Tips for discussing sexual dysfunction with oncology patients

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Cancer therapy presents unique challenges to health care providers because of the evolving nature of managing a patient's diagnosis, treatment, and recovery. Be conscientious about a patient's mental health *and* physical health when considering treatment and support.

Sexual health is important

Sexual dysfunction is one of many variables a patient considers when deciding on a cancer treatment plan—particularly those who have a gynecological, gastrointestinal, or reproductive-tract cancer. Additionally, sexual dysfunction remains one of the major health complaints after many cancer therapies, which may be overlooked because of patients' hesitancy to initiate discussion.

Many oncologic treatment options—surgery, chemotherapy, radiotherapy, and hormone therapy—are associated with sexual side effects, including radiation sequelae, erectile dysfunction, decreased lubrication, and vaginal atrophy.[1] Because sexual dysfunction often is multifactorial, an approach that involves psychological assessment and treatment usually is optimal. A mental health provider can explore the interactions of such factors as decreased self-esteem, negative body image, altered interpersonal relationships, and change or loss of libido when assessing reported sexual dysfunction.[2]

The mnemonic **SEMEN** can help you address sexual health topics with oncology patients:

Take a **Sexual history** at diagnosis and before treatment begins.

Provide **Educational materials** to warn of potential adverse sexual side effects of various treatments.

Maintain an open dialogue during cancer therapy. Discuss any adverse sexual side effects the patient may be experiencing.

Educate and treat your patient. Offer information on medications, devices, and techniques that target sexual dysfunction.

For men with erectile dysfunction, recommend a phosphodiesterase type 5 (PDE5) inhibitor (sildenafil citrate, tadalafil, vardenafil), a vacuum pump, or intracavernosal penile injection, such as synthetic prostaglandin E_1.

For men experiencing premature ejaculation, consider providing instruction on the "squeeze-pause" technique or prescribing a topical anesthetic cream such as lidocaine/prilocaine (available under the brand name EMLA), which is applied to the head of the penis and wiped off before intercourse. Some selective serotonin reuptake inhibitors, including fluoxetine, paroxetine, and sertraline, have been used off-label to treat premature ejaculation.

Women experiencing vaginal dryness or vaginal atrophy might benefit from vaginal estrogen (such as conjugated or estradiol estrogen tablets), an estradiol cream, or the estradiol vaginal ring. Other options include a vaginal moisturizing agent or lubricant.

Additional sexual education topics include:

- adjusting sexual positions
- enhancing foreplay
- seeking help from support organizations

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- engaging a sexual therapist (recommend one who specializes in treating oncology patients).

Make **Normality** the goal after treatment or recovery. Encourage your patient to maintain a healthy sexual lifestyle by continuing discussions about sexual health, supporting healthy self-perception, and addressing possible future sexual dysfunction.

Being given a diagnosis of cancer, undergoing treatment, and surviving the experience are life-altering. Healthcare providers should be open to discussing patients' past and current sexual practices; along with treating physical illness, you should attempt to maintain a sense of normality, which includes maintaining healthy sexuality.

Consider such factors as decreased self-esteem and poor body image when assessing reported sexual dysfunction

References

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