Stump the Professor

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ISSWSH ANNUAL MEETING

Case: Sexual Pain and Low Desire

- 39 year old female with sexual pain with intercourse/ penetration (primary) & low libido (secondary) x 3 years
- Husband diagnosed with Stage 4 Prostate Cancer at age 45 (+FHX) after 6 months of urinary symptoms
- Treated with hormone deprivation, surgery and radiation therapy
- "Penile rehab"
  - Sildenafil – response not robust, 1/4 tablet daily
  - Injections - erectile response
- Venous leak - loses his erection if not upright or in missionary position for intercourse; precludes position changes during intercourse

Typical Sexual Experience and Treatment

- Last sexual encounter 2 months ago
- Foreplay until she gets aroused
- THEN he injects (concern over losing erection during foreplay, 2-5 minutes)
- Returns to stimulating her pre-intercourse - she does not always stay aroused
- Holding off on venous leak repair until she addresses pain & low interest
- She does not get turned on around him, but describes marriage as solid
- Counseling sessions with cancer center, sex therapist for several months
- Intimacy and sexual building exercises, non-genital pleasuring; planning - no clear progress
- No plans for children; s/p vasectomy

Patient Profile and Clinical Evaluation

- Gyn exam “normal” x 2; quit job in Finance to deal with husband’s illness
- Pain with initial penetration and throughout intercourse; causes her to stop
- Tried KY Jelly, no other lubricants, no vibrator use to deal with break in stimulation
- COC or patch since age 19, d’cd 2 years ago due to low sexual engagement
- Sexual drive for masturbation improved, masturbates to orgasm 1-2 x/wk
- Spontaneous sexual feelings 3-4 times per week, but not for partner
- No other partners, not depressed, stressed by prostate cancer
- PFM dysfunction/tension and incoordination
- Calculated free T 0.2 ng/dl (normal 0.6-0.8), SHBG 62; TSH normal

Impact of PC on Relationships

- Prostate cancer affect 1/7 men, diverse physical and mental health issues
- Chronic long-term illness impacting gender roles, identities, and intimate relationships
- May threaten masculine ideals including sexuality and self-reliance
- Emasculating effects of treatment including sexual dysfunction and incontinence
- Female partner may be asked to provide new type of support
- Balancing women's support and men's autonomy
- Partners more likely to report sexual relationship worse if patient had surgery

Oliffe et al. Support Care Center 2015. 23:1127-1133.
Ramsey et al. J Sex Med. 2013 December;10(12).

Impact of PC on Female Partners

- High levels of stress & increased responsibility
- Limited resources to help cope
- QOL studies - emotional toll on partner (Northouse 2007, Campbell 2004)
- Partners report distress than patients (systematic review, Couper 2007)
- Increased somatic complaints, GP use increased 26%, illness explict (Heins 2013)
- Shift from male patient attending appointments alone to couples attending appointments together (Everstein and Wolkenstein, 2010)
- Time and energy intensive, impact on professional role and personal interests
- Physical impact of illness may lead to men's decreased activity in household tasks

PC, Treatment & Female Sexual Function

- Impact of PC treatment on couples' sexual function during initiation phase
- Demonstrated that couples' "complicity" remained intact despite decline in male's sexual function
- Post-operative decreases in IIEF-5 measuring erectile function and woman's FSFI scores were significantly associated within couples
- When strategies used to prevent or limit erectile dysfunction, female's sexual function of women improved
- Bilateral nerve sparing surgery preserved male and female sexual function
- No systematic study of impact of PDE5 alone of female function

Tran et al. Impotence Res. online 15 January 2015.

Recovery of Couples' Sexual Intimacy

- Goal of unconscious sex, not baseline EF
- Couples' engagement in intentional sex
- Couple's acceptance of erectile/sexual aids
- Partners' interest in sex

Wittman et al. J Sex Med. 2015; 12:494-504.

Coping Strategies and Restoration of Sex

HINDER RECOVERY

Hopelessness, difficulty grieving and accepting sexual losses

Lack of communication or intimacy

Partner's disinterest in sex

Ambivalence re expectation of initiating sex

Dislike of sexual aids or accommodations

*Even in otherwise harmonious couples, emotional intimacy without sexual pleasure

Wootten et. all, 2014; Wittman et al. 2015

FACILITATE RECOVERY

Communication about disease, sexual losses, treatment, and emotional impact

Pre-existing strengths

Optimism, humor

Patient's engagement in sexual rehabilitation

Partner's sexual interest

Regular sexual activity (parallel Basson model)

Willingness to experiment, flexibility (non-penetrative sex, sexual aids)

Summary of Recommendations for Case

- Desire: Hormonal, erotica, attention on sexual pleasure
- Flexibility, creativity, sexual adjuncts (vibrator)
- Address pain: pelvic floor physical therapy
- Encourage independence, re-engagement in personal and professional pursuits