Men's Sexual Health after Transplant

Celebrating a Second Chance at Life Survivorship Symposium

April 17-23, 2021

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Funding related to presentation: NIH R21 CA 149536; NIH R01 CA 190636
Disclosures

- There are no financial disclosures to report
Common Sexual Problems after Cancer Therapy

• Erectile dysfunction (ED)
• Difficulty reaching orgasm
• Dry orgasm
• Painful orgasm/ejaculation
• Orgasm associated urine leak
• Penile length alterations
• Penile curvature (Peyronie's Disease)
• Low sexual desire

What causes sexual problems in transplant recipients?

• High dose chemotherapy, total body irradiation can cause:
  – Hair loss
  – Risk of Infection
  – Loss of interest
  – Erectile dysfunction
  – Chronic fatigue
  – Possible nerve damage

• Graft-versus-Host Disease can cause:
  – Inflammatory genital skin changes
    • Redness
    • Rash
  – Narrowing of the urethra
  – Steroids can affect body image
How Often Does the Problem Occur?

Sexual function in 962 male survivors of hematopoietic cell transplant

- Years since transplant: mean = 11.9 years
- 27% were not sexually active during the past year (lower than general population).
  - 31.5% reported problems with sexual functioning
  - Erectile dysfunction was most frequently reported problem (37.5%)
  - 23.5% reported lack of sexual interest
- Lower sexual function was associated with worse physical, emotional, and relationship health

Syrjala et al., Transplantation and Cellular Therapy, 2021.
Risk factors for sexual inactivity

- Problems were far more common in survivors who also reported poor physical health
- Other characteristics of those who were sexually inactive
  - older age
  - not in a committed relationship
  - unemployed or not in school
  - less than 4 years of college
  - had non-myeloablative transplant.

Sexual function in 159 male lymphoma patients after an autologous stem cell transplant

- 40% overall reported sexual problems
  - 43% had sexual drive problems
    • 30% had sexual drive only a few days, or less, in last month
  - 54% had erectile problems
    • 41% had erections firm enough to have sexual intercourse only a few times, or less, in last month
- 39% reported sexual satisfaction
So What?

What I hear

• “Well...at your age, does it really matter?”

• “You shouldn’t be upset, your cancer is gone.”

• “You will get used to it.”
Impact of Erectile Dysfunction (ED) on Life

- Erectile dysfunction is associated with depression
- Concerns about erectile dysfunction don’t go away over time
  - Can impact quality of life, general happiness
  - No logical predictors
- Can create significant relationship difficulties

1Araujo et al., Psychosom Med, 1998; 2Nelson et al., JSM, 2010; 3Nelson et al., JSM, 2010; 4Muller et al., Pharmacopsychiatry, 2001
Possible treatments for erectile dysfunction

• Pills
• Penile injections
• Vacuum devices
• Muse
• Penile implant
Men Avoid and Drop-out of ED Treatment

- Many drop out of treatment
  - 50% of PDE5i users\(^1\)
  - 50% of injection users\(^2\)
- Self-report injection use\(^3\)
  - Only 60% continue at 4 months
  - Only 33% at a rate suggested for rehabilitation
- Syringe count injection use\(^4\)
  - Mean injections/week: 0.9
  - Only 10% at a rate suggested for rehabilitation

\(^1\)IMS Health, 2001; \(^2\)Sundaram et al., Urology, 1997; \(^3\)Nelson et al., JSM, 2013; \(^4\)Nelson et al., SMSNA, 2015
Qualitative Study:
Cycle of Frustration and Avoidance

- Disappointment/shame related to ED
  - “I’m not a man”
  - Distress and depressive symptoms
- Fear/anxiety of entering into a sexual situation
  - Fear of not having a firm erection
  - “Treatments are a turn-off”
  - “The whole process is humiliating”
- Avoidance of sexual situations
- Loss of valued life experience
- Increased frustration/distress/depression

Nelson et al., Psych-Oncology, 2015

Cycle of Avoidance

Problem: Erectile dysfunction and need for ED Treatment

Outcome: Life restriction and failure to move toward important life goals

Negative Thoughts:
- “I am not a man,” “I will not be able to finish,” “Treatments are “unnatural”

Emotional Response:
- Increased anxiety/fear about sexual situation and/or using treatments

Avoidance: Sexual situations, intimate contact, dating and treatments

Emotional Response:
- Short term relief that quickly turns to increased anxiety/fear

Nelson et al., Psych-Oncology, 2015
Helping Men Engage in Treatment
How to Overcome Avoidance

- Coaching vs. Therapy
- Explore importance of sexuality
- Accept short-term anxiety for long-term goal
  - Listen to patients’ “predictions” about sexual experience
  - Willingness to experience anxiety and frustration
- Defuse anxiety and frustration
  - Cognitive/emotional processing
  - Humor
  - Focus on physical sensations in sexual situation
- Discuss barriers and solutions
- Commitment
  - Set target

Nelson et al., Psych-Oncology, 2015; Nelson et al., JSM, 2019

Cycle of Acceptance and Commitment

Values/Goals: Improved sexual function, intimacy, and relationships

Acceptance: Willingness to accept anxiety and fear in sexual situations and using treatments

Diffusion: Self talk: “No pain...no gain,” use of humor, normalize feelings, support from partner

Action: Engaging in sexual situations and using injections

Growth: Increase intimacy, use of injections, increase rehabilitation

Commitment: Increase life flexibility, moving toward important goals

Nelson et al., Psych-Oncology, 2015
Maintaining Sexual Relationships

Impact of Sexual Dysfunction on Relationships

- Men with ED tend to withdraw from partner\(^1\)
  - May fear they cannot perform
  - Predictor of relationship distress
- Partner may also fear setting patient up for failure and also pull back
- He Said, She Said

Strategies to improve sexual relationship

Non-pharmacological strategies to improve sexual relationship.

- Sensate focus (explain)
- Set time aside for intimate talk
- Desire diary
- Self-stimulation
- Consultation with sex therapist

Resources that can help

- Referral sources:
  - Society for Sex Therapy and Research (SSTAR) at www.sstarnet.org
  - American Association for Sexuality Educators, Counselors, and Therapists (AASECT) at www.aasect.org

- American Cancer Society Website
  - www.cancer.org
  - Questions Adult Males Have About Cancer and Sex
  - Sex and the Adult Male with Cancer
Questions?

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