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Cancer Treatment Centers of America® Presents

Intimacy Concerns and Breast Cancer

Addressing An Often Unaddressed Topic

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PA Breast Cancer Coalition

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Celebrating Survivorship

Topics we will cover today:



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- Key terms
- Why is intimacy important?
- How a breast cancer diagnosis and treatment can affect intimacy.
 - Tips for Couples
 - Tips on Dating
- What you can do to maintain and rebuild intimacy during your journey.

Intimacy... as defined by Wikipedia



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- “A very close affective connection with another as a result of a bond that is formed through *knowledge* and *experience* of the other.”
- Intimate relationships can be *emotional*, *physical*, or *both*.



The Basics of Intimacy...



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- We're wired to want it:
 - Humans have an innate desire to feel loved and connected
- Benefits: support, pleasure
- It takes work...

“there's nothing more intimate in life than simply being understood. And understanding someone else.”



Brad Meltzer
The Inner Circle

How does a breast cancer diagnosis and treatment affect intimacy?



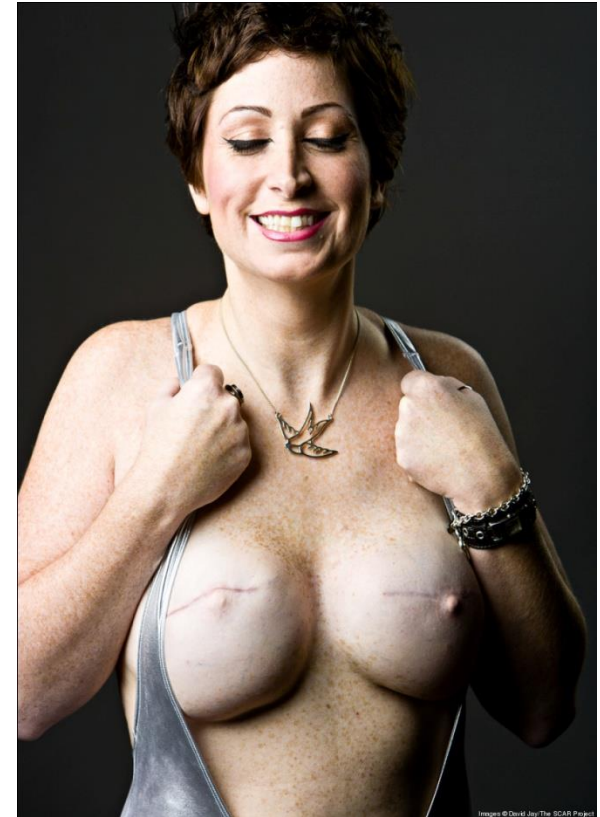
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- With survival rates increasing through advancements in medical science, awareness about the need to focus on quality-of-life (QOL) issues has also increased
- Intimacy is a significant part of QOL
- Changes in body-image/self-perception → common
- Comparisons with pre-dx sex life and current sex life

Key Terms

- **Body Image**

- Mental picture of one's body
- An attitude about physical self
- Appearance
- Ideas of sexuality
- Femininity
- Overall attractiveness



Pikler and Winterowd, 2003: Women with better body image perceptions had higher levels of self-confidences in coping with breast cancer.

Key Terms Continued

- **Sexual Function**
 - Sexual desire, orgasm, erection and are these systems intact?
- **Sexual Dysfunction**
 - Change in sexual functioning, desire, arousal which causes emotional, physical or psychological distress.
- **Sexual function +/- Sexual Dysfunction = Quality of Life (QOL)**

- As a result of changes in sexual functioning, emotional distress is common
- Changes in a woman's perception:
 - Body image
 - Femininity
 - Perceived Desirability
 - Satisfaction with sexual activity
 - Interest in sexual activity

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- Emotional distress is very common and can range in severity and longevity
 - Incidence rates one year post-dx suggest:
 - 10 to 25% meet criteria for a diagnosis of major depressive disorder
 - 35% experience clinically significant symptoms of anxiety disorders
 - 41% experience significant “distress” (mix of depression, anxiety, anger, guilt)
 - 50% of women experience a significant problem with body image
 - 52% experience a serious problem in at least one area of sexual functioning or experience a small problem in two or more areas of sexual functioning
 - **Untreated depression** contributes to 50% of reported decreased libido and arousal
- **Protective Factor** → Research shows that greater emotional support from partner is significantly associated with less sexual dysfunction and greater relationship satisfaction.

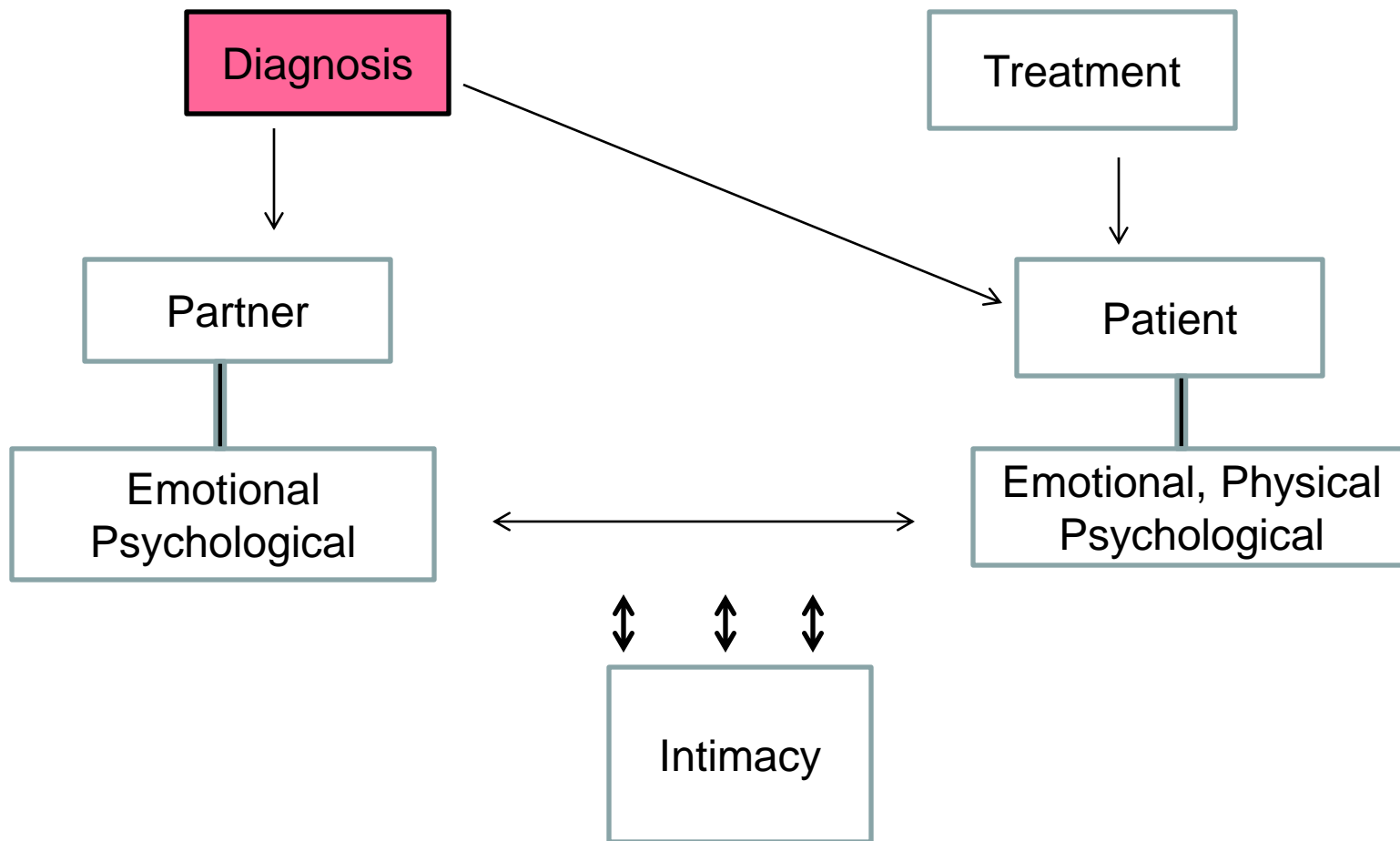
Partners feel the impact too...

- Role change
- Shift of responsibilities
- Feelings of inequity
- Changes in social activities
- Preoccupation with thoughts of mortality, fear and loss
- Changes in sexual functioning/needs being met
- Financial strain

It's multi-factorial...



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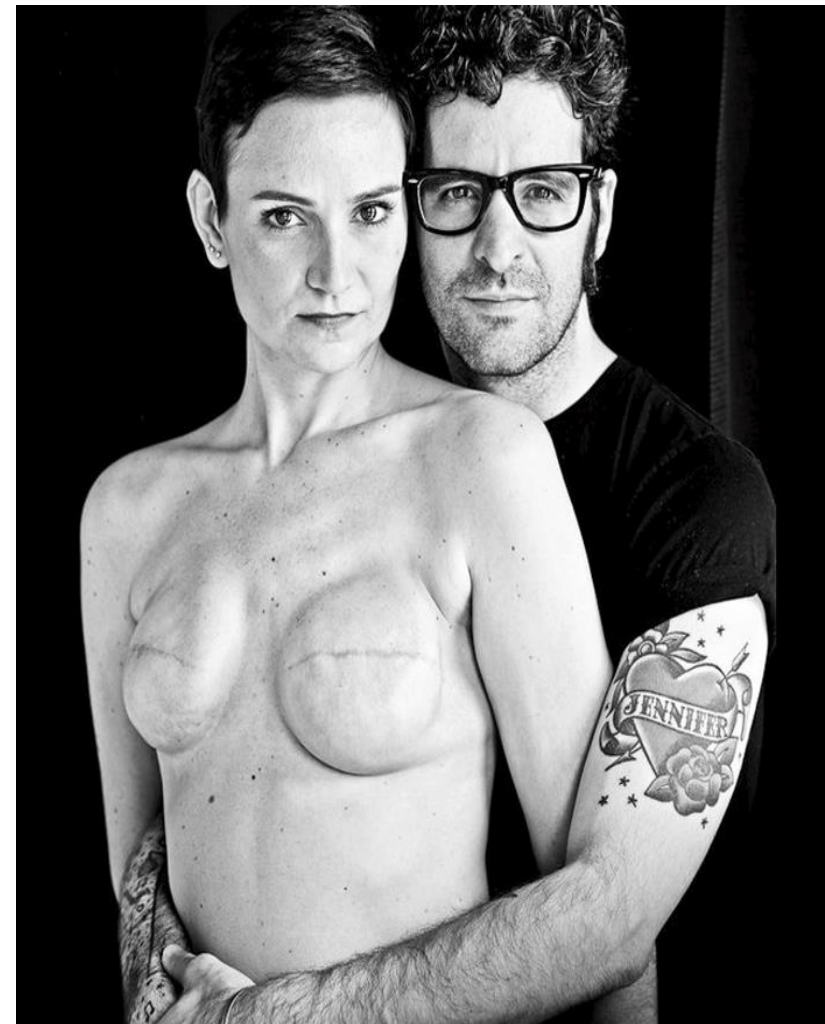


Treatment-related factors that can impact intimacy



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- Post-surgical
 - Loss of breast tissue
 - Changes in shape or symmetry
 - Pain
 - Changes in skin texture and scarring
- Radiation related
 - Skin burns and discoloration
 - Fatigue
 - Changes in skin sensitivity
- Chemotherapy related
 - Vaginal dryness
 - Fatigue
 - Nausea and vomiting
 - Thinning of vaginal walls and decreased elasticity
 - Hot flashes
 - Vaginal atrophy
 - Changes in weight (gain or loss)
 - Hair loss



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Physical changes impact sexual functioning:

- Body image
- Self-esteem
- Painful sex
- Decreased interest in sex
- Decreased pleasure with stimulation
- Difficulty reaching or not having orgasms



[Video 1](#)

Body Image Changes

[Video 2](#)

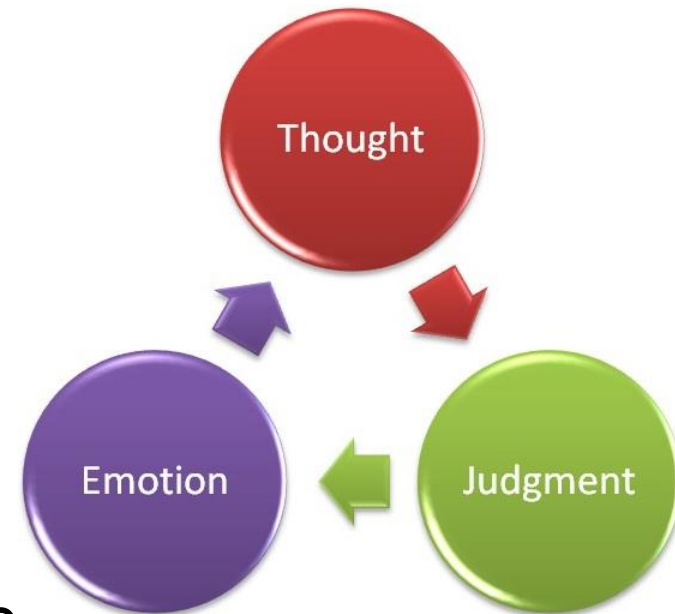
Hair Loss and Intimacy

It's OKAY to experience change in emotions....



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- Anxiety:
 - Worry
 - Physical tension
- Depression:
 - Decreased “lust for life”
 - Low self-esteem
 - Feelings of guilt or self-blame
- Anger, Irritability and Frustration



Common barriers with survivors and partners



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- “Being alive is enough.”
- “There’s probably nothing that can make it better, so why bring it up?”
- “I’ll wait for him/her to talk about it.”
- “He/she isn’t attracted to me anymore.”
- “I want to protect her and don’t want her to feel pushed.”
- “She/he will probably reject me.”
- “We can’t do the things we used to do, so why bother?”
- “Talking will just make him/her mad and just make everything worse.”
- “When it’s time to be intimate again, I’ll just feel like it.”
- “Cancer has made me un-datable. Why bother? No one will want me.”

Give yourself time, but not too much time...



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- Most women do adjust to the physical and emotional changes after treatment.
- Some women eventually report significant benefit finding from their experience.
- Research shows that after a cancer diagnosis, people who return to sexual activity within the first year adjust better than those who don't.

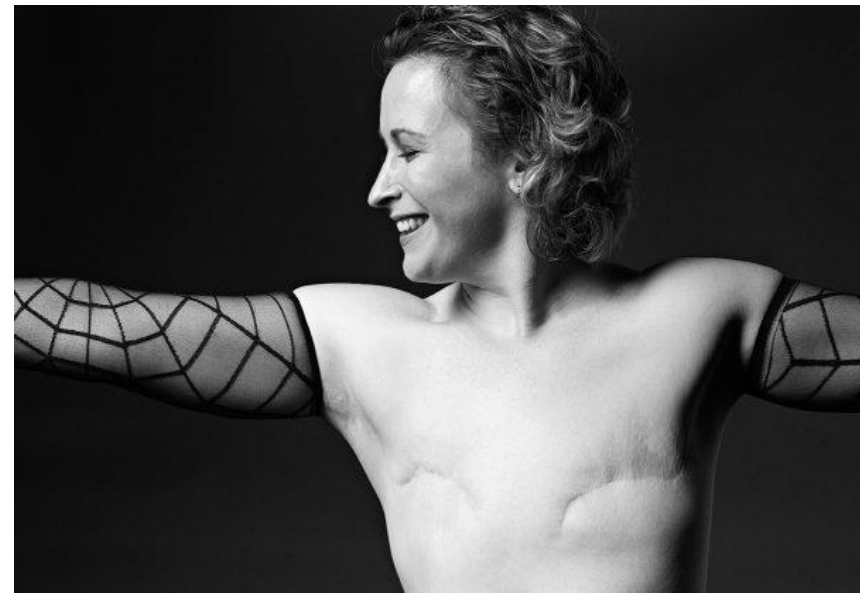
Dating

- If you're single, don't let cancer hold you back→

Video

- Don't put unnecessary pressure on yourself, but do start dating when you are ready
- You get to choose who to tell and when
- It's okay to be nervous
- Try not to jump to conclusions.
- You survived treatment ...you can survive dating!

<https://www.youtube.com/watch?v=aiPowUJcPYI>



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Sexual Dysfunction in Recurrence-Free Breast Cancer Survivors



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- Sexual dysfunction is common
 - 64% reported absence of sexual desire
 - 38% suffered pain during sex (dyspareunia)
 - 42% experienced lubrication problems
 - Multi-ethnic study and vaginal dryness = #1 unaddressed need
- Survivors
 - 4.4 years out survivors reported difficulty in sexual functioning with vaginal dryness (highest rated unmet symptom)
 - perceived sexual attractiveness influenced sexual dysfunction
 - post-menopausal women more symptoms
- Relationship distress compounded sexual functioning
- Relationship between depression and sexual desire

A Glance at Anti-depressants

- **SSRIs = serotonin reuptake inhibitors**

- Celexa = citalopram**
- Lexapro = escitalopram
- Prozac= fluoxetine
- Luvox = fluvoxamine
- Paxil = paroxetine**
- Zoloft = sertraline

* increase in sexual dysfunction

- **MAOIs = monoamine oxidase inhibitors**

- Wellbutrin, Wellbutrin SR = bupropion
- Cymbalta = duloxetine

* ASEX (Arizona Sexual Experience Scale) = improvement

** **As with all medication, talk with your doctor about what's right for you ****

Post-Menopausal Women and Urogenital Atrophy and Estrogen Replacement Options



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- **Atrophy** = decreased tissue elasticity and fluid secretion
- Estrogen deprivation → elevation in vaginal PH = increase in vaginal dryness and UTIs
- Potential **SOLUTIONS**
 - Vagifem → vaginal tablet
 - Premarin Vaginal Cream → vaginal cream
 - Estring → slow release estrogen ring
 - Synapause → vaginal cream

**** Talk with your oncologist about contraindications and options specific to your health and sexual function ****

Oophorectomy, Testosterone and Sexual Function



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- Some women may have their ovaries removed when diagnosed with breast cancer
 - Hormonal changes (decrease in testosterone and estrogen)
 - Hormonal changes impact sexual function
- 300 Micrograms of trans-dermal testosterone (patch)
 - Small study of 75 post-oophorectomy women expressed improvement in sexual activity and pleasure-orgasm after 12 weeks on patch
 - Larger study of 814 post-oophorectomy women with low sex drive reported improvement in satisfying sexual experiences after 24 weeks on patch
 - compared to 150 micrograms
 - placebo

Non-Hormonal Interventions

- Replens → vaginal moisturizer
 - No strong evidence compared to placebo group in double-blind, randomized clinical trial
- Therapy & Education
 - Six 2 hr sessions + educational handouts =
 - Improved in sexual functioning
 - Improved relationship
 - Improved satisfaction with sex

Communication



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- Communicate with your partner & validate
- Set aside time for this, and consider the location and timing
- Communication is just as much about listening as it is about talking.
- Try not to judge
- Use non-blaming language
- Keep statements of feeling “I” focused.
- Remember, this is a great opportunity to enhance your level of emotional and physical intimacy.

Get reacquainted



- **Pay compliments.**
- **Say** “I love you” and tell each other what you love about them.
- **Talk** about the time you first met And what drew you to each other.
- **Plan activities together.**

* Building *emotional* intimacy will help build *physical* intimacy.

- **Experiment with other forms of intimacy:**
 - Caring touch.
 - Think about sensual touch, not sexual touch to get started.
 - Once you're ready for sexual touch, don't make intercourse or orgasm the goal. Focus on staying present and within the experience → no expectations.
 - Be creative.
 - Practice on your own.
 - Enhance your self-perception



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- **Plan ahead:**

- Think about times when you tend to feel better (less tired, less pain, better spirits), and set that aside to spend time with your partner.
- If spontaneity happens, that's great! But try not to rely solely on spontaneity.

- **Enhance your self-image:**

- Treat yourself; new haircut, wig, make-up, clothes, mani-pedi, massage.



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- **Get (or stay) healthy:**

- Exercise can do wonders for your energy levels, sleep quality, body image, libido, and it's great for stress management (*talk to your physician about what exercise is right for you).
- Good nutrition is the cornerstone of good energy...you get out what you put in.
- Practice relaxation techniques to help ease mental and physical tension.



Summation...



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- **Communicate and connect with your partner**
- **Talk with your doctor....**
 - Determining whether any of your medicines have sexual side effects and whether there are safe alternatives.
 - Recommendations about whether hormone therapy is safe for you or other options to promote comfort
 - Reconstructive surgery options + breast prosthetics
 - Get a second opinion.
 - If you think you're *depressed, feel anxious frequently, or notice that you're more irritable* seek support

- **Seek therapy/professional help:**
 - Professional counselors can help
 - They can also help with mood and coping for you or your partner
 - There are even highly specialized sex therapists who can provide individual or couples therapy
 - Society for Sex Therapy and Research → Sex Therapists
 - American Association of Sex Educators
 - Counselors and Therapists
 - National Association of Social Workers
 - Marriage and Family Therapists
 - American Cancer Society (www.cancer.org)
- **Suicide Hotline: Call 24/7 1-800-273-8255 (TALK)**

Take home message...



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- Emotional and physical intimacy is an important part of our QOL.
- Intimacy problems are common during/after treatment. Try to reframe them as “challenges” that you can work on.
- Be patient, but not passive or pessimistic.
- Communicate, communicate, communicate!
- Talk to your physician.
- Be flexible. Think outside of the box.
- Plan time for intimacy.
- Be kind to yourself.



Thank you for attending...A **BIG *THANK YOU***

The Scar Project by David Jay

The PA Breast Cancer Coalition

Cancer Treatment Centers of America

**For questions/comments please contact
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