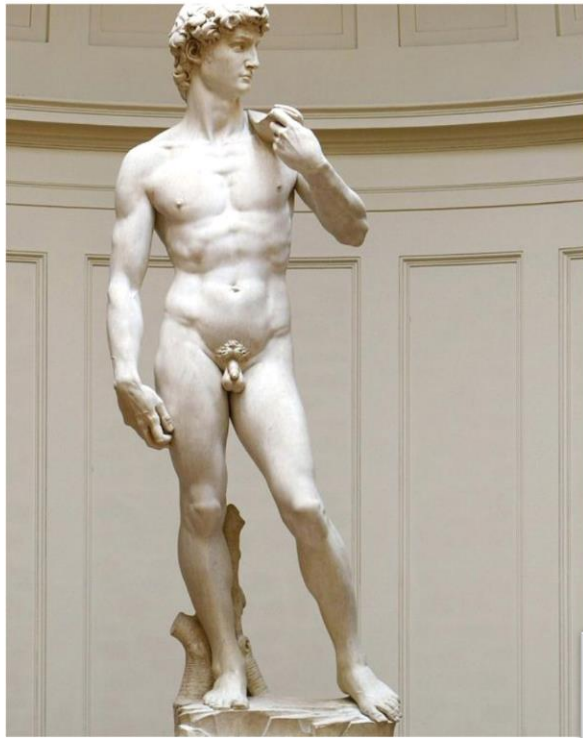
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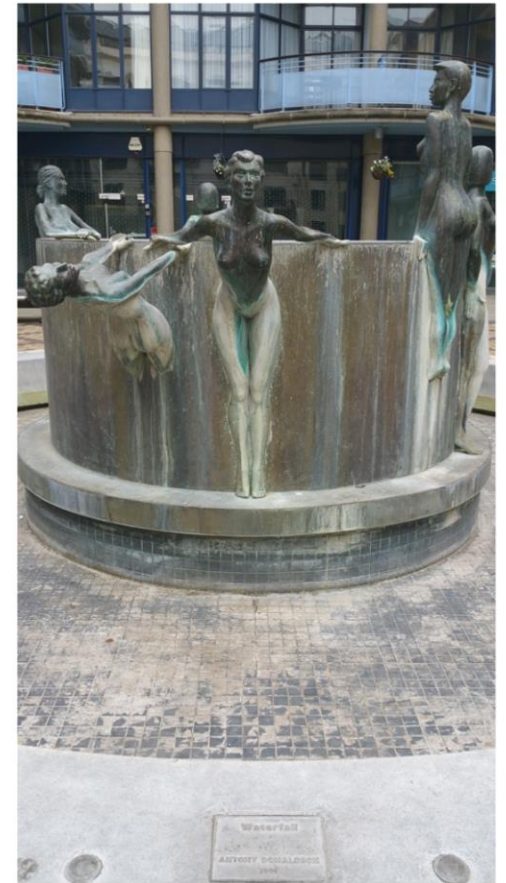
# Fact – January 2019

**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](http://www.nice.org.uk)

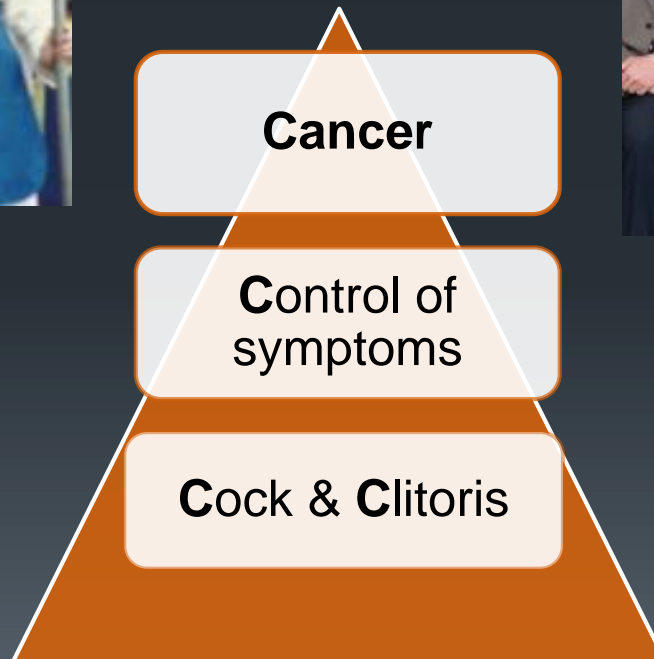


# WHO declaration - sexual health

- ‘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

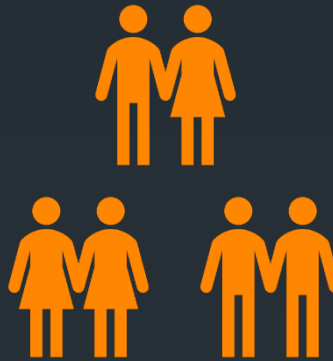
The duration of this phase varies hugely. In men with premature ejaculation this can be brief. For women, the shaft & glans of the clitoris retract, it withdraws fully under the clitoral hood & lies up against the pubic symphysis.

## 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.

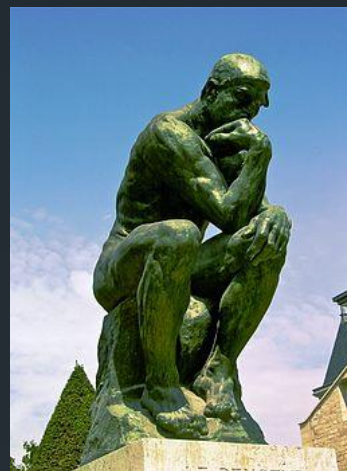
## Resolution Phase

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!



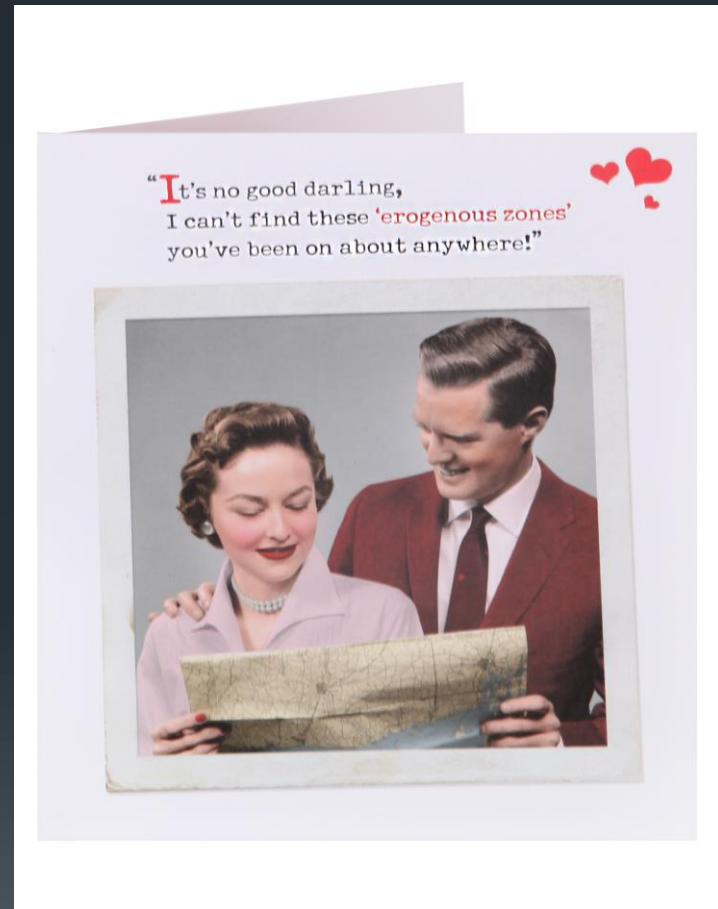
- Dispel myths and misconceptions
- Expectations
- ‘Normal’ sexual response cycle
- Self Focus
- Sensate focus
- Intimacy: non genital, genital, intercourse ban
- Communication: talk, touch.
- Tasks
- In privacy of home





# 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



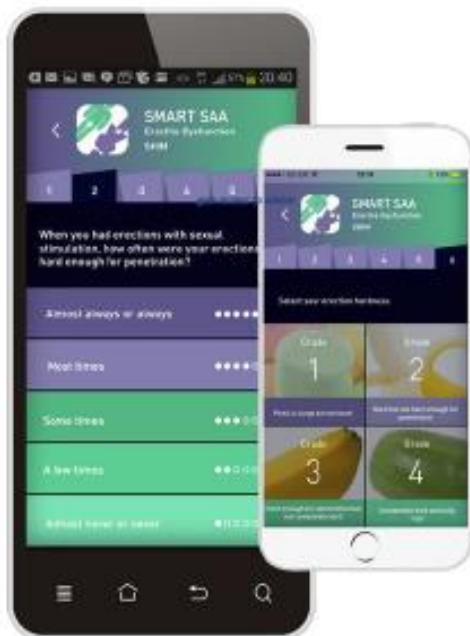


# Lubricants





## 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

**Belfast Telegraph** **talkRADIO**  **Prescriber**



**SexualAdvice**  
Association

[www.sexualadviceassociation.co.uk](http://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](http://www.sexualadviceassociation.co.uk)
- [www.macmillan.org.uk](http://www.macmillan.org.uk)
- [www,prostatecanceruk.org](http://www.prostatecanceruk.org)





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