

Comprehensive Cancer Care: is Sexuality in There?

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Objectives

- Discuss sexuality in the context of quality of life for individuals and couples affected by cancer
- Describe the common sexual challenges for cancer survivors
- Describe models nurses can use to talk about sexuality with patients

CASE STUDY



Sexual challenges and cancer

- Communication
- Desire (libido)
- Arousal
- Atrophy
- Altered sensations
- Orgasmic changes
- Contextual issues

Desire (libido)



Complex phenomenon

Hormonal influences

Related to assumptions about sexual
response cycle

Arousal



- Male versus female experience and understanding
- Anatomical, physiological and psychological components
- ? Amenable to interventions

Atrophy

Multiple consequences

- Pain
- Fear of pain
- Response of partner
- Social issues
- Surveillance issues



Anatomic disruption

Linked to arousal

Orgasmic changes

Long-term and late effects



Altered sensations

Orgasmic changes

- Impact on satisfaction
- Related to assumptions about sexual response
- Psychological consequences





- Relationship issues
- Emotional well being
 - Coping, distress, depression

What do nurses think and do?



- Younger nurses and those with less experience identified more barriers
- Certified nurses working in out-patient settings identified fewer barriers Julien et al, 2010.
- Recognition that patients want/need to talk about sexuality but nurses are reluctant Olsson et al. 2011

Barriers to communication

- Lack of specific knowledge  lack of confidence
- Avoidance of sexual assessment and intervention
- Conservative attitudes
- Fear of embarrassing self
- Fear of offending patient
- Denial of responsibility
- Institutional issues
- Lack of awareness of guidelines

Challenges for single women

- Dating
 - When to tell
 - How much to tell
- Disclosure
 - Altered body image
 - Effect on fertility

Patient perceptions

- Important for patients and partners
- Information received varied by cancer type
 - Lung 21%
 - Breast 33%
 - Colorectal 41%
 - Prostate 80%
 - Men 49% versus women 23%
- 45% had never talked to HCP about sexuality

Provider perceptions

- Medicalized approach
- Sexuality is not 'life or death' issue
- Avoidance
- Reaction of colleagues
- Fear of misinterpretation and litigation
- Trust and confidence

How do you talk about this?

- BETTER
- PLISSIT and EX-PLISSIT
- 5 A's

BETTER Model (Mick, Hughes & Cohen, 2003)

Bring up the topic

Explain you are concerned with quality of life issues, including sexuality

Tell patients you will find appropriate resources to address their concerns

Timing may not seem appropriate now, but they can ask for information or help at any time

Educate patients about the side effects of their cancer treatment

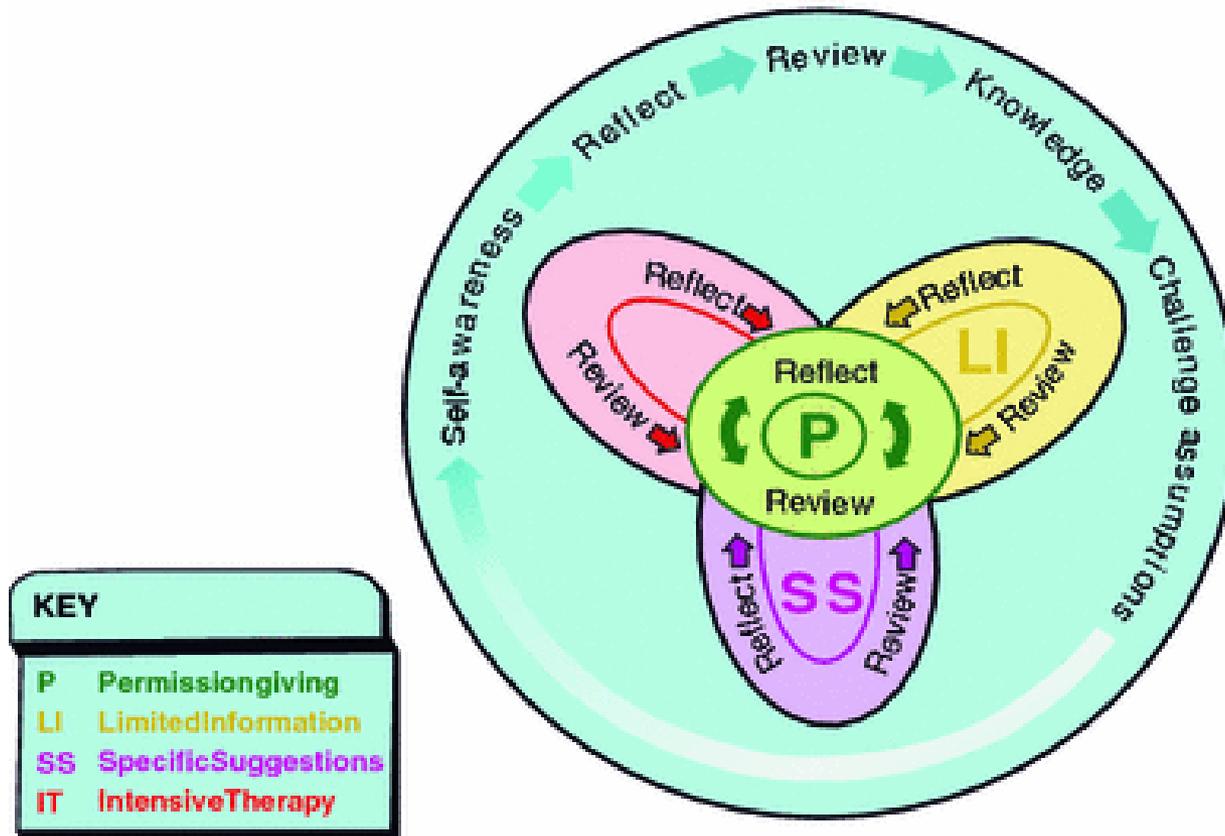
Record your assessment and intervention in the patient chart

PLISSIT (Anon, 1976)

- **P**ermission
- **L**imited Information
- **S**pecific Suggestion
- **I**ntensive Therapy

EX-PLISSIT (Taylor & Davis, 2007)

The Extended PLISSIT Model



5-A's (Bober et al., 2013)

- Advise
- Ask
- Assess
- Assist
- Arrange

Questions and comments....



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