

Sexuality in hematological patients

Nursing and psychosocial aspects

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The Telegraph

US scientists discovered that:

- **Men think about sex 19 times a day**
 - Almost 8,000 times less than previously thought.
 - They also think about food almost as much as sex - 18 times a day.
 - Closely followed by sleep, which crosses their mind 11 times a day.
- **On average, men still think about sex twice as much as women**

Working definitions

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

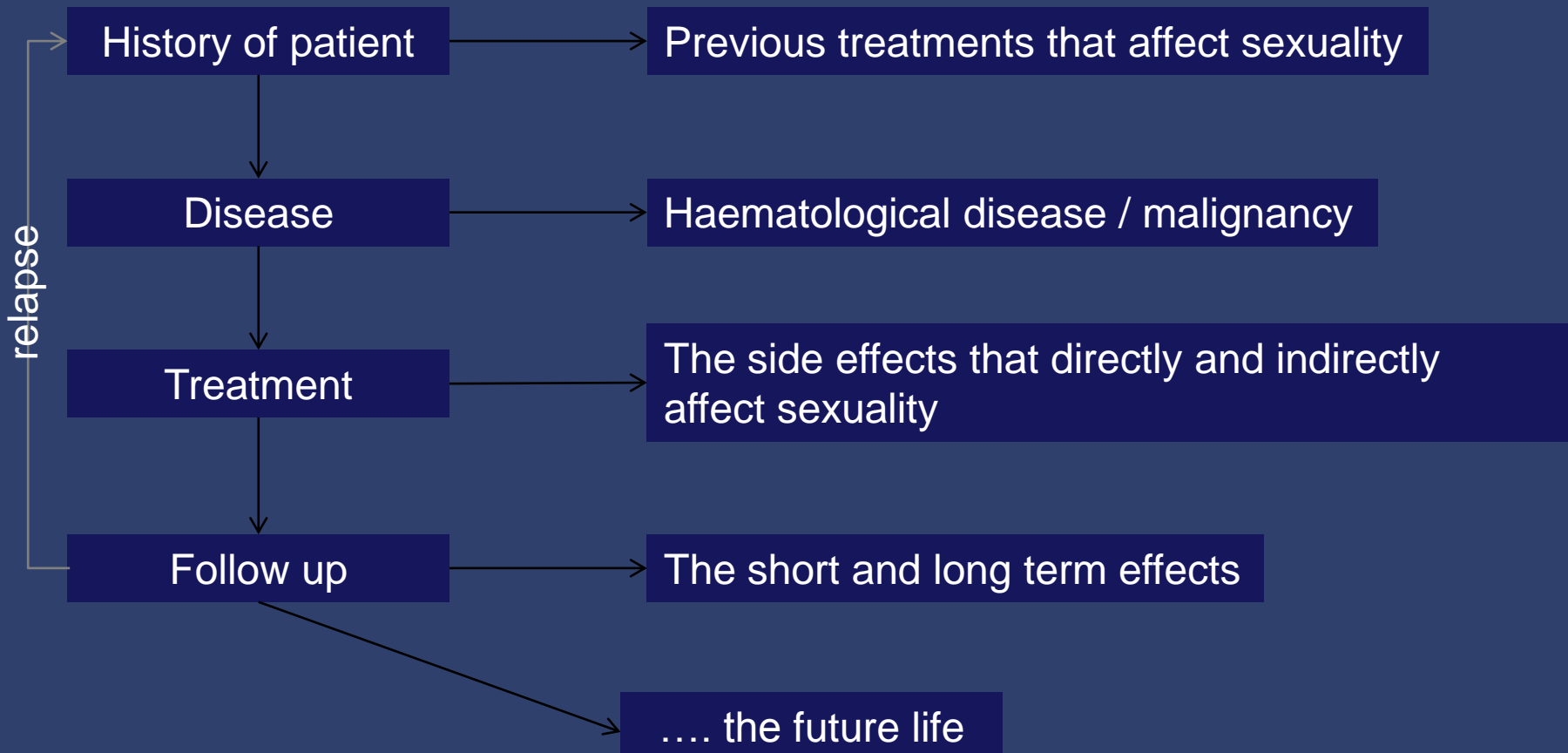
Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf

Each patient defines their sexuality and sexual health differently and uniquely according to gender, age, personal attitudes, and religious and cultural beliefs.

National Cancer Institute, 2006

A complex problem!



The side effects of treatment

Chemotherapeutic Agents

- Amenorrhea
- Premature menopause
- Erectile dysfunction
- Azoospermia or oligospermia
- Decreased libido
- Potential for drug to be excreted in human milk

Radiation Therapy

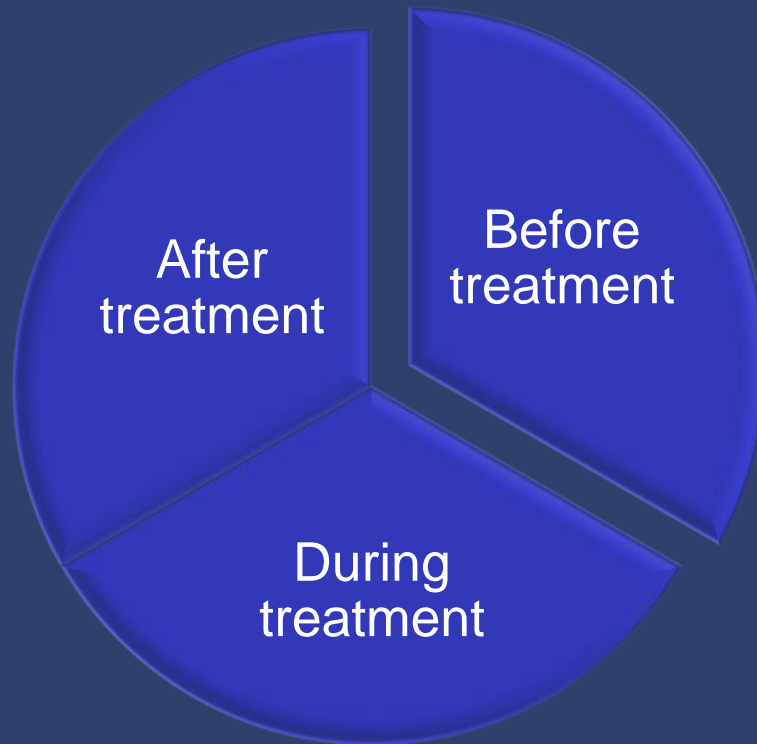
- Ovarian failure (causing infertility or sterility)
- Premature menopause
- Amenorrhea
- Painful intercourse
- Loss of libido
- Decreased lubrication
- Vaginal atrophy
- Vaginal stenosis or shortening
- Testicular aplasia (leading to infertility or sterility)
- Erectile dysfunction
- Chronic diarrhea
- Chronic fatigue

The side effects of treatment

Stem Cell and Marrow Transplant

- Decreased sexual desire and satisfaction
- Vaginal atrophy
- Decreased lubrication
- Painful intercourse
- Premature ejaculation resulting from prolonged abstinence
- Impotence or erectile dysfunction
- Body image changes
- Chronic fatigue
- Chronic gastrointestinal disturbances

The side effects of treatment



Changes in:

- *Body image*
- *Reproductive function*
- *Sexual function*

= *All aspects of cancer and cancer treatment may affect human sexuality*

(Krebs, 2006)

What are patients asking for about sexuality?

Several patients stated that they wished they had simply been asked about their sexuality by their nurse.

Others wanted to know that it would have been okay to ask their nurse questions about sexuality.

“if my nurse had brought up the topic of sexuality, it is possible I would have found it interesting.”

Information regarding what happens to the body during cancer treatment and the impact fatigue has on sexuality would have been appreciated.

What are patients asking for about sexuality?

- Permission
- Normalising and validating
- Information
- Practical advice and appropriate referral

How to start?

Be aware of your own attitudes and knowledge about sexuality!

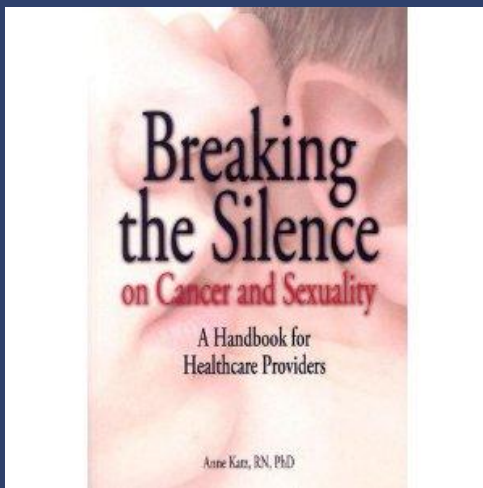
→ Nurses should find their own comfort zone for making this assessment in their patients.

Avoid missing opportunities to discuss sexuality.

Assessment of sexual health is the first part of problem identification

(Julien, Thom, & Kline, 2010)

Knowledge

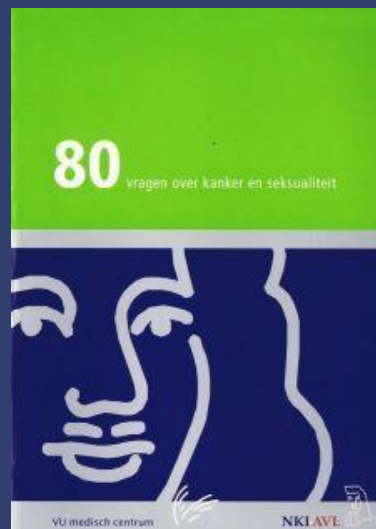


Handboek voor verpleegkundigen

Corien Eeltink
Diane Batchelor
Claudia Gamel

Kanker en Seksualiteit

Veranderingen en gevolgen van de behandeling



Assessment

Avoid Making Assumptions



Assessment

Two communication tools to address sexuality :

- **PLISSIT model**

Is a four-step model. A systematic approach to learning about a patient's sexual concerns and discussing supportive interventions based on four sequential intervention levels requiring increasing knowledge and expertise (Annon, 1976; Katz, 2005).

- **BETTER model**

Was developed specifically for oncology nurses. Employs a step-wise sequence to help facilitate communication between patient and nurse about the sensitive issues of intimacy, sexuality, and sexual dysfunction (Mick, 2007; Mick, Hughes, & Cohen, 2003, 2004).

Assessment

PLISSIT model

P = Permission

LI = Limited Information

SS = Specific Suggestions

IT = Intensive Therapy

BETTER model

B = Bring up the topic

E = Explain to the patient

T = Tell the patient

T = Time of the discussion

E = Educate the patient

R = Record the elements

Assessment

Two models to assess sexual function (Krebs,2006; Mick, 2007):

ALARM model and PLEASURE model

PLEASURE (Schain, 1988)

Partner
Lovemaking
Emotions
Attitude
Symptoms
Understanding
Reproduction
Energy

ALARM (Andersen, 1990)

Activity
Libido
Arousal
Resolution
Medical information (cancer and
health status)

Assessment

- Patient history
- Patient coexisting variables
- Type of hematological disorder
- Bring up the topic
- Discuss and check fertility issues
- Encourage Questions About Sexuality

For instance start with less sensitive questions and move toward more sensitive ones.

Example assessment (Post - HSCT)

Vrouwen

9.6. Heeft u last van een verminderd seksueel verlangen sinds de stamceltransplantatie?

Nooit
 Zelden
 Soms
 Vaak
 Altijd

9.7. Heeft u last van vaginale droogheid?

Nooit
 Zelden
 Soms
 Vaak
 Altijd

9.8. Heeft u pijn bij seksueel contact?

Nooit
 Zelden
 Soms
 Vaak
 Altijd

Indien nooit, ga verder naar vraag 9.9.

9.8.1. Zo ja, Geef de score aan op de schaal die overeenstemt met uw gemiddelde pijn tijdens het seksueel contact.

Score 0 betekent geen pijn 😊 en score 10 betekent onuitstaanbare pijn ☹️.

😊 ☹️
 0 1 2 3 4 5 6 7 8 9 10

9.9. Heeft u nog uw maandstonden?

Ja Neen

Zo neen, ga verder naar vraag 10.1.

9.9.1. Zo ja, zijn de cycli regelmatig (tussen de 21 en de 35 dagen)?

Ja Neen

Example assessment (Post – HSCT)

Mannen

9.2. Heeft u last van een verminderd seksueel verlangen sinds de stamceltransplantatie?

Nooit
 Zelden
 Soms
 Vaak
 Altijd

9.3. Heeft u erectieproblemen?

Nooit
 Zelden
 Soms
 Vaak
 Altijd

9.4. Heeft u pijn bij ejaculatie?

Nooit
 Zelden
 Soms
 Vaak
 Altijd

9.5. Heeft u pijn bij seksueel contact?

Nooit
 Zelden
 Soms
 Vaak
 Altijd

Indien nooit, ga verder naar vraag 9.6.

9.5.1. Zo ja, Geef de score aan op de schaal die overeenstemt met uw gemiddelde pijn tijdens het seksueel contact.

Score 0 betekent geen pijn ☺ en score 10 betekent onuitstaanbare pijn ☹.

☺ 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 ☹

Example 1

Young male patient (17 years). hospitalized for starting treatment. After discussion impact on fertility has chosen to preserve a sperm sample for the future.

'I never felt in my life such a humiliation as the moment I had to donate sperm'

Why was this?

- No suitable accommodation.
- Mother was waiting outside!
- The handling of the semen sample.



Example 1: possible nursing interventions

- Customized information
- Adapted accommodation (room, wipes, towels, ...)
- Foresee privacy (auditory and visual privacy)
- Timing (not during visiting hours!)
- Trade professionally
- Discuss fears
- ...

Example 1: possible nursing interventions



Example 1

Young male patient. First day starting treatment on day hospital. Mother was very worried. There was nothing said about fertility.

Why was this?

- The doctor had not mentioned because the treatment has no lasting effect on fertility.

Solution:

To address the doctor to discuss this issue before starting treatment.

Example dismissal brochure

Sexual Activity

Patients may resume sexual activity with a single healthy partner once their platelet count is greater than 50,000. We recommend the use of male or female condoms with lubrication and avoidance of performing oral or anal sex for six months following HSCT. We encourage patients to discuss low libido, dyspareunia, and erectile problems with their healthcare providers. Dyspareunia may be a symptom of chronic GVHD of the vaginal mucosa or menopause, and low libido and erectile problems may indicate hypogonadism.

Vaccinations

The Faculty and Staff of the Stanford BMT Program.

Note. Figure courtesy of the Stanford Blood and Marrow Transplant Program. Used with permission.

Statements patients

"I'm glad you ask. I find it hard to tell anything about this to the doctor. "

I really would not know if i can get an erection. It's definitely been over a year since we made love. "

"What are you asking about! That is not a priority. First recover and we'll see. "

"This is not easy, but I'm glad I can discuss with you."

"It's been long since we made love. But I once masturbated and when I came it was painful. Since then I've no more! I'm afraid!"

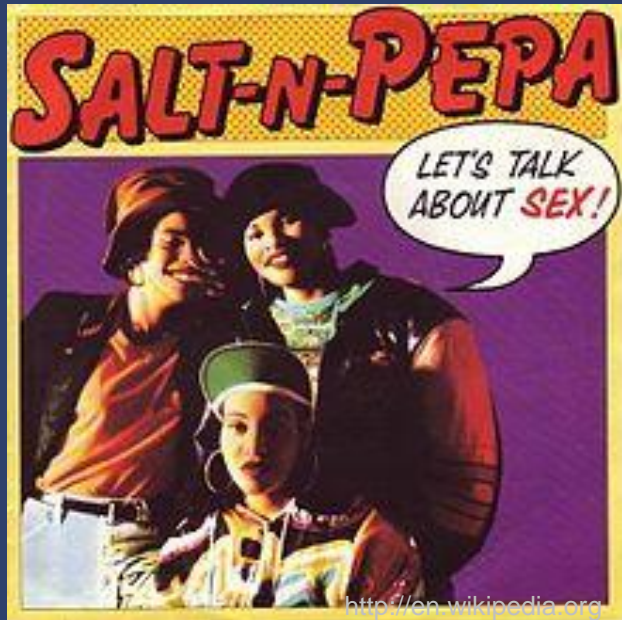
Take home message

- A discussion regarding sexuality can be uncomfortable for both nurses and patients.
- Communication tools such as PLISSIT or BETTER can help nurses gain confidence in their abilities to address sexuality
- Use as a nurse this (confidential) position in its ability to discuss care for sexuality and intimacy.

Take home message

- Recognize the patient as a sexual person
- Emphasize importance of intimacy
- Sexuality and intimacy remain debatable!
- Stimulate discussion about the possible changes
- Attention to the partner!

Questions



*let's also talk about
sexuality!*

