Addressing sexuality concerns at the bedside

Diana Greenfield

Macmillan Consultant Nurse
Sheffield Teaching Hospitals NHS Foundation Trust
Sheffield, UK
Aims

- Have an appreciation of the extent of problems
- Appreciated what is involved in assessing and recognising problems
- Addressing problems: actions and intervention
WHO: Sexuality

- A central aspect of being human
- **Encompasses:**
  - Sex
  - Gender identities and roles
  - Sexual orientation
  - Eroticism
  - Pleasure
  - Intimacy
  - Reproduction

- Experienced and expressed in: thought, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships

- Influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors

Function

- Sexual function
  - Ability to fully enjoy sexual intercourse

- Sexual dysfunction
  - Disorders that interfere with the sexual response cycle
Sexuality and cancer

Focus on function and medicalised concepts:

- Relationship between cancer treatment and sexual function/dysfunction
- Fertility after cancer
- Treatment induced menopause
- Vaginal dryness
- Impotence
- Altered libido
- Infection after BMT
Literature: Is sexuality after cancer a medical concern?

- Few medical professionals are willing to engage in honest and open discussions about sexuality issues.

- Clear unmet information needs relating to:
  - Sexual function
  - Managing altered body image
  - Dealing with altered self-perception
  - Negotiating relationships with partners
Cancer patients report that they seldom remember discussing sexual risks before treatment or treatment options for sexual dysfunction after treatment.

Park et al, 2009
Sexual response cycle

Masters and Johnsons Four Phase Model
Problems of sexual dysfunction

- **Women**
  - Lack of sexual desire
  - Painful penetration during sexual intercourse (dyspareunia)
  - Vaginal tightness, dryness, bleeding or irritation
  - Delayed or no orgasm

- **Men**
  - Lack of sexual desire
  - Pain during sexual intercourse
  - Erectile dysfunction
  - Delayed or no orgasm/ejaculation

Syrjala KL et al, 2008
Michelle’s story
Why won’t patients initiate discussion?

- Don’t know which professionals to speak with
- Don’t know what language to use
- Afraid of offending professionals
- Concerned about being judged
- Concerned about appearing ungrateful
Why won’t professionals initiate discussion?

- A lack of privacy
- Uncertainty over role responsibility
- Uncertain if anything can be done
- Lack of training, confidence and support
- Concern about offending patients and making assumptions
- Lack of local facilities to refer on to which problems occur
PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)

- **Permission**: Giving patients permission to raise sexual issues
- **Limited information**: Giving patients limited information about sexual side effects of treatments
- **Specific suggestions**: Making specific suggestions based on a full evaluation of presenting problems
- **Intensive therapy**: Referral to intensive therapy (includes psychological interventions, sex therapy and/or biomedical approaches)
Intensive therapy

- In the absence of cancer specific sexual rehabilitation:
  - Psychology
  - Urology
  - Gynaecology
  - Sexual health
  - Relationship support e.g. Relate
Summary

- Sexuality is more than sexual function
- Sexual dysfunction a concern for many patients
- Likely patients won’t initiate discussion
- You don’t need to be a sex therapist to ask the question
- Most concerns are resolved with information
- Consideration of sexual function issues should be part of routine care