

SEXUAL RECOVERY AFTER BREAST CANCER

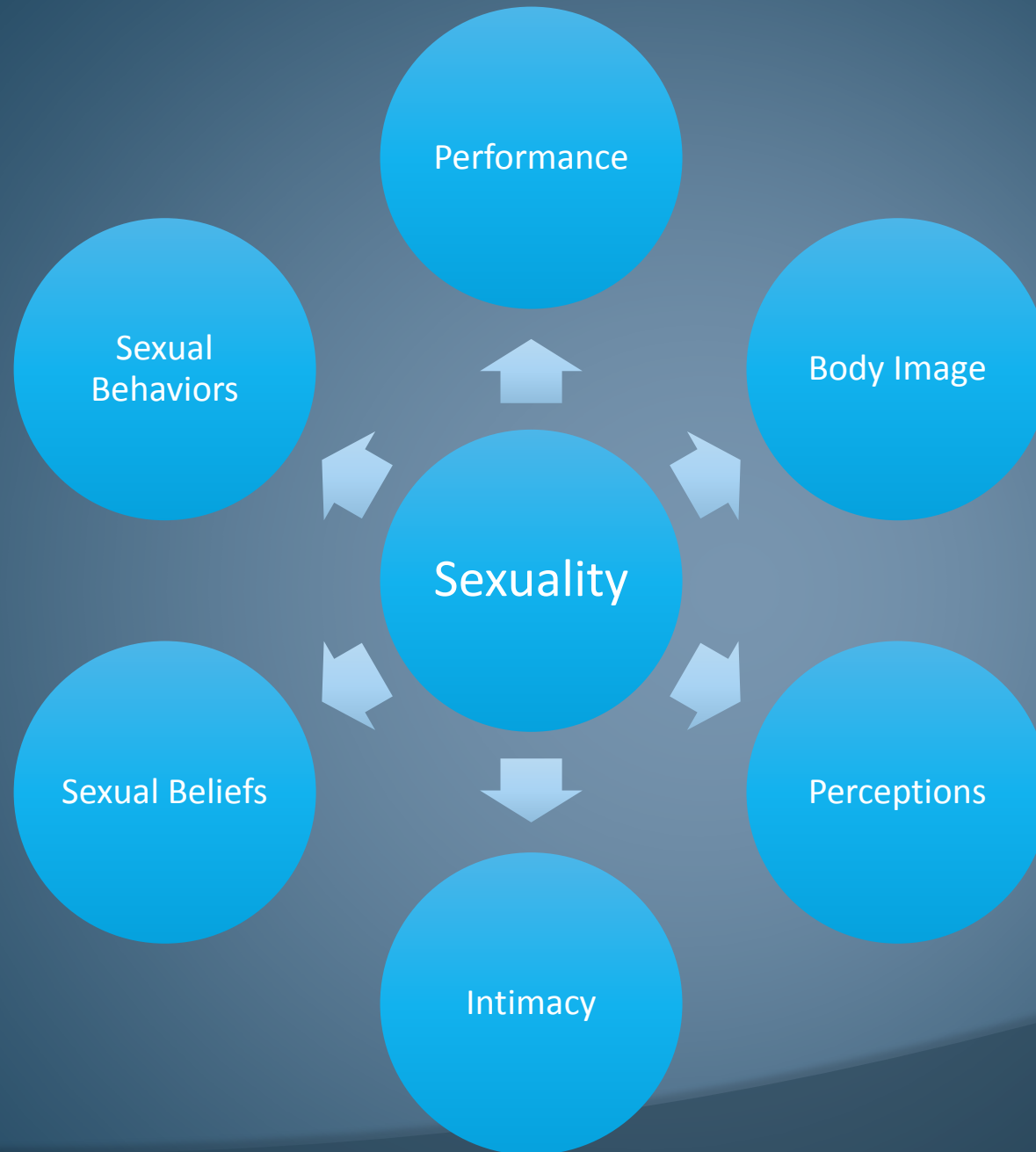
Julie Everett, PT, DPT, CLT
Physical Therapist
Johns Hopkins Hospital

Objectives

- What is sexuality?
- What is sexual dysfunction?
- What types of sexual dysfunction are common in the breast cancer population?
- What treatments are available?
- How can I start a conversation about sexual dysfunction?

What is sexuality?

- ① Definition: “Capacity of sexual feelings”
- ① Sexuality ≠ Sex
- ① Multi-faceted and Individualized



What is sexual dysfunction

- ⦿ Difficulty experiencing a *response* or *satisfaction* during sexual activity
 - Decreased libido
 - Inability to orgasm
 - Noncoital Pain or discomfort
 - Dyspareunia
 - Vaginismus
 - Decreased lubrication
 - Decreased sensation

What is sexual dysfunction

I've had more intimacy
with my lip balm this
winter than with my
significant other.

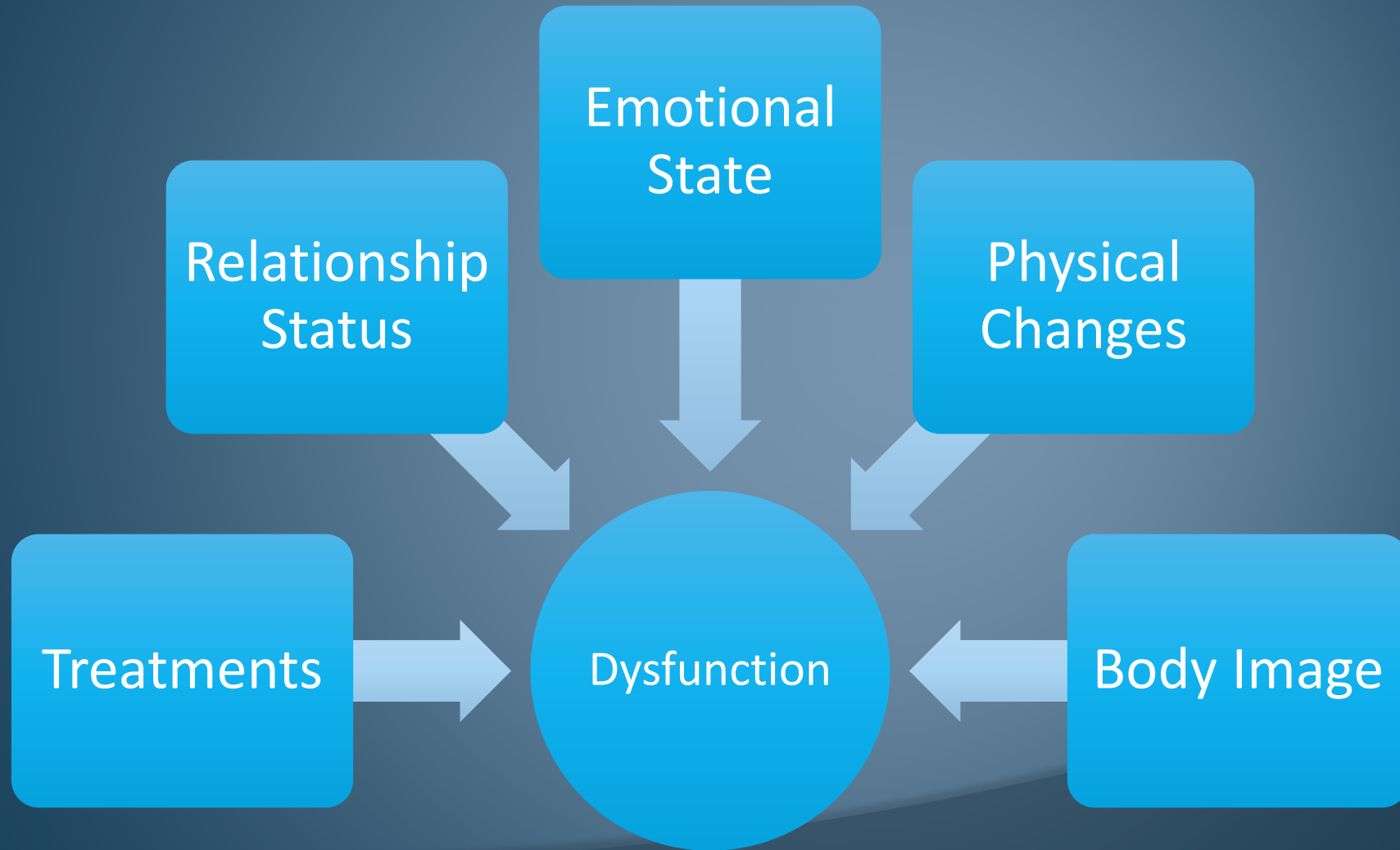


somee cards

What is sexual dysfunction

- ④ 43% of women in the “normal” population (Shifren et al.)
- ④ 70% of breast cancer survivors experience sexual problems (Sadofsky et al.)
 - In the first 2 years after diagnosis/treatment
- ④ 93% of women on Aromatase Inhibitors experience SD (Schover, et al.)
 - 80% their SD was a “new” complaint.

What causes sexual dysfunction



What causes sexual dysfunction

⦿ **Treatments for breast cancer**

- Chemotherapy
- Adjuvant Therapies
 - SERM (Tamoxifen)
 - Aromatase Inhibitors
- Mastectomy vs Lumpectomy
- Reconstruction

What causes sexual dysfunction

⦿ Physical Changes

- Menopausal symptoms
 - Vaginal dryness, thinner vaginal epithelium, decreased vaginal elasticity, less acidic environment, hot flashes, fatigue, muscle wasting
- Decreased sensation in sexual areas
- Increased pain
 - Muscle tightness, fascial restrictions, tissues dry and thin, joint pain
- Decreased blood flow

What causes sexual dysfunction

⦿ **Body Image**

- Surgical Intervention changes body landscape
 - Mastectomy
 - Reconstruction
- Forced Menopause
- Weight gain

What causes sexual dysfunction

⦿ Relationships

- Currently in a relationship
 - Status prior to cancer dx plays a role in comfort level of relationship
- Not in a relationship
 - Hesitancy to start a new relationship

⦿ Emotional State

- Anxiety, depression, stress, PTSD
- Fear of recurrence
- Low sexual self-esteem

Treatments available

⦿ Pelvic Floor Physical Therapy

- Pain and Discomfort
 - Manual techniques for stretching (dilators and vibrators)
 - Lubrication (coconut oil, paraben-free, non-hormonal)
 - Modalities (biofeedback, electrical stimulation, functional dry needling)
- Patient education
 - Positions/deep breathing for muscle/pelvic relaxation
 - Menopausal management
- Exercises

Treatments available

⦿ Other Health Providers

- Mental Health

- Body image, low sexual self-esteem, anxiety, stress, fears
- Improve communication with partner/self

- Medical Providers

- Hot topic: minimally absorbed local vaginal estrogen products? (Sadovsky, et al.)
- Physiological changes, life- continuum issues

- Sexual Therapist

- Intimacy and connecting with partner

Talking about sexuality



Talking about sexuality

- ① 9% of medical providers ASSESSED for FSD
 - TWSHF Study of 391 women
- ① 30% of couples coping with breast cancer spoke to a *health professional* (Emilee)
 - MD, Nurses, Therapist, Social Worker
- ① 72% of women we be okay discussing sexual health issues.
- ① 45% never received any information (Averyt)

Talking about sexuality

- ⦿ Assumptions are limiting us
 - Patient/caretaker
 - Medical professional
- ⦿ You don't have to be the one to FIX the problem
 - But you have to ask the question
 - “Some patients have complaints of sexual dysfunction after treatment. Have you noticed any pain, dryness, lack of libido...”
- ⦿ Create a resource list of providers in your area
 - Pelvic health specialists, counselors, sexual therapists

Talking about sexuality

- ⦿ Different Populations to consider:
 - Committed relationship
 - Intimacy issues
 - Ending a relationship
 - Sexual activity may not be the focus but rather vaginal dryness/pain
 - Single
 - Finding a partner and how to navigate issues
 - Same-sex relationship
 - Being understood and not judged

Talking about sexuality

Three types of patients

1. Those that want to TALK about *everything*...
2. Those that want to LISTEN but not really comment...
3. Those that aren't ready/willing to talk about things

#2 and #3 are the ones you need to be more proactive with:

- Give handouts/have products brochures out in the room
- Drop hints, make comments, ask questions
- Give outcome measure questionnaires

Outcome Measures for Sexual Dysfunction

⦿ Functional Assessment of Cancer Treatments

- <http://www.facit.org/FACITOrg/Questionnaires>
- 2 questions

⦿ Female Sexual Function Index

- <http://www.fsfiquestionnaire.com/FSFI%20questionnaire2000.pdf>

Talking about sexual dysfunction

- ◎ When is the “right” time to bring up sexual dysfunction?
 - Asking about SD:
 - Comment about the possible side effects early
 - Follow up in subsequent visits with “check-ins”
 - “Are you experiencing any of the following...”
 - Talking about SD:
 - When the patient is ready and interested having a discussion
 - Understanding body language
 - Having a list of resources to refer to
 - Consider the partner and that dynamic

Talking about sexual dysfunction

- ⦿ Provide a variety of avenues for information
 - Handouts
 - “Early menopause and what it means to you”
 - “How to combat vaginal dryness!”
 - Website links
 - Blogs, support groups, webinars
 - Product samples
 - Slippery stuff, Replens
 - Support groups
 - Resource list
 - Psychologist, Cancer rehab, Women’s health specialist

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