

Self-Reported Sexual Problems Predict Higher Levels of Depression, Anxiety and Distress in Cancer Patients

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Disclosure



Neither author have any conflict of interests to disclose.

Objectives: At the end of this presentation the audience will be able to:

- List the prevalence of sexual problems in cancer patients.
- Describe how sexual problems impact symptoms of mood in cancer patients.
- Discuss how sexual problems impact symptoms of anxiety in cancer patients.



Objective: The current study was designed to evaluate the prevalence of sexual problems and the extent to which this impacted mood symptoms in cancer patients.

The World Health Organization defines sexual health as:

“The integration of the body, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching, and that enhance personality, communication, and love.”

2014

Sexuality

- Genetically endowed
- Positive, respectful approach
- Phenotypically embodied
- Hormonally nurtured
- Communicate about sexual needs and desires
- Parent/Child Bond
- Embedded in long term memory
- Not age dependent
- Trust
- Love
- Ability to be intimate with partner

Whipple & Komisaruk (1999);

Southard & Keller (2009); WHO (2014) ; Gallo-Silver (2006)

Sexuality

- Pleasure
- Reproduction
- Eroticism
- Sexual orientation
- Sexual activity
- Romantic and sexual attraction
- Identity

Whipple & Komisaruk (1999)

Southard & Keller (2009); WHO (2014); Gallo-Silver (2006); Katz & Dizon (2016)

- Matured by experience
- Body image
- Relating to others
- Cannot be bought, sold or destroyed
- Intimacy
- Sexual thoughts and fantasies
- Obtain sexual fulfillment

Robinson (2003)

Expressions of Sexuality

- Style of dress
- Values and attitudes
- Physical Affection
- Sensual Massage
- Acting out scenarios/fantasies
- Sex toys
- Masturbation
- Sexual intercourse
- Oral genital stimulation
- Anal Stimulation
- Either alone or with another
- Body art/public hair

WHO (2014), Wilmoth (2006), Gallo-Silver (2006), Dibble et al (2008)

Types of Sex

- Relational
- Recreational
- Reproductive
- Functional
 - Anxiolytic
 - Somnolence
 - Energizing
 - Comforting
 - Increases pain threshold

Schover, 2004 ONS presentation; Gallo-Silver (2006); Gianotten (2013)

Methods

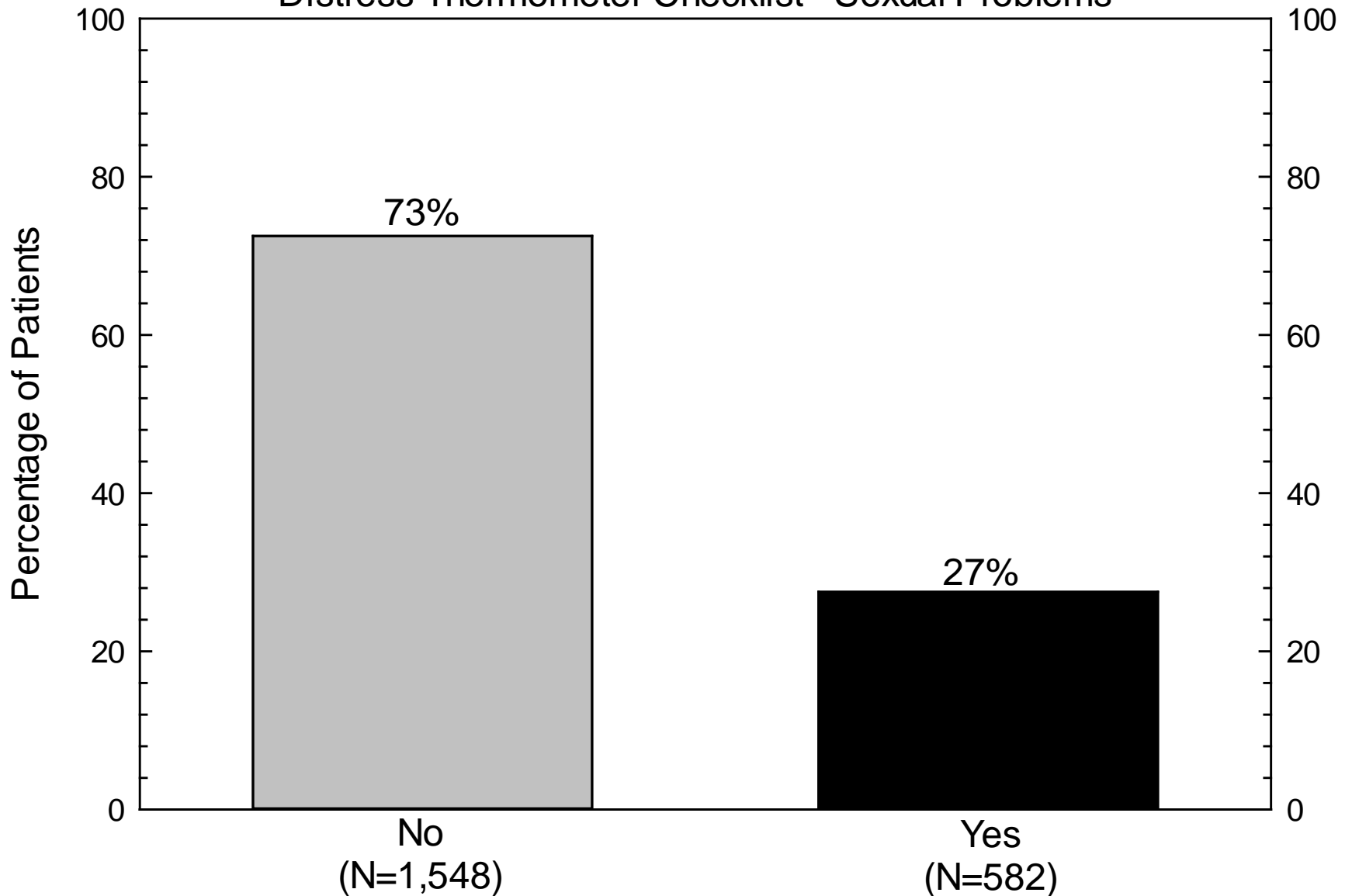


- Adult patients
 - seen from July 2014-February 2017
 - in the MDACC outpatient psychiatry oncology clinic
 - who provided informed consent (N=2,130).
- Assessment tools
 - Patient Health Questionnaire-9 (PHQ-9) to measure depression
 - Generalized Anxiety Disorder scale (GAD-7) to measure anxiety
 - NCCN Distress Management Thermometer (DT) and Checklist to measure distress.

Methods

- Demographic variables
 - age, race/ethnicity, and marital status.
- Data are presented as percentages or Mean±S.D.
- Additional categorical variables
 - cancer diagnosis and psychiatric diagnosis.

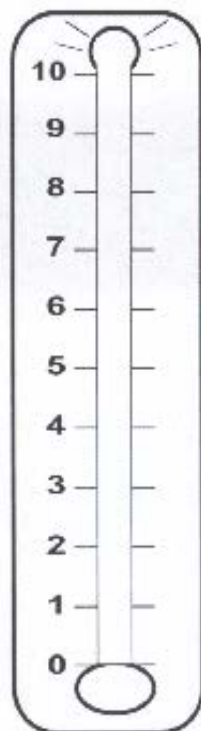
Distress Thermometer Checklist - Sexual Problems



SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress



No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES NO Practical Problems

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school

Family Problems

- Dealing with children
- Dealing with partner

Emotional Problems

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

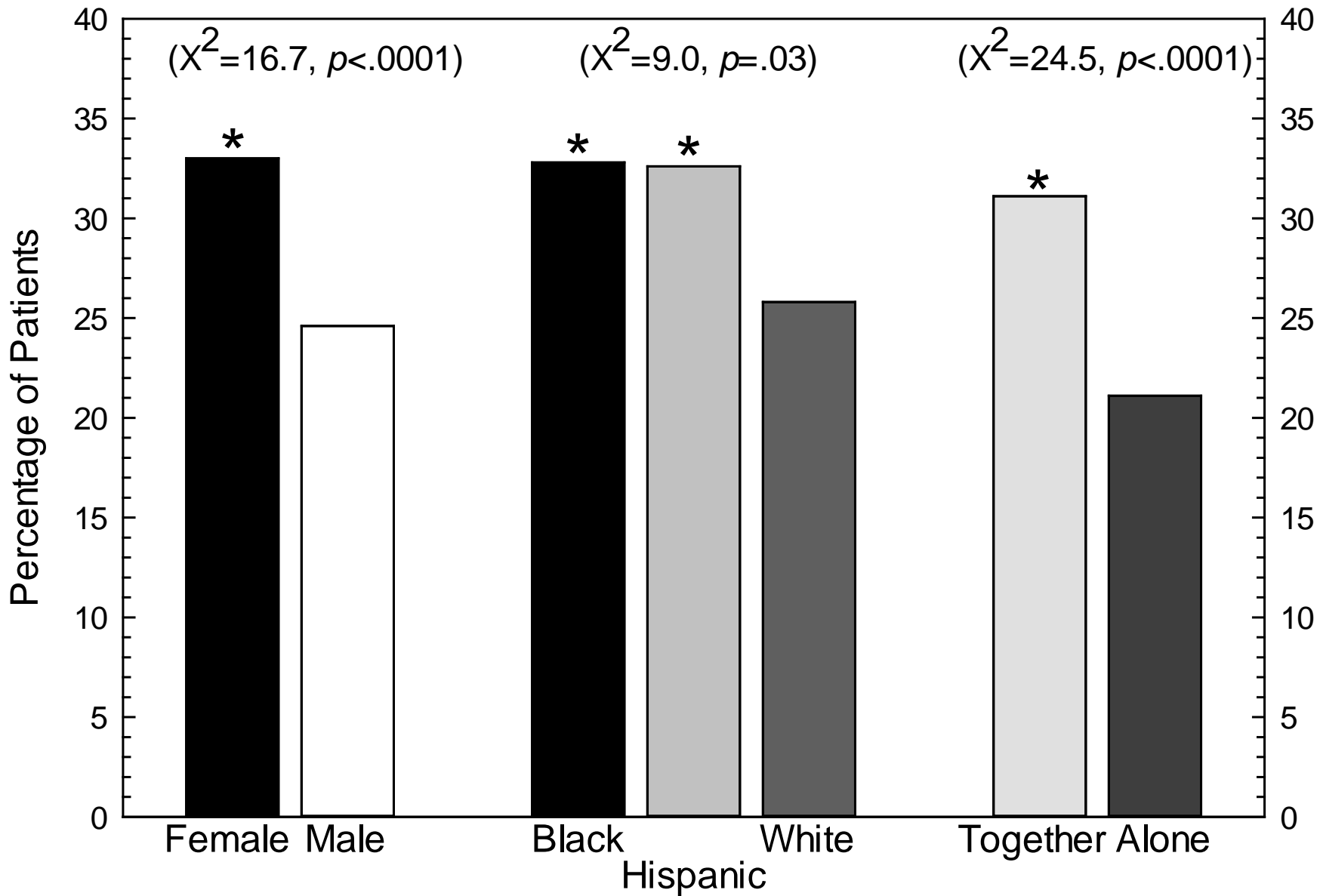
Spiritual/religious concerns

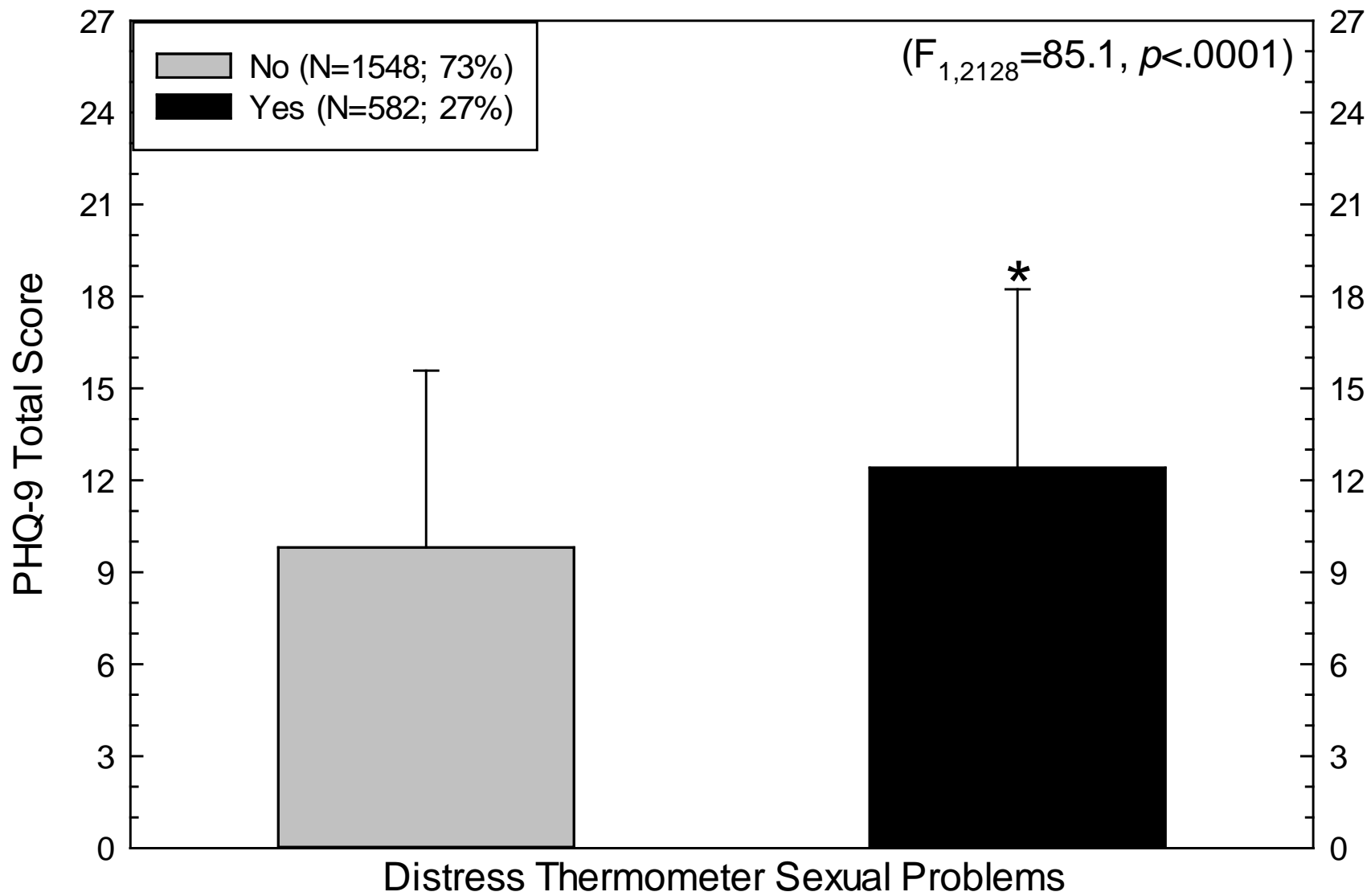
- Spiritual/religious concerns

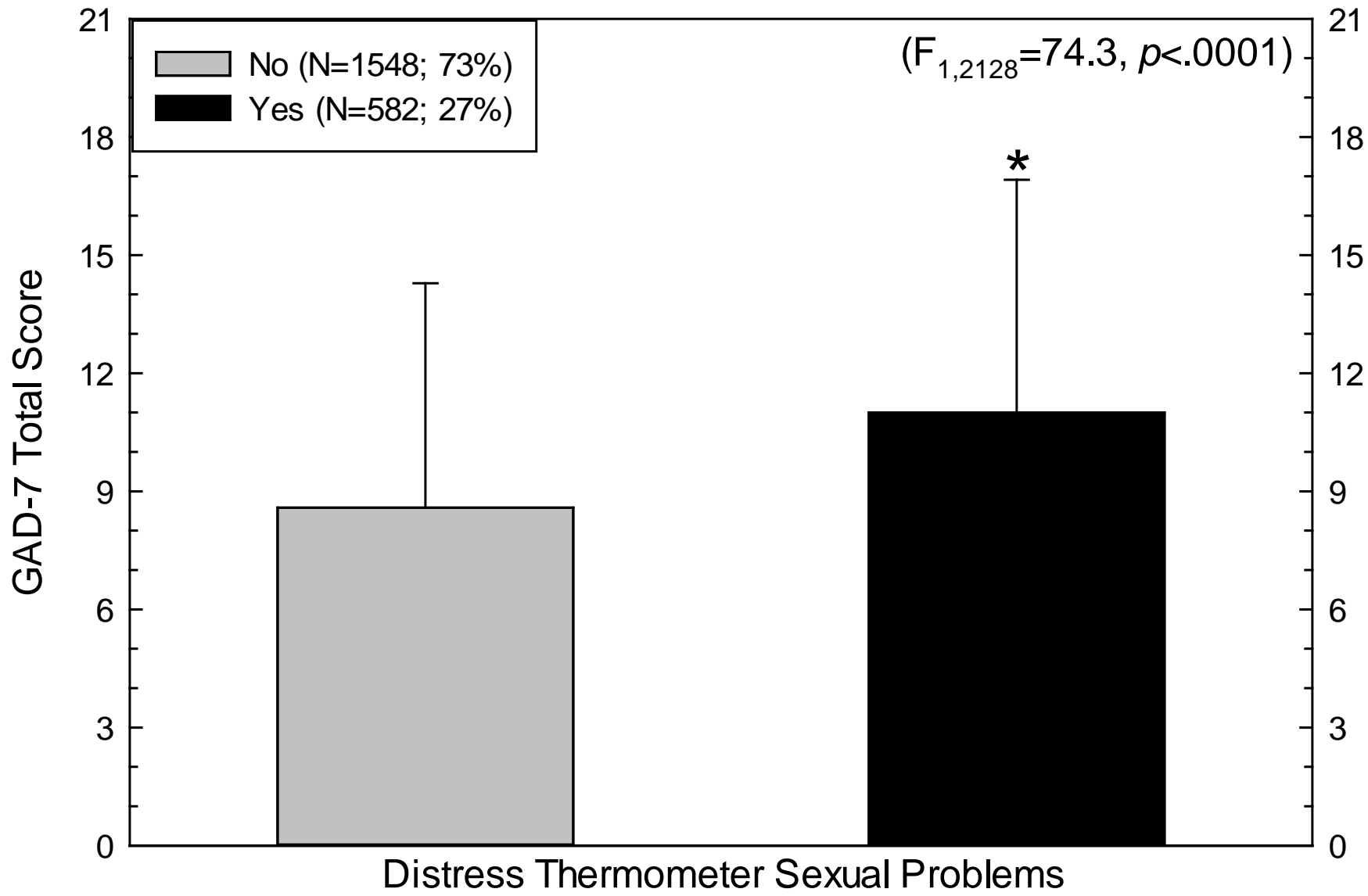
YES NO Physical Problems

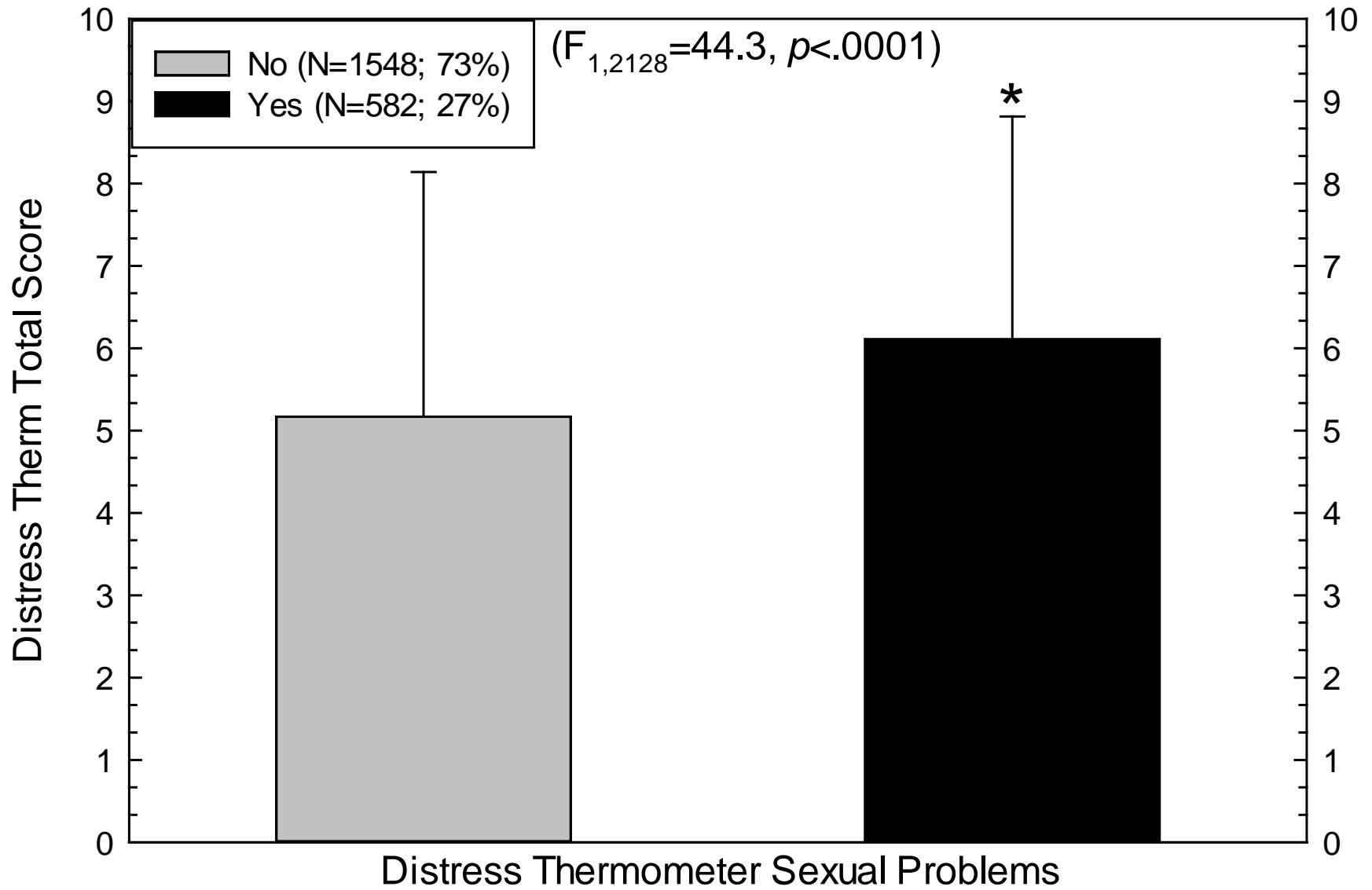
- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling Swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Tingling in hands/feet

Other Problems: _____









Conclusion

- Sexuality is a quality of life issue
 - often does not surface until treatments are complete
 - when patient is in survivorship stage of cancer

Conclusion



- Patients who reported sexual problems tended to be
 - female
 - younger
 - in a committed relationship.

Conclusion

- Data indicate
 - one quarter of all patients seen at the MDACC Psychiatric Oncology Clinic endorsed sexual problems
 - These individuals exhibit significantly greater levels
 - depression
 - anxiety
 - distress.

Conclusion



- Patient complains of depression or anxiety
 - important to assess for sexual dysfunction.
- Conversely, if a patient reports sexual problems
 - he/she should be assessed for depression and anxiety.



Acknowledgement

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