SEXUAL RECOVERY AFTER BREAST CANCER

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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?

- Definition: “Capacity of sexual feelings”
- Sexuality ≠ Sex
- 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.
What is sexual dysfunction

- 43% of women in the “normal” population (Shifren et al.)

- 70% of breast cancer survivors experience sexual problems (Sadofsky et al.)
  - In the first 2 years after diagnosis/treatment

- 93% of women on Aromatase Inhibitors experience SD (Schover, et al.)
  - 80% their SD was a “new” complaint.
What causes sexual dysfunction

- Emotional State
- Physical Changes
- Relationship Status
- Treatments
- Body Image

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

- 9% of medical providers ASSESSED for FSD
  - TWSHF Study of 391 women
- 30% of couples coping with breast cancer spoke to a health professional (Emilee)
  - MD, Nurses, Therapist, Social Worker
- 72% of women we be okay discussing sexual health issues.
- 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](http://www.facit.org/FACITOrg/Questionnaires)
  - 2 questions

- **Female Sexual Function Index**
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
References

- Akkerman D, Hordern A. Sexuality and Breast Cancer: Addressing the taboo subject. Anti-Cancer Council of Victoria, Austria database. (http://www.icisg.org/Sexuality.pdf)
- www.cancer.org