

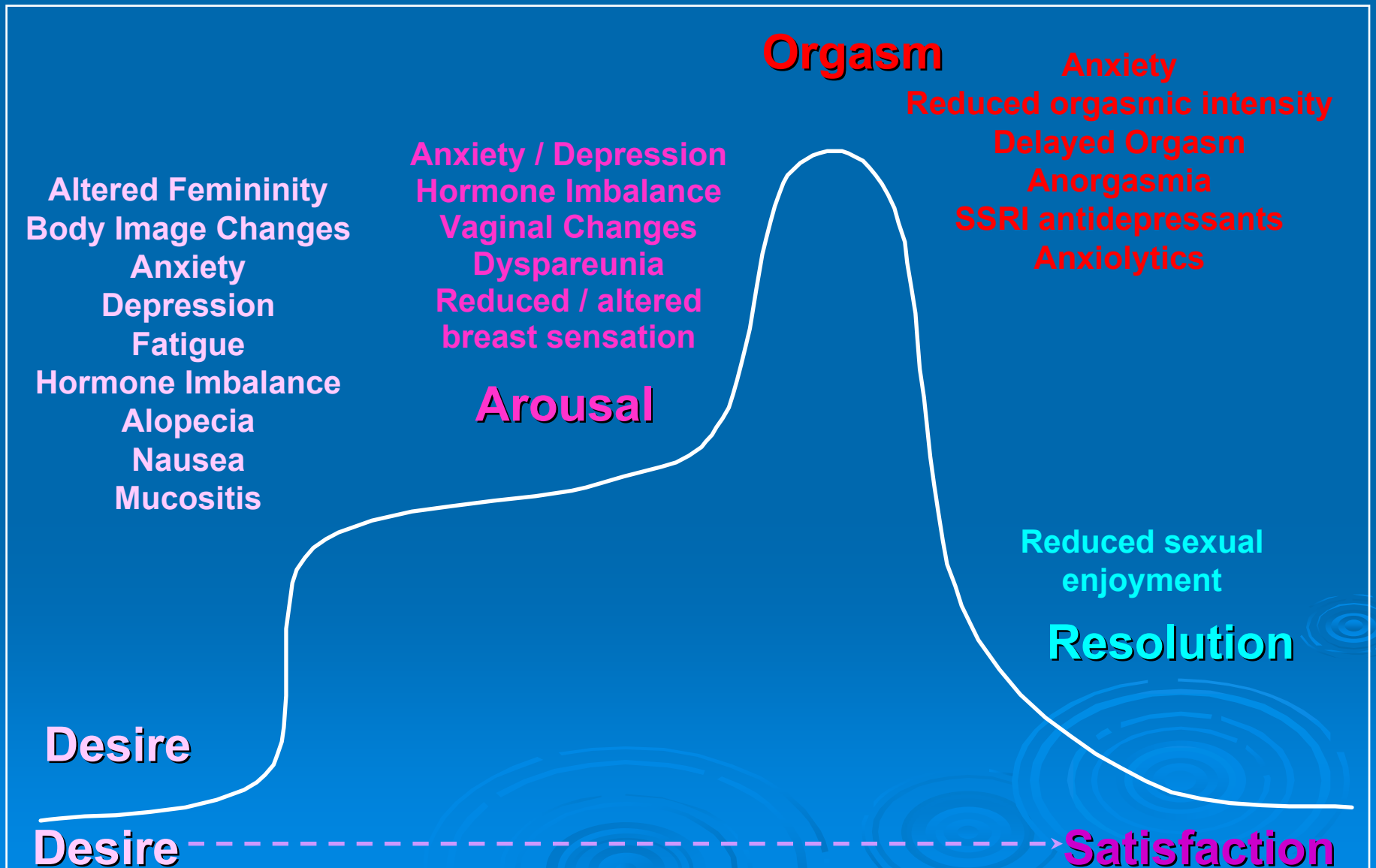
Sexual Difficulties Associated with Breast Cancer & Its Treatment

Dr. Isabel D. White
Clinical Research Fellow
In Psychosexual Practice,
Royal Marsden NHS Foundation Trust, London UK
& King's College, London.

Email: isabel.white@rmh.nhs.uk
isabella.white@kcl.ac.uk



Impact of Breast Cancer Treatment upon phases of the Human Sexual Response Cycle



Triage Model for Psychosexual Assessment

- ***All patients need one question***
- Some need brief information or advice
- A smaller number need brief counselling
- 10 - 12% need Intensive Therapy

Schover, 1986

EORTC QLQ-BR23

During the past week:

- 37. Did you have hot flushes?
- 39. Have you felt physically less attractive as a result of your disease or treatment?
- 40. Have you been feeling less feminine as a result of your disease or treatment?
- 41. Did you find it difficult to look at yourself naked?
- 42. Have you been dissatisfied with your body?

EORTC QLQ-BR23

During the past four weeks:

- 44. To what extent were you interested in sex?
- 45. To what extent were you sexually active?
(with or without intercourse)
- 46. Answer this question only if you have been sexually active: To what extent was sex enjoyable for you?

Defining Sexual Difficulties (DSM IV)

- **Disorders of Desire / Sexual Interest**

Reduced sexual desire (usually accompanied by distress)

Loss of desire (Total)

Discrepant desire in the couple

- **Disorders of Arousal**

Impaired Sexual Arousal

(often associated with dyspareunia)

- **Disorders of Orgasm**

Anorgasmia / delayed orgasm

Reduced orgasmic intensity

- **Other disorders**

Dyspareunia (sexual pain disorder)

Sexual aversion

Loss of sexual satisfaction

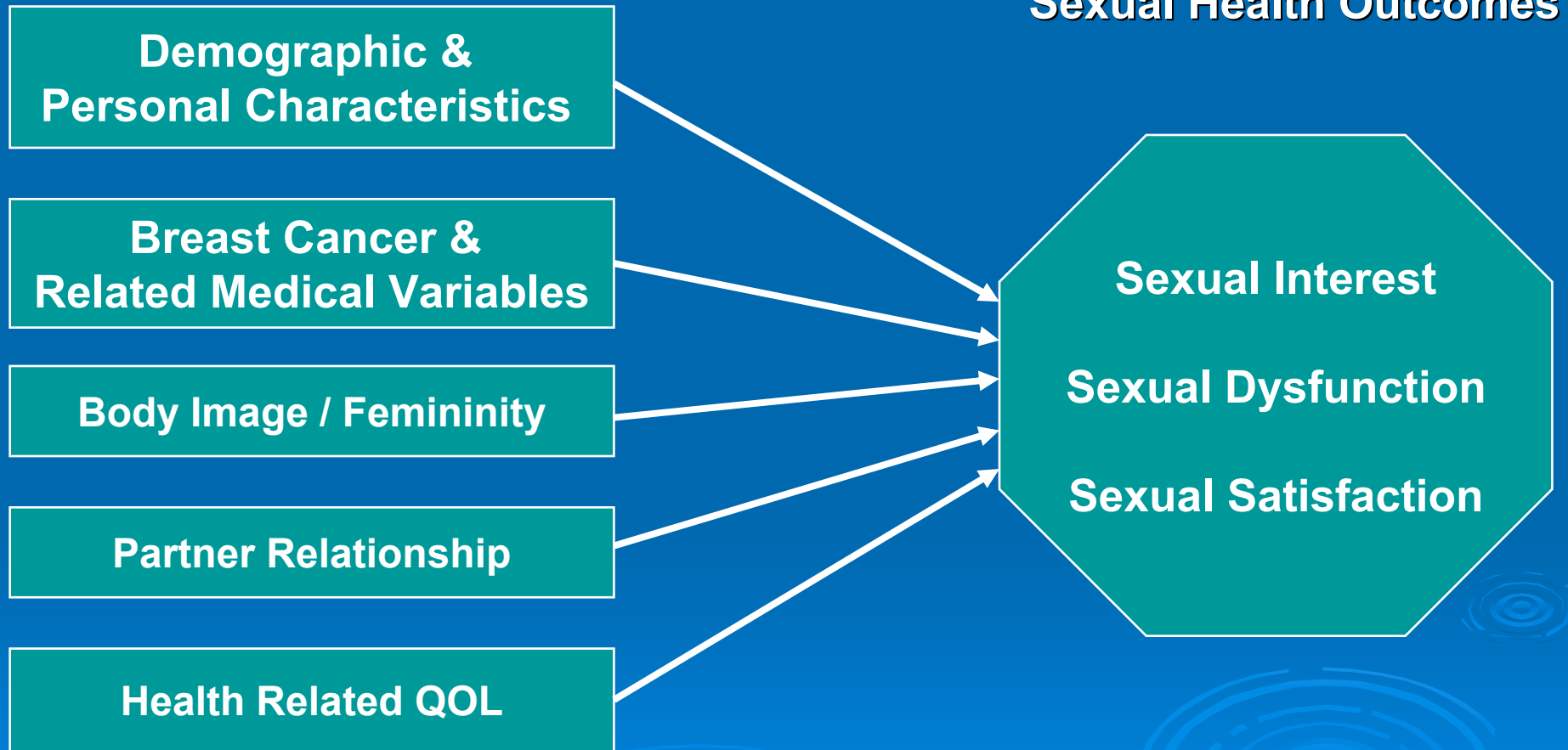
Predictors of quality of sexual life and sexual function after early breast cancer

Den Oudsten et al, 2009 Psycho-oncology

- **Trait anxiety** predicted quality of sexual life and sexual function at 6 months after surgical treatment
- **Agreeableness** [inclination towards interpersonal trust and consideration of others] predicted quality of sexual life and sexual function at 12 months
- Having a **partner** and **age** predicted sexual function at 6 months
- Sexual enjoyment was predicted by **educational level** and fatigue at 6 months
- Women with mastectomy did not differ from those having breast conservation treatment

Predictor Variables

Ganz et al, 1999 J Clin Oncol



Psychosexual Assessment: 3 contributory factor sets

Melisko et al (2010) Jnl Cancer Survivorship

- **Predisposing factors:** younger age, trait anxiety, low self-esteem, not partnered, relationship discord, history of sexual abuse, pre-existing sexual difficulties / infrequent sexual expression
- **Precipitating Factors:** chemotherapy, fatigue, treatment induced vasomotor symptoms, vaginal dryness, altered body image, loss of fertility
- **Maintaining Factors:** fear of disease recurrence / health psychological & physical co-morbidities, relationship distress

Biomedical Interventions

Non-hormonal vaginal health strategies:

- Vaginal Lubricants (Sylk, Yes, Vielle)
- Vaginal Moisturisers (Replens)

Hormonal strategies:

- Topical Oestrogens (cream, ring, vaginal tablet)
- Androgen replacement (gel / patch)
- Newer agents: Flibanserin (SSRI) not granted FDA approval for use in hypoactive sexual desire disorder

Role of androgens re sexual dysfunction in 29 women with pre-menopausal stage I/II breast cancer

Alder et al (2008) J Sex Med

- Sexual dysfunction present in 68% of women (Female Sexual Function Index)
- Women with history of chemotherapy worse scores in all FSFI domains
- Quality of relationship only predictor for desire disorder (54.2% of variance)
- Chemotherapy predictor for arousal, lubrication, orgasm, and sexual pain problems (49.7% of variance)
- NOT mediated through altered levels of sex hormones
- Series of studies found no relationship between levels of androgens and sexual functioning
- Benefits of testosterone supplementation remain unconvincing and safety not established

What is Psychosexual Therapy?

Cognitive-Behavioural based therapy that addresses
3 components:

- **Physical Function** (hormonal, vascular, neurological, concurrent physical illness, pharmacology)
- **Psychological Response** (anxiety, depression, concurrent mental health difficulties)
- **Couple Interaction** (fear, blame, denial, anger, abuse)

Psychosexual Interventions

Cognitive – Behavioural exercises within an individualised sensate focus framework:

- persistent loss of sexual desire
- sexual fear / aversion
- arousal difficulties
- orgasmic difficulties
- loss of sexual enjoyment
- body image issues
- couple adjustment difficulties

Sexual & Reproductive Health in Breast Care: integration, specialisation or isolation?

Medical Sexology
Psychosexual Therapy
Relationship Counselling

Isolation

Fertility Management
Menopause Management
Gynaecologist
Psychological Therapy

Advanced nurse practitioner
Patient Education Materials
Reconstructive Surgery

Integration

Specialisation