

SYMPTOMATIC TREATMENT FOR SEXUAL SIDE EFFECTS

A vibrant, multi-colored butterfly with wings in shades of blue, yellow, pink, and green is positioned in the bottom left corner of the slide.

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COI Disclosures

- Consultant and member of boards:
 - Menarini, Lilly, Sanofi, Ferring, Takeda,
- Research Funding:
 - Lilly
- Speaker invitations:
 - Ipsen, Menarini, Lilly, Janssen, Intuitive Surgical, Sanofi



- Cancer

- Destruction

- Death

- Sadness

- Loss

- Sexuality

- Reproduction

- Life

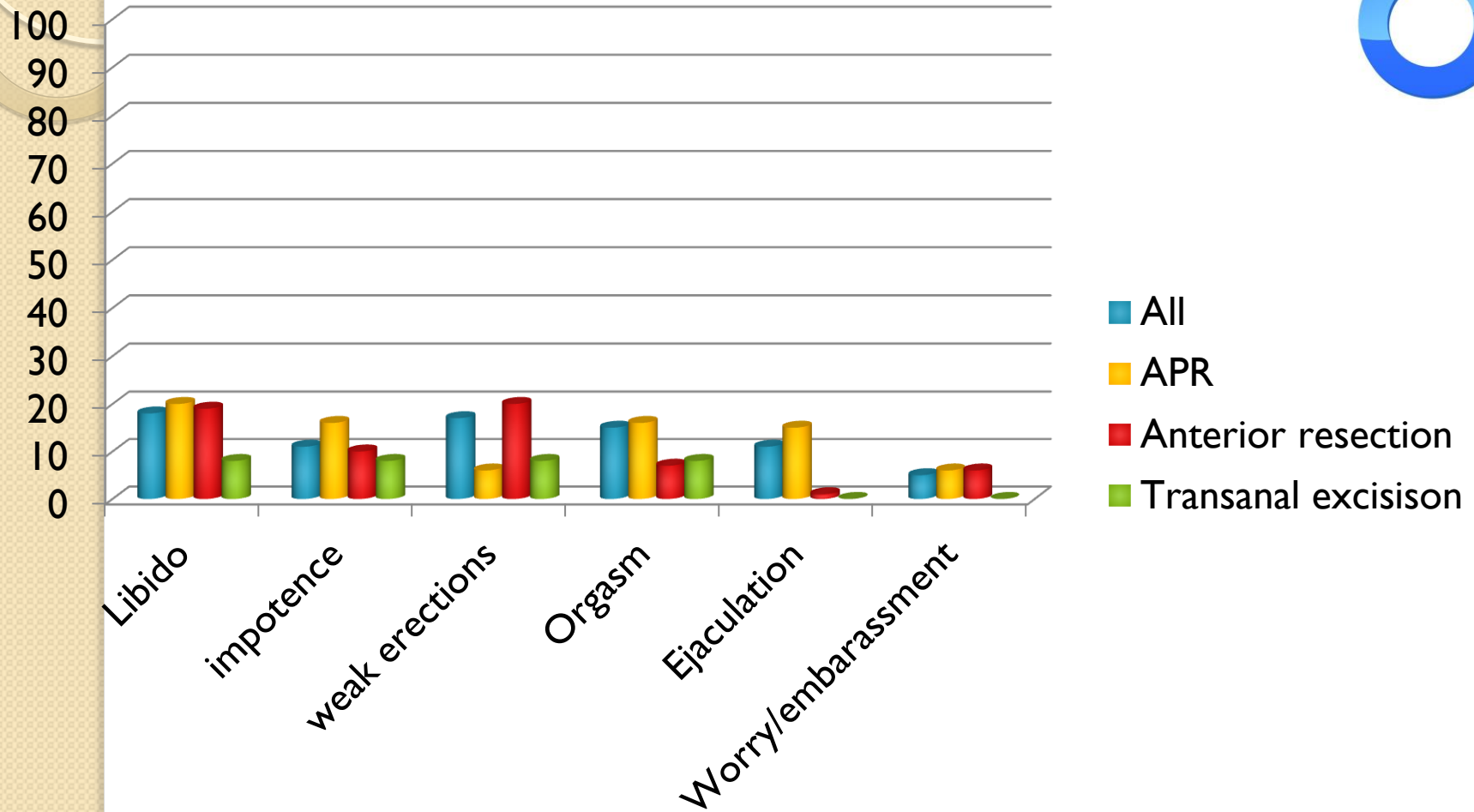
- Pleasure

- Relation

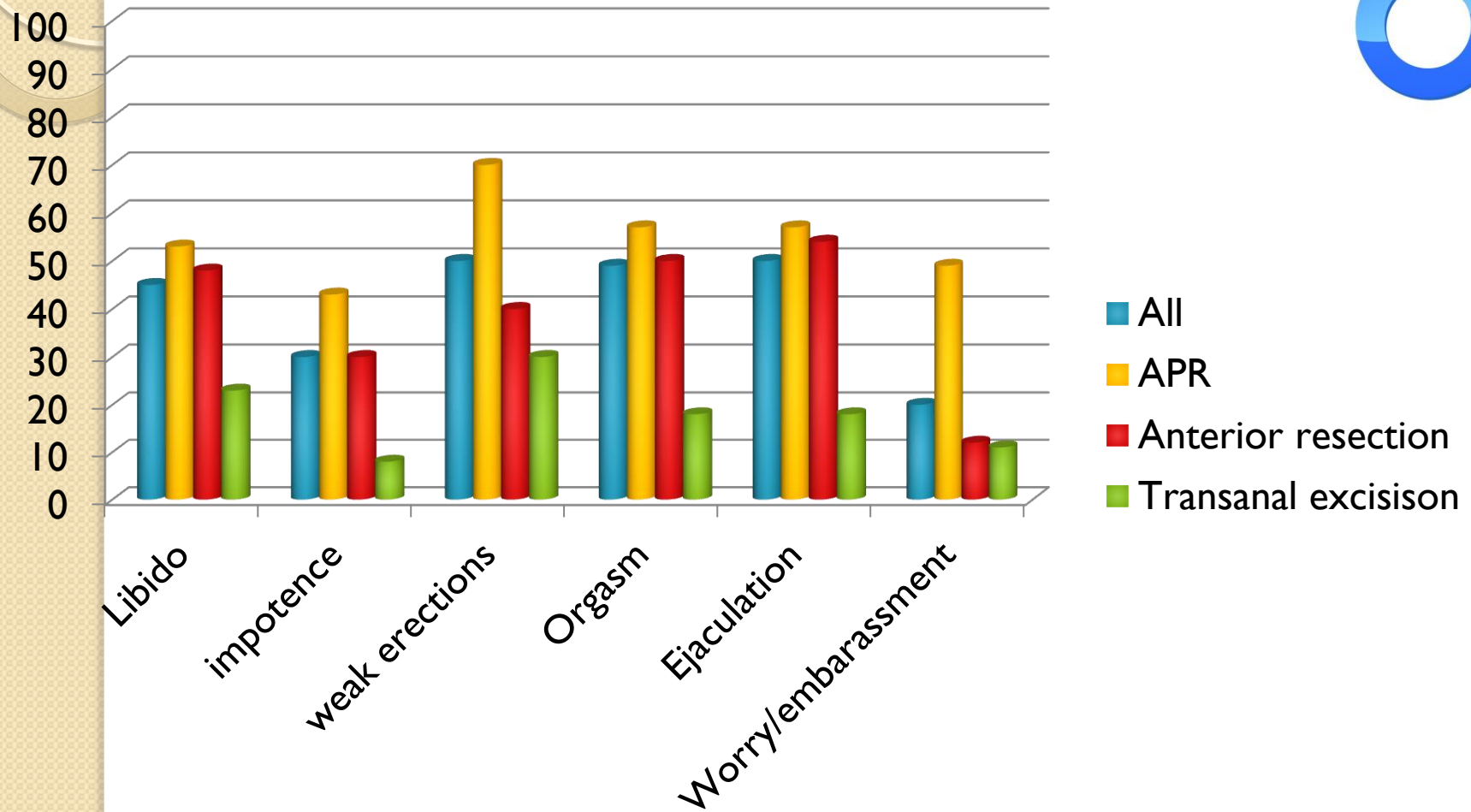


SEXUAL DYSFUNCTIONS AND CANCERS

Specific male sexual problems before surgery for rectal cancer.

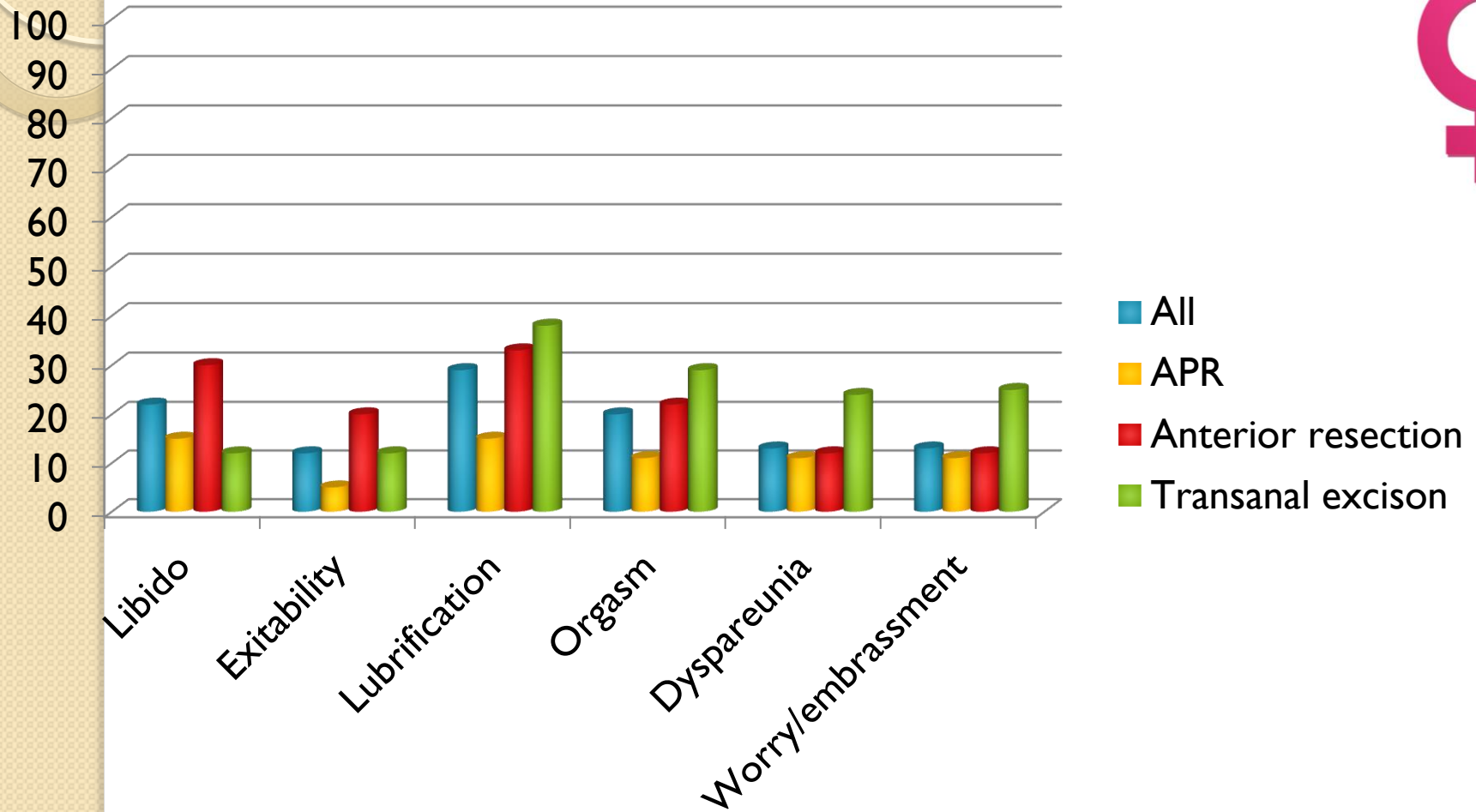


Specific male sexual problems after surgery for rectal cancer

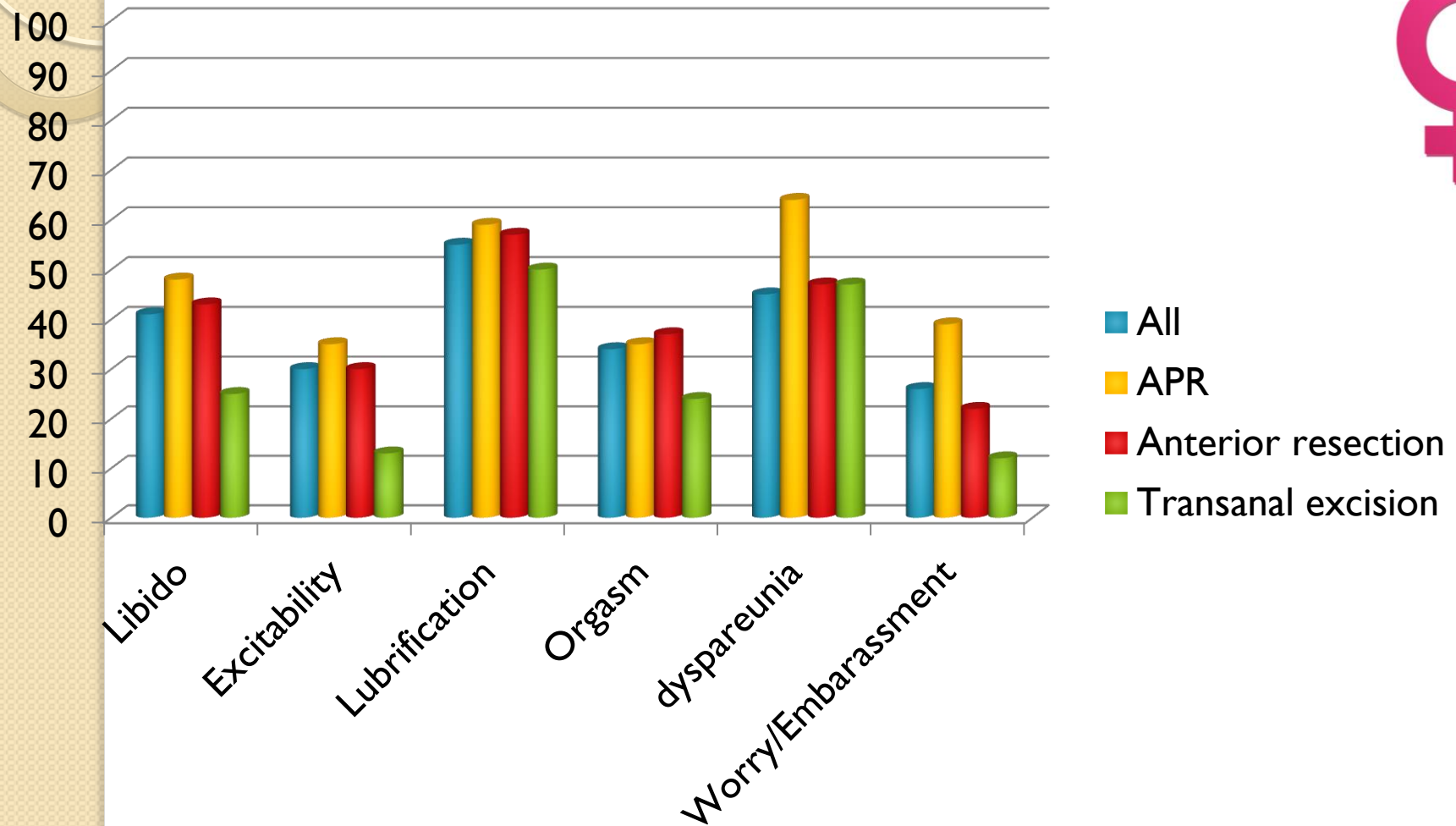


Hendren et al Ann Surg 2005

Specific female sexual problems before surgery for rectal cancer.



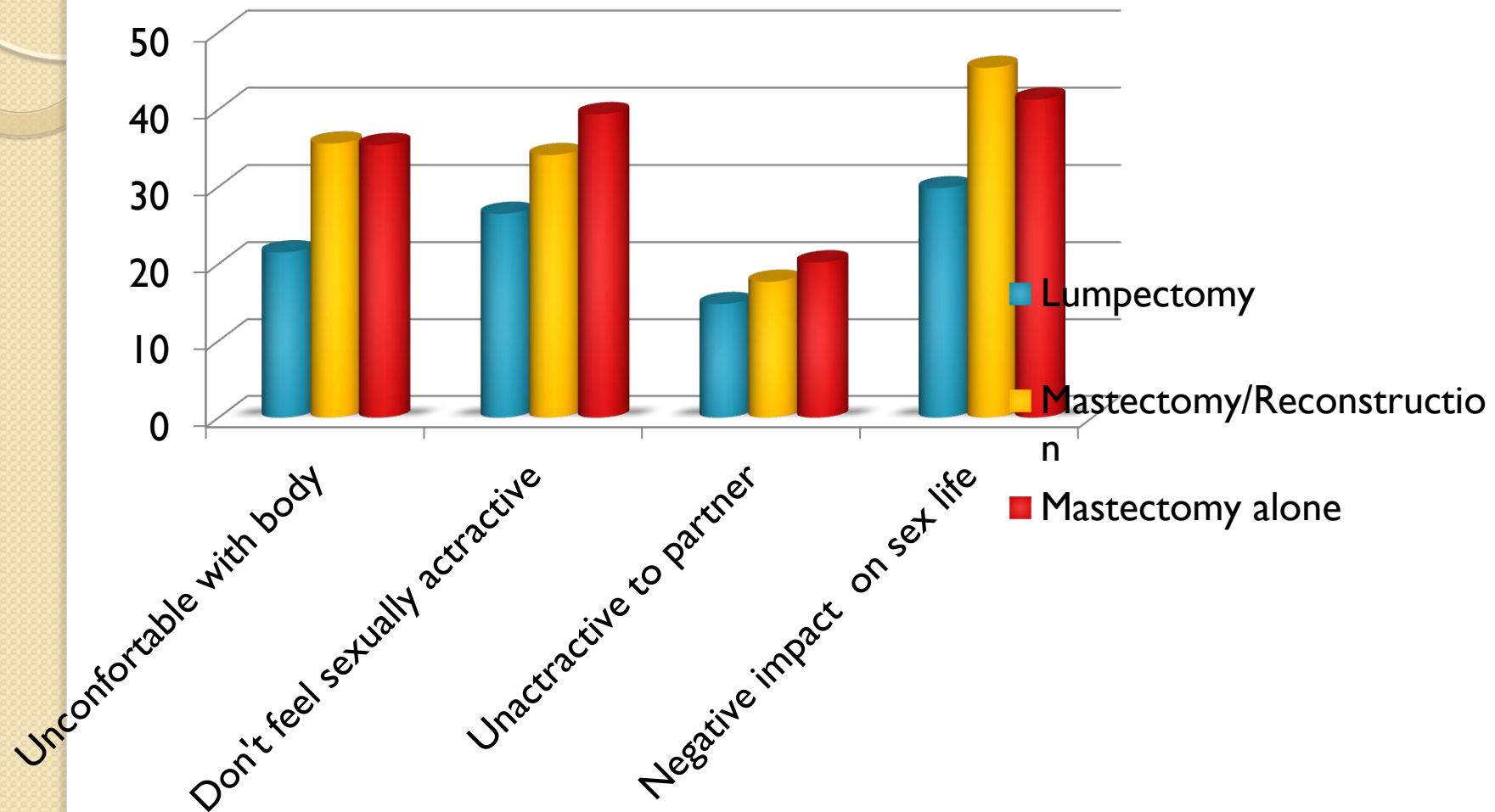
Specific female sexual problems after surgery for rectal cancer.



Breast Cancer

- Sexual dysfunction induced: > 50%
 - Hypoactive sexual desire: 64%
 - Dyspareunia: 34%
 - Lubrification: 42%,
 - Dysorgasmia: 30%
 - Altered body image:
 - Feel less attractive
 - Continued deterioration of the sexual QoL while the general QoL improves.
- (Barni et al 2001)

Breast Cancer:

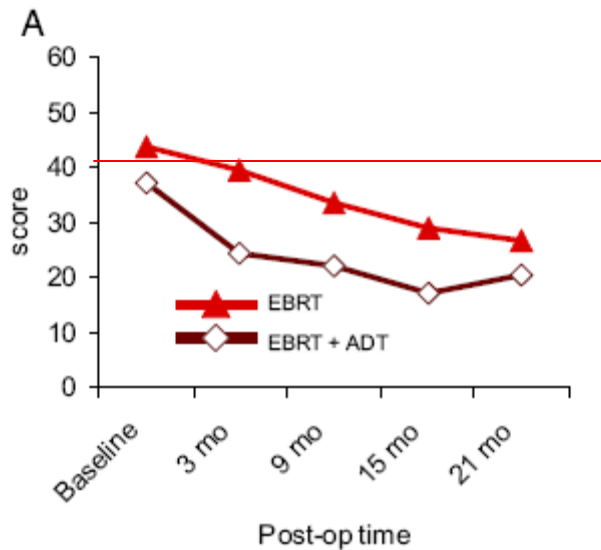


Roland et al J Nat Cancer Inst 2000

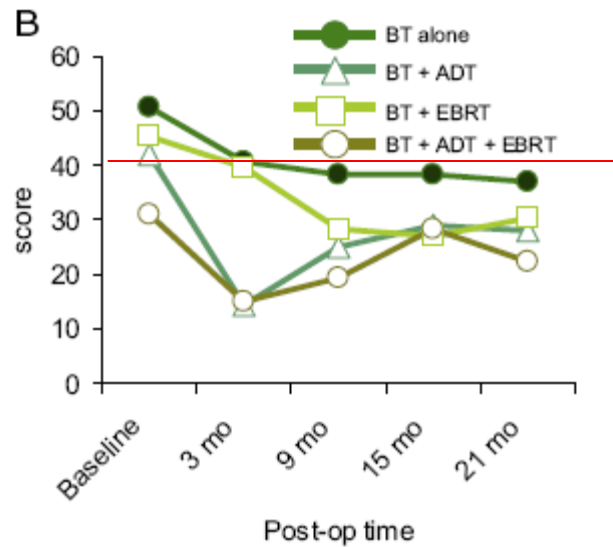
Adjusted for Tamoxifen
and chemotherapy

Treatments of localized prostate cancer are all deleterious to sexuality

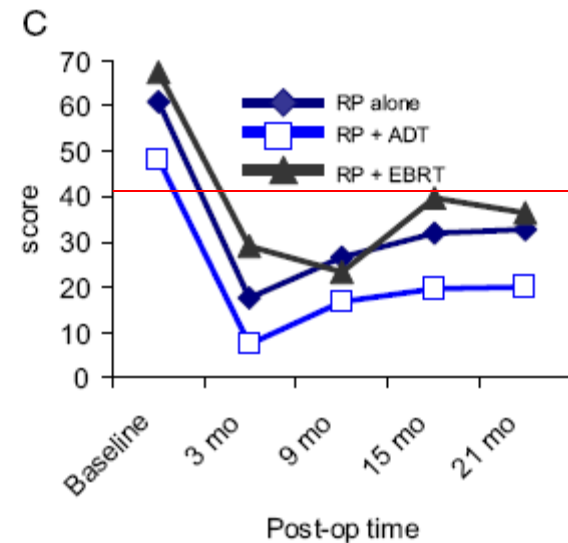
Sexual Function



Radiotherapy



Brachytherapy



Surgery

Erectile dysfunction, dysorgasmia, anejaculation, ...
Loss of libido if androgen blockade

Partners

- 80% of partners reported a reduction of sex and intimacy.
- 15% attempt a return to sexual intimacy often with a sense of guilt, sadness and frustration.
- 25% reported decrease in interest in sex
- 33% reported communication difficulties about sex

Other cancers...

- **Head and neck:** (Moreno et al laryngoscope 2012)
 - Negative impact on sex life in 50%
- **Lymphoma:** (Arden-Close et al J Sex Med 2011)
 - 54% decrease sexual activity, 45% decrease interest for sex.
 - Depression
- **Lung:**
(Tessler Lindau Psychooncol 2011, Flynn et al Psychooncol 2011)
 - Fatigue, decreased sexual desire and stamina
 - Depressive mood, decreased intimacy

Few studies, unspecific data, non validated questionnaires



MANAGEMENT OF SEXUAL SYMPTOMS IN PATIENTS WITH CANCERS

Inform

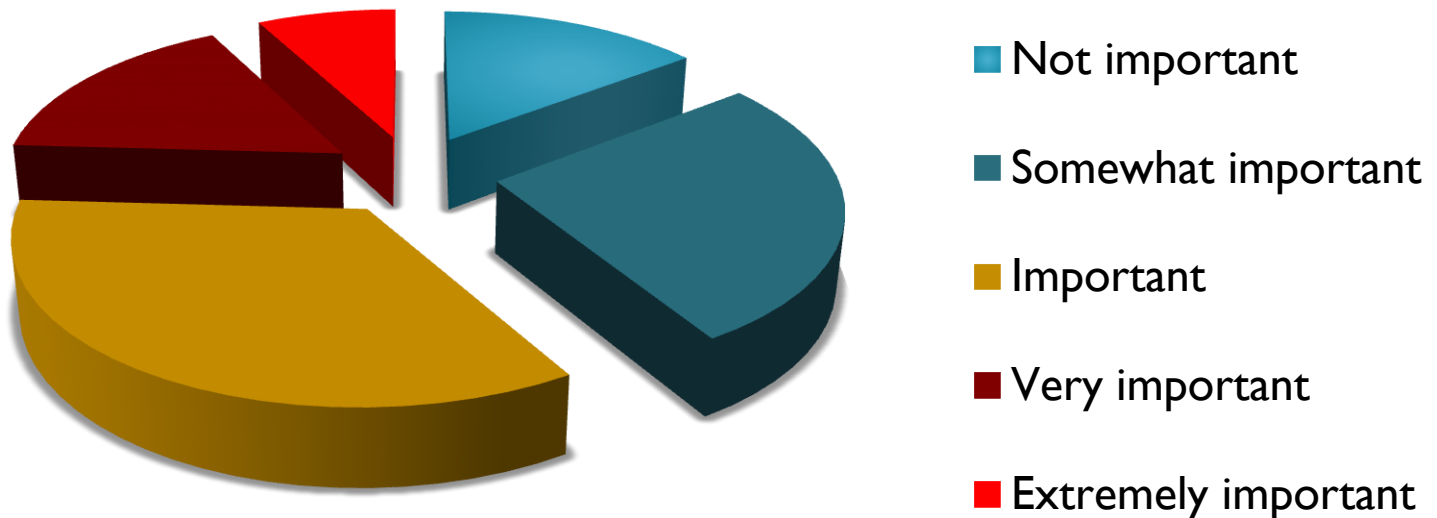
- Patients and partner
 - Treatment sexual sides effects.
 - Therapeutic alternatives
 - Sex therapies and drugs availables

Evaluate

- Sexuality, motivation
- Risk factors and comorbidities
- Sexual dysfunction in the partner

Evaluate motivation for sex and pre-existing sexual dysfunctions

How important is sexual activity to you ?



117 patients, mean age: 66, **40% suffer from ED**, 25% use PDE5inhibitors

Sexual difficulties management

- Who does what?
 - Cancer: Surgeon, Oncologist, Radiotherapist
 - Sexuality : Sexual medicine specialist
 - Stomatherapist, Physiotherapist, Psychologist.

Define with the patient

- Objectives:
- Protocole:
 - Restore communication, intimacy in the couple
 - Sex therapy
 - Drugs

Interventions

- Body Image
 - Sexual pleasure/Satisfaction
 - Couples
 - Symptoms
 - Mental Health
-
- Centered on patient/couple demand

False Beliefs

- Sexuality is a luxury we can not afford in the fight for survival
- Sexuality is no longer possible in a sick body
- Sexuality harms a sick body
- Fear of being contagious
- Fear of being repulsive or less attractive
- Fear of facing the other
- Everything depends on the other
- Identify sexual parts of the body and sexual reactions.

Sex Therapies

- Behavioral—focus on the problem behavior and how it can be modified or changed
 - Example: Sensate Focus exercise
 - One partner caresses the other, while being directed where/when/how much/how little to touch
 - No performance demands
 - Emphasis on pleasure

Sex Therapies

- Cognitive-behavioral therapy:
 - form of therapy that combines behavior therapy and restructuring negative thought patterns.
 - Cognitive restructuring: Acceptance and commitment therapy (ACT), mindfulness

Couple therapies

- Both partners attend
 - Sexual and performance anxiety reduction
 - Education and cognitive intervention
 - Script assessment and modification
 - Conflict resolution and relationship enhancement
 - Relapse prevention training



DRUGS AND DEVICES

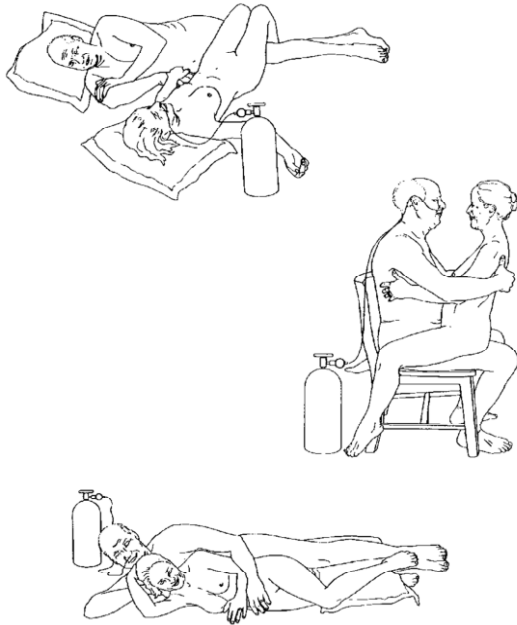
Drugs sexual side effects and substitution solutions

DRUGS	Priapism	Hypoactive desire	ED	Orgasm/Ejac disorders	Recommended Drugs (less sexual side effects)
Neuroleptics	+	+	±	+	Clozapine (Leponex®), Olanzapine (Zyprexa®), Quetiapine (Seroquel®), Aripiprazole (Abilify®)
Antidepressants	+	+	+	+	Mirtazapine (Norset®), Tianeptine (Stablon®), Moclobemide (Moclamine®), Agomelatine (Valdoxan®), Duloxetine (Cymbalta®)
Antiepileptics		+		+	
Analgesics		+	+	±	
Anxiolytics	+		+	+	Bupropion, Buspirone
Antiparkinsonian	+				
Antiandrogens		+	+	+	non steroidal anti-androgens
Antiestrogens/ Aromatase inhibitors		+		+	Tamoxifen

- PDE5i effective to treat antidepressant induced ED

Giuliano & Droupy Sexual Side effects of pharmacological treatments Prog Urol 2013

How and when to resume sex ?



- **Comfortable positions for intercourse in patients with chronic illness or disability**
- **Sexual activity:**
 - **3-5 METS**

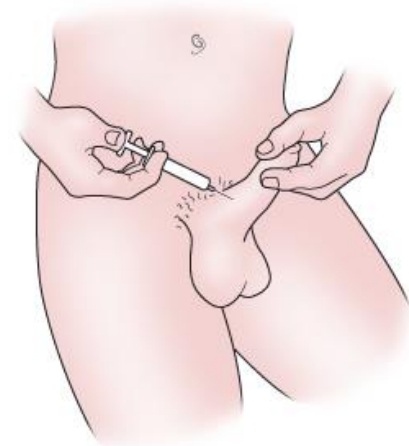
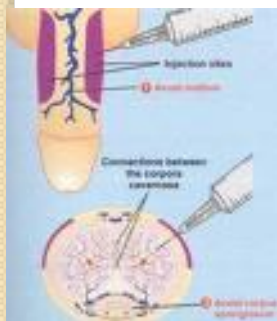
Kautz DD, Upadhyaya RC. Appreciating diversity and enhancing intimacy.
In: Mauk KL, ed. *Gerontological nursing: Nursing competencies for care*.
Sudbury, MA: Jones & Bartlett Publishers; 2010:602-627.

PDE5 inhibitors

- First line treatment, Start at first sign of ED
- Erection facilitator needing sexual stimulation
- On-demand, rapide onset (30-60min) and short action (6-12h)
 - Sildenafil (25-50-100mg), Vardenafil (10-20mg-Oro), Avanafil (50, 100, 200mg)
- On-demand long action (36-48h)
 - Tadalafil (10-20 mg)
- Once-a-day: **Tadalafil 5 mg:**
- **CI:**
 - Nitrates
 - Unstable cardiovascular status
 - Patients unable to have an 3-5METS physical activity
= Climb 2 floors without stop
- **Sides effects: headache, flushing...**

Intracavernosal injections of PGE1

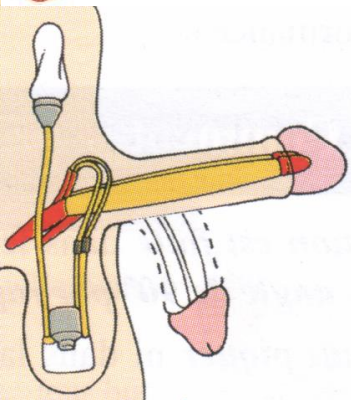
- Erection inductor with no need for sexual stimulation
- Auto-Injection is virtually painless (EVA: 2,1 / 10)
- 5 to 20 minutes before intercourse
- Dose titration
- The risk priapism is near 0% in case of ED refractory to PDE5 inhibitors
- Erection is sometimes painful
- Efficacy near 90%
- Acceptability ...less



Alexandre et al J Sex Med 2006

Other options

- Intra-urethral PGEI (MUSE®)
- Vacuum device
- Penile implants- Inflatable Prosthesis



Testosterone

- In men:
 - Risk of testosterone deficiency increases
 - Chemotherapy, radiations, surgery
 - QoL, Fatigue, Self esteem, sexual function
- In women:
 - Transdermal testosterone had been licenced for Hypoactive sexual desire in women after bilateral salpingo-oophorectomy and hysterectomy receiving estrogen therapy.

Maintenance of Vaginal Health

- Regular penetration and stretching
- Topical lubricants—glycerin-free, waterbased
- Local estrogen
- Regular moisturizing (Replen®s, KY®)
- Kegel's exercises

Conclusions

- Sexual dysfunctions are multifactorials:
 - Patients, lesions, context

- Barriers of communication

SD are felt as the price of healing in oncology

- Physicians
 - focused on short term QoL and palliative care
 - Lack of expertise in sexual problems
- Lung cancer patients and spouses
 - believe that care providers should initiate discussion about intimacy and sexuality
- Active and organized management of sexual dysfunctions in cancer patients
 - Multidisciplinary teams for sexual supportive care
 - Patient/couples centered therapeutic proposals