

## Scandinavian Prostate Cancer Patients' Sexual Problems and Satisfaction With Their Sex Life Following Anti-Cancer Treatment

Gert Martin Hald, PhD,<sup>1</sup> Mie Dahl Pind, Msc,<sup>1</sup> Michael Borre, PhD,<sup>2</sup> and Theis Lange, PhD<sup>1</sup>

### ABSTRACT

**Introduction:** Active prostate cancer treatment is often associated with significant adverse physiological and psychological effects including significant sexual problems. Most studied among these sexual problems is erectile dysfunction while related sexual bothers such as overall sexual function and satisfaction with one's sex life are much less studied.

**Aim:** To investigate problems related to erectile functioning, orgasmic ability, sexual function, and satisfaction with one's sex life among a cohort of Scandinavian prostate cancer patients age 40 years and older who were sexually active prior to their diagnosis of prostatic cancer.

**Methods:** The survey study used a cross-sectional design and a mixed recruitment procedure. Patients were recruited through the prostate cancer patient advocate organizations in Denmark, Norway, and Sweden (Scandinavia). The final sample included 1,707 prostate cancer patients. For analyses, participants were stratified into 4 groups according to their total treatment burden.

**Outcomes:** Outcomes included subjective reporting of erectile functioning, orgasm, and sexual functioning, and satisfaction with one's sex life.

**Results:** The study found that the prevalence of erectile dysfunction and problems related to orgasm and overall sexual function ranged from 72–92% across prostatic cancer treatment groups. Conversely, this range was 61–69% among the respondents who had not undergone prostatic cancer treatment. Across treatment groups, a minority of patients (<15%) reported being satisfied with their sex lives. After socio-demographic variables were controlled for, patients who did not receive prostatic cancer treatment were 3.75 times more likely than those in the reference group to not report sexual function problems.

**Conclusion:** Among older prostate cancer patients, who at their time of diagnose were sexually active, sexual satisfaction is low and prevalence rates of sexual problems is high, thus underlining the strong clinical need to address sexual problems and satisfaction among this cohort of patients in order to promote sexual health and well-being following active cancer treatments. **Martin Hald G, Dahl Pind M, Borre M, et al. Scandinavian Prostate Cancer Patients' Sexual Problems and Satisfaction With Their Sex Life Following Anti-Cancer Treatment. Sex Med 2018;XX:XXX–XXX.**

Copyright © 2018, The Authors. Published by Elsevier Inc. on behalf of the International Society for Sexual Medicine. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

**Key Words:** Prostate Cancer; Erectile Dysfunction; Orgasmic Problems; Sexual Functioning; Sexual Satisfaction

### INTRODUCTION

Prostate cancer is the most prevalent type of male cancer in the United States<sup>1,2</sup> and is among the leading causes of male cancer

deaths worldwide with mortality being among the highest in the Scandinavian countries.<sup>3</sup>

Active prostate cancer treatment is often associated with significant adverse physiological and psychological effects, including muscular weakness, hot flushes, reduced urinary and bowel functioning, depression, reduced quality of life, and sexual problems.<sup>4–9</sup> Prostatic cancer treatment usually involves observation (active surveillance), surgery, radiation therapy, hormonal treatment, and chemotherapy.<sup>10–12</sup>

Men with prostate cancer often experience increased rates of sexual problems and reduced sexual functioning at baseline

Received January 28, 2018. Accepted June 7, 2018.

<sup>1</sup>Department of Public Health, University of Copenhagen, Denmark;

<sup>2</sup>Department of Urology, Aarhus University Hospital, Aarhus, Denmark

Copyright © 2018, The Authors. Published by Elsevier Inc. on behalf of the International Society for Sexual Medicine. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<https://doi.org/10.1016/j.esxm.2018.06.002>

(pretreatment) and, most significantly, after cancer treatment.<sup>7,8,13–16</sup> These problems include erectile dysfunction (ED), reduced sexual desire, sexual pain, orgasmic problems, and ejaculatory problems.<sup>4,13,17,18</sup> Among these sexual problems, ED is most commonly studied, and while other sexual problems are less studied, they appear to be highly prevalent and bothersome to prostate cancer patients.<sup>4,11–13</sup> Despite the high prevalence rates of sexual problems among prostate cancer patients, a relatively limited number of large sample studies of Scandinavian prostate cancer patients, which both focus on sexual outcomes other than ED and differentiate results based on the most common kinds of treatments received, exist.<sup>5</sup> Such investigations are important for cultural comparisons and comparison of sexual outcomes across common treatment groups.

Sex life satisfaction and overall assessments of problems related to sexual functioning are less studied among prostate cancer patients compared with the vast and extensive research focuses on specific sexual problems, dysfunctions, and quality of life more generally.<sup>5,19–21</sup> While there is reason to believe that sexual functioning, sex life satisfaction, and sexual problems are inter-related,<sup>7,22–25</sup> according to the definition of the World Health Organization (WHO), sexual health includes not only *the absence* of sexual problems but also *the presence* of physiological, emotional, psychological, and social well-being in regard to sexuality.<sup>16,26</sup> Therefore, where the study of more general and specific sexual functioning problems may primarily target the *absence* dimension of the WHO definition, sex life satisfaction may be seen as targeting the *presence* dimension of the definition. This double focus also seems highly relevant in studies involving prostate cancer patients and sexuality.<sup>25,27</sup>

Among prostate cancer patients, data on sexual problems and associated evaluative responses usually do not differentiate between those who self-identify as sexually active and those who self-identify as non-sexually active prior to diagnosis and treatment.<sup>5,17</sup> Subgroup-specific knowledge about sexuality following diagnosis and treatment may help provide more informed and precise sexual intervention strategies and discussions among health care providers and policy makers.<sup>19,28,29</sup> Accordingly, as most prostate cancer treatments either directly or indirectly influence various aspects of sexuality,<sup>20</sup> specific knowledge about sexuality regarding the large (sub)group of prostate cancer patients who self-identify as sexually active prior to treatment may be particularly clinically relevant and important.

Sociodemographic variables (eg, gender, age, relationship status, and educational level) have been found to be associated with various sexuality-related outcomes, including sexual problems and bothers.<sup>16,25,30,31</sup> Furthermore, among prostatic cancer patients, the time since diagnosis has been found to be associated with these outcomes.<sup>6,12,17</sup> Thus, employing analytic strategies that consider these factors is important when studying sexual problems among prostate cancer patients.

Based on a large Scandinavian (ie, Denmark, Norway, and Sweden) cohort of prostate cancer patients aged 40 years and

older who self-identified as sexually active prior to receiving a diagnosis of prostate cancer, the current study investigated self-reported problems related to erectile functioning, orgasmic ability, and the overall ability to function sexually. Furthermore, among this cohort, this study also investigated overall satisfaction with one's sex life.

## METHODS

### Participants

This study was part of a larger study of Scandinavian prostate cancer patients conducted by the Scandinavian prostate cancer patient advocate organizations.<sup>5</sup> A total of 6,916 respondents answered the questionnaire, and 6,200 of these questionnaires contained valid responses (89.7%). Given our study aims, from this sample, we selected all respondents who were 40 years of age or older and who self-identified as sexually active prior to their formal prostate cancer diagnosis, for a total of 1,713 respondents. From this group, 6 respondents were excluded because they were the only patients who received chemotherapy, resulting in a total cohort of 1,707 respondents. The mean age of the participants was 72.6 years (SD = 7.1), with a mean of 6.1 years (SD = 4.6) since the time of diagnosis. Sample characteristics (by treatment group) are presented in [Table 1](#).

### Procedure

A mixed recruitment procedure was utilized across Scandinavian countries (ie, Denmark, Norway, and Sweden) to maximize the sample size. Respondents were recruited through: (a) online banners on the web site homepages of the Scandinavian prostate cancer patient advocate organizations, (b) e-mails (when known) sent directly to members of the Scandinavian prostate cancer patient advocate organizations, and (c) paper versions of the questionnaire made available during nationally organized prostate cancer patient meetings. A professional Danish agency for public communication was responsible for all questionnaire distribution and collection. Following Danish rules for ethical approval, this retrospective anonymous study was exempt from institutional review board approval.

Respondents were invited to complete an 84-item questionnaire related to living a life with prostate cancer. The questionnaire covered patient socio-demographic data, experiences with health care services, diagnosis and treatments, side effects, and sexuality. The inclusion criteria was to have received a formal diagnosis of prostate cancer. Respondents who answered fewer than 20% of the questions and duplicates were removed from the study.

### Measures

#### Sociodemographics

The collected sociodemographic items included: (a) country of birth (Denmark, Norway, or Sweden); (b) age (year of birth); (c)

Download English Version:

<https://daneshyari.com/en/article/8829144>

Download Persian Version:

<https://daneshyari.com/article/8829144>

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