Clinician Follow Up Reference for Supportive Care

Physical Concerns – “YES” to Sexual intimacy or function

Start With

Asking the patient the below questions

Is this a physical problem you are having?

MA or higher level screener:

- communicate these answers to Physician/APC in referral or notes for Next Step

APC or higher level screener:

If YES

Options/Recourse

Assess for cause
- Vaginal dryness or dyspareunia
- Erectile Dysfunction (ED)
- Other
- Review medications that cause ED (opioids, some antidepressants)
- Screen for comorbid risk factors (DM, alcoholism, CAD, smoking, obesity, menopause)

Next Step

Refer to whomever patient feels comfortable to share with in conjunction w/physician (Nurse, Social Worker, Psychosocial)

Even if problems are physical, patients should be asked if they want referral for psychotherapist or social worker with expertise in intimacy issues.

Refer to Physician/APC
- Should be addressed early on alongside other side effect discussion
- The majority of patients feel the importance of this is minimized by the healthcare staff
- Gynecologist for women
- Urologist for men

Referring to Social Worker
- Individual intervention is preferable to group intervention. Patients may be uncomfortable with group discussions about sexual topics. Individual interventions also allow for a more personal approach to addressing intimacy issues.
- Referral sexual counselor or psychologist who specializes in sexual intimacy.
- Referral to couples counseling, psychology as appropriate.

Options/Recourse

If YES

- desir e/feeling attractive
- If physical appearance changes are involved, connection to resources (i.e. support groups, wig donation)

Patient Links and Handouts:

- American Cancer Society, Cancer, Sex, and the Female Body
- American Cancer Society, Sex and the Adult Male With Cancer
- Cancer.Net, Dating and Intimacy
- Cancer.Net, Sexual Health and Cancer Treatment: Men
- Cancer.Net, Sexual Health and Cancer Treatment: Women
- NIH, NCI, Self-Image and Sexuality

CSOC Patient Handout can be accessed at: http://cancer-help.me/sexual

Notes

Stages I-III: Physical Therapist specializing in pelvic floor dysfunction as a resource – if pain during intercourse is an issue, they may be able to help with it. Consider survivorship programming which addresses sexual issues.

Stage IV: Intimacy is still an important concern for stage IV patients and important to address for incurable cancer patients also. Counseling on other safe ways to express love/intimacy if sex is no longer safe or possible.

Geriatric: This population can have issues with this and should not be dismissed as a possibility. Similar treatment across all ages.

References:

- British Columbia Cancer Agency, Symptom Management Guidelines: Intimacy and Sexuality