

Empower – Menopause and Cancer Survivorship Pathway

Intimacy and Sexuality - Partners Experience

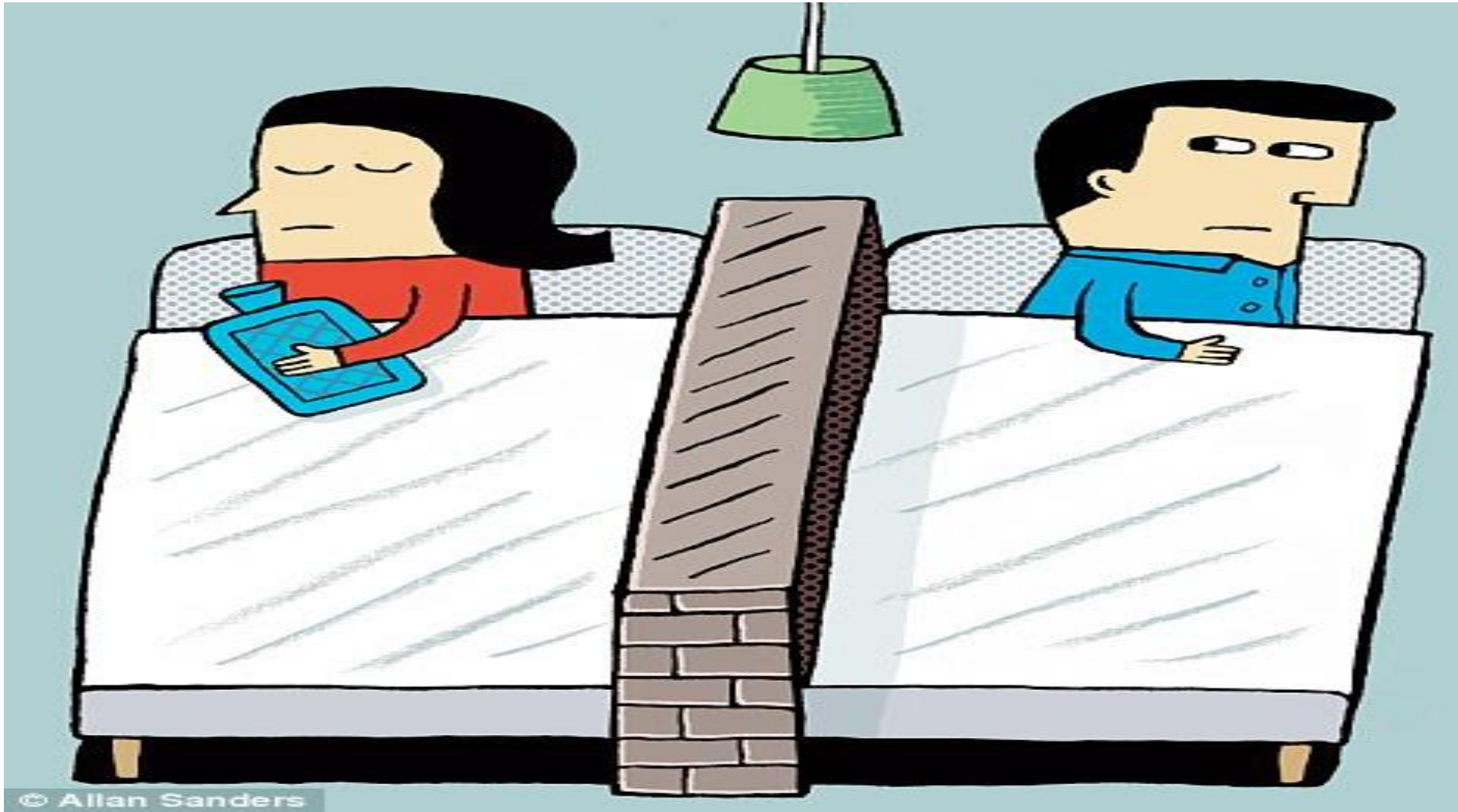
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Today

- You
- Sexual response cycle
- Desire
- Hopes & Solutions For The Future

You

Your relationship with your body?



General Population

- A third of men (34%) and two-fifths of women (41%) reported having a current sexual problem.
- Mean age 50yrs
- Increased with age in men and remained the same for women.
- Vaginal dryness, Erectile problems

(Dunn KM et al 1998)

- Cleveland Clinic state 43% of women and 31% of men report some degree of difficulty in sexual function

A Sex Snapshot

- 7x per month if you aged between 30-40 yrs old
- 6x per month if you are aged 40-50
- 5x per month if you are aged 50-60
- Over 60 continues to decline
- NB EVERYONES SEX LIFE IS DIFFERENT

Breast are identified as femininity. Beauty, motherhood & attraction not just an organ

Mastectomy evokes both negative emotions due to the loss of the breast(s) and a sense of hope related to still being alive

Many women wait after a mastectomy to look at the site avoiding the scar, fear of what they might see.

Site describes as “wreathed, horrible, scary, ugly, crooked and collapsed shape”

Social identity-women feel “diminished as a women, half abnormal and depressed”

Post Gynaecological Cancer

- **Sexuality and Sexual Function is most important QOL issues for these patients**
 - 90% will experience some sexual dysfunction
 - 50% chronic (greater than 12 months)

- **Ovarian Ca Pt's 2 yrs post treatment**
 - 60% stated sex lives negatively affected
 - 46% reported moderate (20%) or great (26%) sense of loss about their sexuality

- **Cervical Cancer (rt)**
 - Difficulties with sexual function 2-3x more often than aged matched control reports

Effects of Treatment: Physical

- Changes to breast
- Change to Vagina/Genital area
- Stoma
- Changes to Arm
- Menopausal Symptoms
- Tiredness or Fatigue
- Fertility
- Sexuality

Effects of Treatment: Physical contd/..

- Concentration
- Memory Problem
- Effect on Heart
- Effect on Lungs
- Effects on Bones
- Weight Gain
- Peripheral Neuropathy

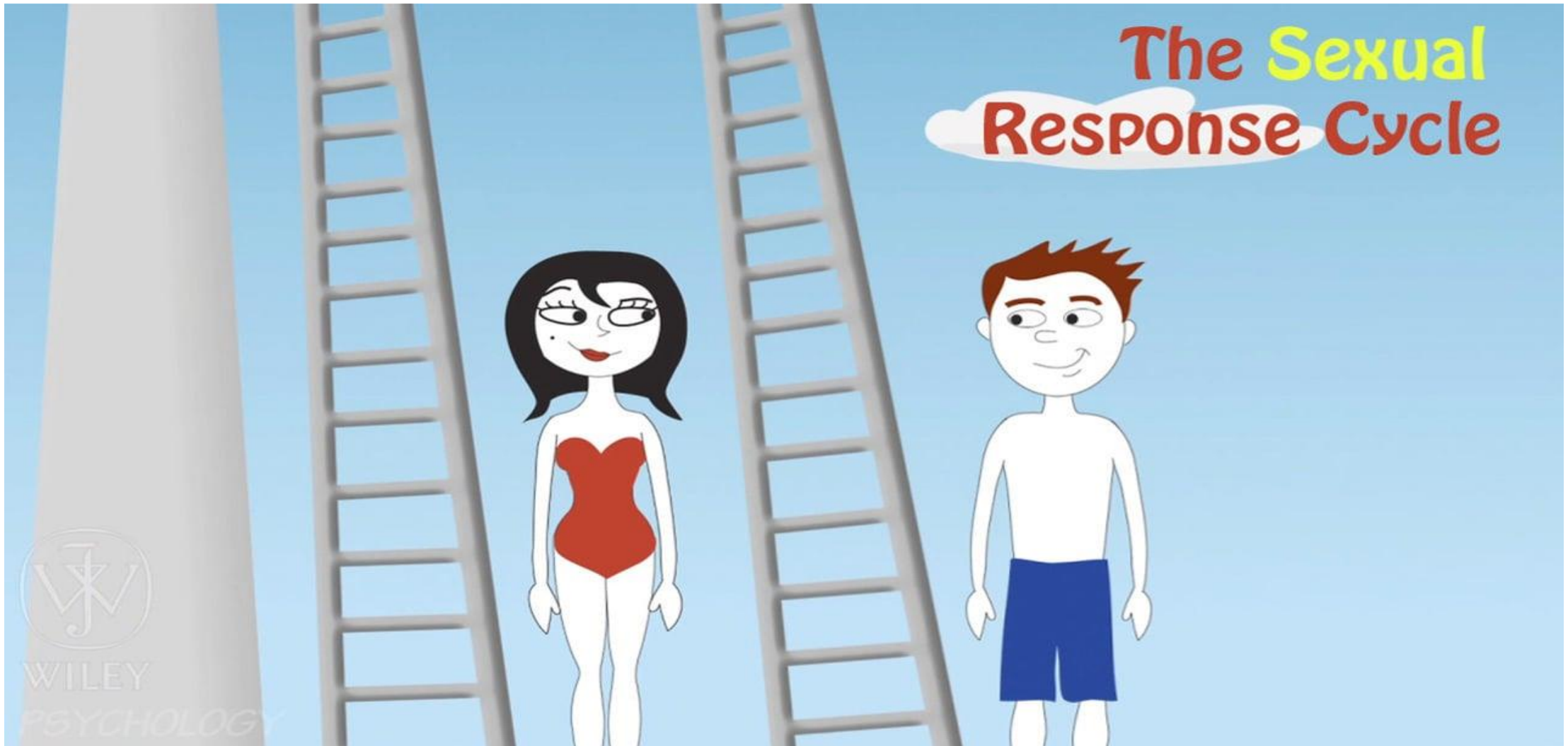
Effect of Treatment: Psychological

- Anxiety
- Depression (main cause of decreased libido)
- Illness Intrusiveness
- Loss of Feminine Identity
- Low Sexual confidence
- Decreased sexual desire
- Poor body image
- Fear of Intimacy/relapse/
- Anger (fertility)

Prevalence

- Women 35-60%
 - Mostly impaired sexual interest and arousability
 - 10-15% anorgasmia
- Men
 - Rapid ejaculation 20-40%
 - Erectile dysfunction 7-10% (25% over 65yrs)
 - Retarded ejaculation 4%

Anne Kratz 2007



Click this link to watch video

<https://vimeo.com/63123183>



Revised Sexual Response Cycle

- Loss of sexual desire one of the most common sexual effects of cancer treatment.
- Bason relayed that desire often follows arousal rather than precedes it.
- If motivated...in potentially arousing sexual activity....they begin to feel aroused desire will be triggered.
- Importance of enhancing motivation... understanding the fears about engaging in sexual activity.

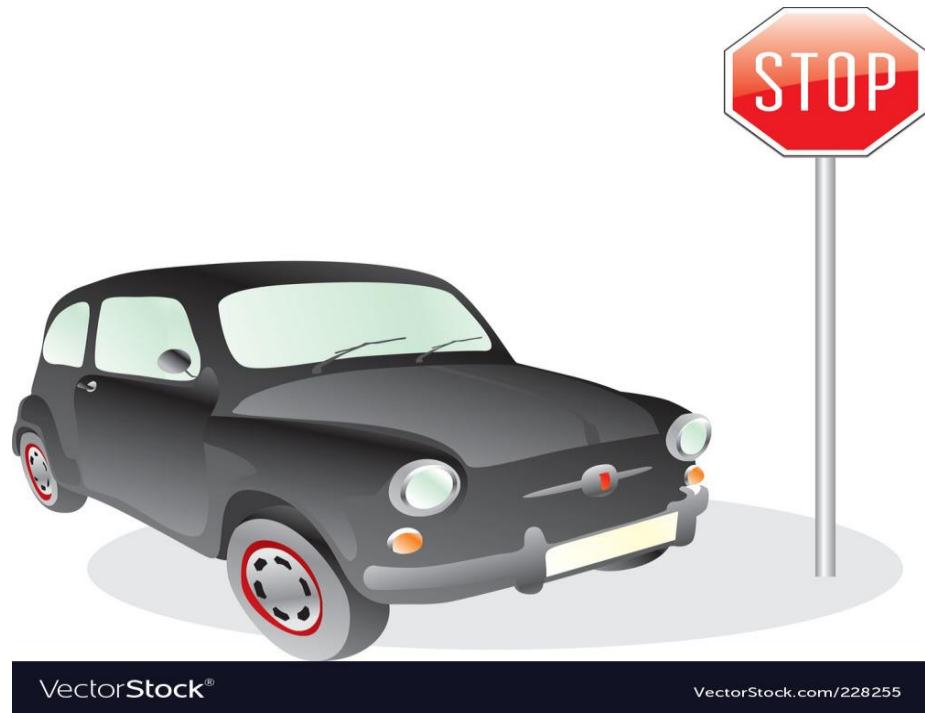


Sexual Desire

- Drive-Biological need
- Motivation-psychological component (mood relationship social context)
- Wish- Cultural component (values, expectations, rules, believes)

What Motivates You?

Stop/Start



Desire Phase

- Are there times when you spontaneously experience desire for sexual activity? If so how frequently?
- Responsive desire.
- If your partner approaches you sexually, how do you usually respond?

Orgasm Phase

- When you want to, do you reach an orgasm normally?
- Is the timing of it too fast/too slow?
- Stimulation is very unique-what types of stimulation works best for you in helping you reach orgasm?

Resolution Phase

- When you reflect on your recent sexual experience how do you usually feel?
- Are you concerned with any aspect of your body in how it responds sexually?
- With your sexual relationship?
- Or your ability to be a good lover?

L'appetit vient en manégeant"

Or

"Appetite comes while we eat"

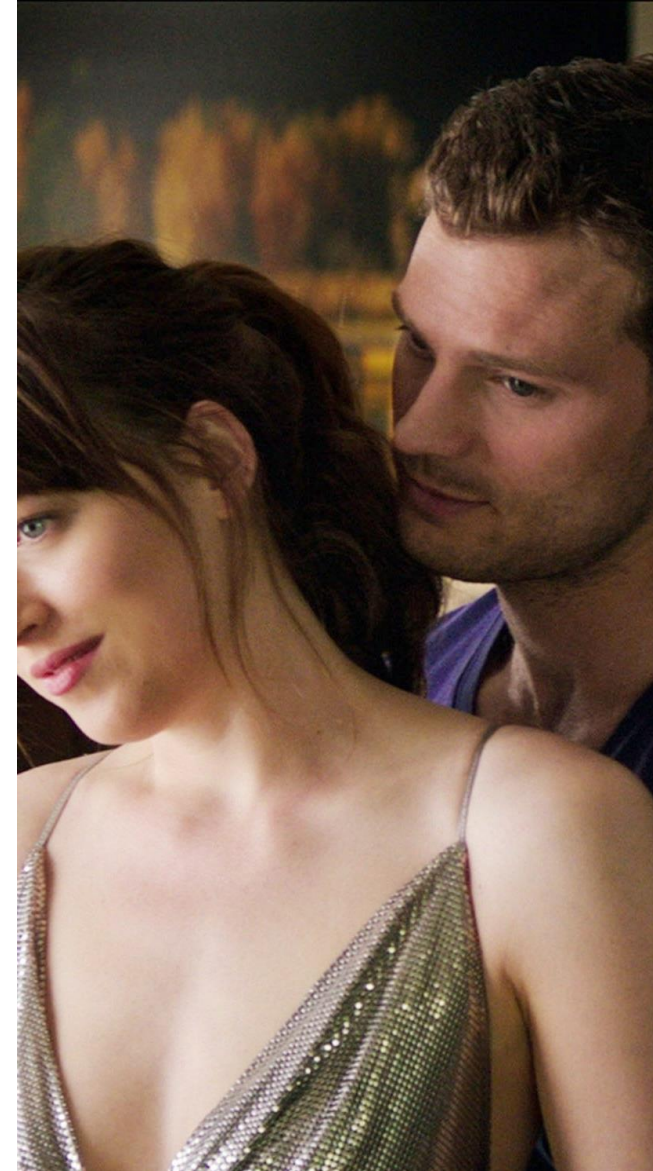
Shimmering

- Hold Hands
- Put your arm around your partner
- Hug each other
- Cuddle up in the sofa
- Kissing
- Message each other
- Dance
- Caress your partners face
- Shower/bath together



What to do?

- Talk about sex!
- The influence of drugs and diseases on desire
- Sex is not a formula like the movies!
- Good intimacy can be planned
- Swap rolls
- Stay flexible
- You can have an a la carte rather than a set menu!





Imagine responsive desire as glowing embers at a campfire. When you blow at the embers softly and carefully, a small flame appears. And with time, aptitude and patience, the embers will slowly but surely turn into fire again.

The key point is: You don't have to be sexually aroused to engage in sexual activity if you are in an open and neutral mind-set. This might require pushing yourself out of your comfort zone in actively trying to get in the mood, instead of waiting for spontaneous desire to happen. However, recognize your boundaries and don't force yourself to sexual activities, you don't want to engage with. Sex should never turn into a chore or cause stress!

Exercise

- Improves sexuality
- Improves body image
- Reduces anxiety
- Reduces depression

Books

- “Come as you are” Emily Negoski
- “Love Worth Making How to have ridiculously great sex in a long-lasting relationship” Stephen Snyder

Take home

- Talk about it (normalize it)
- [thisisgo,.ie](http://thisisgo.ie)
- Sensate Focus Exercise
- Mindfulness
- Coping –Exercise
- Hope
- www.bodygra.ie

Thank you

