

## ORIGINAL RESEARCH—MEN'S SEXUAL HEALTH

**Flexibility in Men's Sexual Practices in Response to Iatrogenic Erectile Dysfunction after Prostate Cancer Treatment**

Gary W. Dowsett, PhD, Anthony Lyons, PhD, Duane Duncan, PhD, and Richard J. Wassersug, PhD

Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Victoria, Australia

DOI: 10.1002/sm2.32

**ABSTRACT**

**Introduction.** Prostate cancer (PCa) treatments are associated with a high incidence of erectile dysfunction (ED). Interventions to help men with iatrogenic ED have largely focused on penile tumescence adequate for vaginal penetration. Less research has been undertaken on sex practices other than penile/vaginal intercourse.

**Aim.** The aim of this study was to explore forms of sexual practice engaged in by men following treatment for PCa. We focused in particular on anal intercourse (AI) as practiced by both nonheterosexual (i.e., gay-identified men and other men who have sex with men) and heterosexual men. We sought to determine how common AI was subsequent to PCa treatment and how flexible AI practitioners were in their modes (e.g., from insertive to receptive) when faced with iatrogenic ED.

**Methods.** An international online survey was conducted in 2010–2011 of men treated for PCa, where participants (N = 558) were asked explicitly about their sexual practices before and after PCa treatment.

**Main Outcome Measures.** The outcome measures were the numbers and percentages of men who practiced AI before and after PCa treatment as well as the percentage who changed AI practice after PCa treatment.

**Results.** Five hundred twenty-six men (90 nonheterosexual men; 436 heterosexual men) answered questions on AI practices. A proportion of nonheterosexual (47%) and heterosexual men (7%) practiced AI following PCa treatment, and did so in all modes (insertive, receptive, and “versatile”). Many nonheterosexual men continued to be sexually active in the face of iatrogenic ED by shifting from the insertive to receptive modes. A few men, both heterosexual and nonheterosexual, adopted AI for the first time post-PCa treatment.

**Conclusions.** Flexibility in sexual practice is possible for some men, both nonheterosexual and heterosexual, in the face of iatrogenic ED. Advising PCa patients of the possibilities of sexual strategies that include AI may help them in reestablishing a sex life that is not erection dependent. **Dowsett GW, Lyons A, Duncan D, and Wassersug RJ. Flexibility in men's sexual practices in response to iatrogenic erectile dysfunction after prostate cancer treatment. Sex Med 2014;2:115–120.**

**Key Words.** Prostate Cancer; Erectile Dysfunction; Anal Intercourse; Treatment; Sexual Practice

**Introduction**

The sexual consequences of prostate cancer (PCa) treatments are often severe and a major factor in reducing the quality of life of PCa patients [1–5]. The problem of iatrogenic erectile

dysfunction (ED) and its impact on a patient's sex life is increasingly a concern in the posttreatment care of PCa patients [6–9]. Understanding how men, whose sexual function is affected by PCa treatments, adjust to their new sexual lives has been limited largely to assessing and redressing

ED, and seeking ways to achieve penile tumescence adequate for vaginal penetration. Less research has been undertaken on sex practices, such as anal intercourse (AI) and those that are not penis focused [10].

Only recently have researchers begun to explore the impact of PCa treatments on the sexual responses of gay men [11–14]. For gay men and other men who have sex with men but who do not identify as gay (termed “MSM” in the HIV/AIDS research literature), the effects of PCa treatments on anal sexual practice remain poorly investigated. AI is defined here as the penetration of an anus by a penis, but may also include other forms of penetration from a sexual partner such as a finger or sex toy. AI is usually associated with gay and bisexual men; however, it is neither universally [15,16] nor exclusively practiced by gay and bisexual men. For example, in the first Australian Study of Health and Relationships, a national population-based survey of approximately 19,000 adults, 21% of the heterosexual men reported lifetime experience of AI [17–21]. Younger generations were also noted to have more experience with AI, suggesting that the practice may be increasing in popularity over time. This in itself warrants a focus on AI in relation to changes in sexual practice that might occur with illness or resulting from medical treatment. Heterosexual AI can involve the male partner anally penetrating his female partner or anal penetration of the male partner by a female partner using a sex toy, fingers, or a dildo. These sex practices are, in principle, options for men in general to remain sexual even when they cannot themselves achieve sufficient penile rigidity to be the insertive partner.

### Aims

In 2010–2011, we conducted an international online survey on AI among men treated for PCa. This article reports some of the findings from the survey. Specifically, we aimed to investigate anal sexual practices for both nonheterosexual (i.e., gay men and other MSM) and heterosexual men diagnosed with PCa, including *mode* of practice (insertive, receptive, or both, i.e., insertive and receptive—hereafter, “versatile”). We focused particularly on whether there were changes in practice from before to after PCa treatment. Given the considerable posttreatment changes in sexual function for many men, we expected that some degree of change in AI practices was

likely such as ceasing AI or changing mode, e.g., moving from insertive to receptive. While research on anal sexual practices is common in health research, particularly as a result of HIV/AIDS, this is the first time it has been explored in the context of PCa treatments’ impact on sexual function and performance.

### Methods

We conducted an English-language, anonymous, online survey targeting men diagnosed with PCa. A total of 558 men responded, of whom 96% were from the United States (63%), Australia (18%), Canada (9%), and the United Kingdom (6%).

### Data Collection

The survey was approved by the La Trobe University Human Ethics Committee, and the project was funded by the authors’ research center, the Australian Research Centre in Sex, Health and Society at La Trobe University, Melbourne, Australia. Recruitment was conducted with the assistance of more than 40 international PCa support organizations in English-speaking countries.

Advertisements were posted on PCa organizations’ websites, placed in newsletters, and sent to e-mail lists. Advertisements were also placed on Facebook, which targeted men who had been treated for PCa. The survey was online from December 2010 to April 2011 and focused primarily on AI before and after PCa treatment. Specifically, the men were first asked whether they had practiced insertive or receptive AI, or both, before treatment. They then answered the same questions with regard to their practice after treatment. Further detail on the methods can be found in an earlier publication by the authors [22].

### Data Analysis

We first computed numbers and percentages of men who reported on AI (including no AI) before and after treatment for PCa. Chi-square analyses (using Stata 11.1, StataCorp LP, College Station, TX, USA) were used to assess any differences between heterosexual and nonheterosexual men in the percentage who changed practice from before to after treatment. We then explored changes to practice in further detail. To do this, we cross-tabulated numbers of heterosexual and nonheterosexual men who changed from one practice to another, to identify specific changes from before to after treatment. This analysis was presented

Download English Version:

<https://daneshyari.com/en/article/4274571>

Download Persian Version:

<https://daneshyari.com/article/4274571>

[Daneshyari.com](https://daneshyari.com)