

FIGURE 7.**HEALTHCARE PROVIDER TIP SHEET: DISCUSSING SEXUAL DYSFUNCTION**

When discussing sexual dysfunction, it is important to remember that it is only a problem if the individual defines it as one. In addition, sexual activity is not required for a person or relationship to be normal.

USE OPEN-ENDED QUESTIONS

When discussing a patient's sexual function, a relaxed, nonjudgmental, and professional conversation can make an awkward topic easier to approach.

- "Patients with cancer may have problems with intercourse. Have you experienced sexual problems?"
- "Are you having any difficulties participating in sexual intercourse?"
- "Are you concerned about your sexual response?"
- "Has your level of sexual activity decreased or changed?"
- "Has your cancer diagnosis or treatment affected how you feel about yourself?"
- "Have you discussed your feelings with your partner?"
- "Do you have any questions or concerns about your sexual function?"

MANAGEMENT STRATEGIES

When managing sexual dysfunction, it is important to address other conditions, such as thyroid dysfunction, renal dysfunction, diabetes, cardiovascular disease, or depression, that may affect sexual function. In addition, the underlying causes of sexual dysfunction must be thoroughly assessed, including nerve root compression, peripheral neuropathy, opioid therapy, treatment effects, and medication side effects.

PHYSIOLOGIC INTERVENTIONS

- Vaginal dryness and dyspareunia: For first-line treatment, use nonhormonal vaginal moisturizers and lubricants. For second-line treatment, use vaginal estrogen replacement (low-dose estradiol rings or creams).
- Testosterone replacement (remains controversial)
- Erectile dysfunction: Use oral PDE-5 inhibitors (e.g., sildenafil), vacuum erection devices, and penile prosthesis.
- Avoid sexual intercourse if neutropenic (absolute neutrophil count less than

1,000) or thrombocytopenic (platelet count less than 50,000) to minimize risk of infection or bleeding.

PSYCHOLOGICAL INTERVENTIONS

- Cognitive behavioral stress management, relaxation training, sexual education, or sexual counseling
- Partner participation in therapy may improve intimacy and body image.
- To improve intimacy between partners, one technique is to redefine sexual activity as a continuum between no intercourse and intercourse. The purpose is to allow partners to become familiar with one another's sexual changes.

REFERRALS

Several areas of the health profession are concerned with sexuality and sexual function, including mental health professionals, sex therapists and counselors, gynecologists, urologists, endocrinologists, sperm banks, infertility clinics, and genetic counselors.

ADDITIONAL RESOURCES

CancerCare

- www.cancercares.org

Cancer Survival Palace

- www.cancersurvivorsplace.org

Livestrong Fertility

- www.livestrong.org/we-can-help/livestrong-fertility

National Cancer Institute Office of Cancer Survivorship

- <http://dccps.nci.nih.gov/ocs>

National Coalition for Cancer Survivorship

- www.canceradvocacy.org

OncoLink: OncoLife survivorship care plan

- www.oncolink.org/oncolife

Note. Based on information from Goncalves & Groninger, 2015; Richards et al., 2011; Tomlinson, 1998.