The Psychological and Relationship Impact of Male Sexual Dysfunction

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Disclosure

- There are no financial disclosures to report
Male Sexual Dysfunction
So What?
Recent Patient

- Male
- 54 Years Old
- Former Air Force Paratrooper
- Spinal Stenosis
- Chronic Pain
  - Back
  - Hip
  - Knees
- Back Brace
- Uses a Cane
Recent Patient

• Prostate cancer diagnosis in 2016
• Had a radical prostatectomy in mid 2016
• Reports
  – Urinary incontinence
  – Erectile dysfunction
• PSA detectable and rising
  – Referred from rad onc for anxiety related to PC
• Hardest thing for him to handle
  – Coping with erectile dysfunction
What Men Hear

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

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

• “You will get used to it.”
## ED: Quality of Life

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Low physical satisfaction</th>
<th>Low emotional satisfaction</th>
<th>Low general happiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problems</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Premature ejaculation</td>
<td>0.79</td>
<td>0.97</td>
<td>1.28</td>
</tr>
<tr>
<td>ED</td>
<td>4.38</td>
<td>2.40</td>
<td>2.48</td>
</tr>
<tr>
<td>Low desire</td>
<td>3.14</td>
<td>1.57</td>
<td>2.61</td>
</tr>
</tbody>
</table>

Laumann, JAMA, 1999
ED and Depression

- 120 men with ED and/or benign prostatic hyperplasia (BPH)
  - ED: Self report
  - Depression: Beck Depression Inventory

- 3 Groups
  - ED only 54% depressed
  - ED and BPH 56% depressed
  - BPH only 21% depressed

- ED patients 2.6 times more likely to report depressive symptoms than BPH only patients

- Controlled for marital status and age

Shabsigh et al., Urology, 1998
Peyronie's Disease and Depression

• 92 men with duration of PD of 12 months
• Assessed with:
  – CES-D
  – SF-36
• Questionnaires completed on initial presentation
• Follow-up questionnaires mailed to subjects, on average, 18 months after baseline
• Results
  – 48% met cut-off for depression on the CES-D
  – Mental Health Subscale of the SF-36, lower than norm

Nelson et al., JSM, 2008
“Well...at your age, does it really matter?”
ED and Depression

• Data from the Massachusetts Male Aging Study
  – Cross sectional, population based study
  – Normally aging men (aged 40-70)

• 1,700 subjects
  – ED: Single question
  – Depression: CES-D

• Depressive symptoms associated with ED (OR 1.8)
• Controlled for: age, lifestyle factors, health status, medication use, and hormones

ED and Depression

- 1800 Men from Brazil, Italy, Japan, and Malaysia
- Aged 40 to 70
- Depression measured with the CES-D
- Self-report erectile functioning
- Depressive symptoms associated with ED (OR 1.7)
- Controlled for: age, lifestyle factors, health status, medication use, and hormones

Nicolosi et al., J. Affect. Dis., 2004
“You shouldn’t be upset, your cancer is gone.”
ED and Distress in Men with Prostate Cancer

- Poor erectile function is a predictor of depressive symptoms\(^1\)
  - 339 men with prostate cancer 3.9 years post diagnosis
  - Average age = 68 years old
  - Predictors of depression (p<0.05)
    - Age\(^{.11}\) (Beta)
    - Social Support\(^{.20}\)
    - Anxiety\(^{.51}\)
    - Erectile Function\(^{-0.10}\)

- 37% of men report high distress related ED\(^2\)
  - 182 men 12 months post radical prostatectomy

\(^{1}\)Nelson, Mulhall, Roth, JSM, 2010; \(^{2}\)Johansson et al., Lancet Oncol, 2011
“You will get used to it.”
ED Bother

• 183 men with prostate cancer treated with surgery
• Pre-op, 3m, 12m, and 24m
• ED Bother
  – ED a problem
  – Embarrassed or ashamed
  – Enjoyment of life
• ED and ED Bother were correlated (.46)
• Bother did not decrease over time
• No significant baseline predictors
  - Age, race, marital status, PSA, EF, sexual desire, sexual satisfaction

Nelson et al., JSM, 2010
Peyronie's Disease and Depression

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Nelson et al., JSM, 2008
## Results

### Depression by Time Since Onset of PD

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<tr>
<th>Group</th>
<th>Length of Time</th>
<th>Depression (Moderate, Severe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>0 to 6 months</td>
<td>38% (31%, 7%)</td>
</tr>
<tr>
<td>Group 2</td>
<td>6 to 12 months</td>
<td>54% (25%, 29%)</td>
</tr>
<tr>
<td>Group 3</td>
<td>12 to 18 months</td>
<td>44% (28%, 17%)</td>
</tr>
<tr>
<td>Group 4</td>
<td>&gt; 18 months</td>
<td>56% (28%, 28%)</td>
</tr>
</tbody>
</table>

Note: $\chi^2$, $p = ns$
Relationship Issues
She Doesn’t Understand
He Doesn’t Understand
Relationship Aspects

• Men with ED tend to withdraw from partner\textsuperscript{1,2}

• Reduction in sexual contact\textsuperscript{3}
  - 123 couples with male partner reporting ED
    • 10% reported sexual contact within 4 weeks before treatment
    • Approximately 50% had not experienced any sexual contact for over 2\textsuperscript{1/2} years.

• Reduction in intimacy\textsuperscript{4}
  - 105 German couples
  - Couples in ED group reported lower
    • Tenderness
    • Togetherness

\textsuperscript{1}Nelson et al., Transl Androl Urol, 2015; \textsuperscript{2}Wittman et al., J Sex Marital Ther, 2015;
\textsuperscript{3}Riley & Riley, Int J Clin Pract, 2000; \textsuperscript{4}Muller et al., 2002
Impact on the Female Partner

- **Negative emotional response**
- **Female partners may**
  - Feel unattractive or unskilled sexually
  - 41% reported feeling responsible for partner’s ED
  - Female partners of androgen deficient men reported
    - Increased loneliness
    - Loss of affection
    - Feeling “unwanted”

Performance Anxiety
Performance Anxiety

- Anxiety/ED cycle
- Vicious cycle of failure and escalating anxiety
- Anxiety can increase for both partners in the relationship
  - Partner issues previously stated
- Can lead to behavioral and emotional changes
We Can Help
Men Avoid and Drop-out of ED Treatment
Use of ED Treatment

• Many drop out of treatment
  – 50% of PDE5i users\(^1\)
  – 50% of injection users\(^2\)

• Self-report injection use\(^3\)
  – 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, 2013
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
  - “Injections 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
Combined Therapeutic Approaches

- Combines medical treatment for ED with psychological treatment
  - Goal to help patient/couples successfully use medical treatment

- Acceptance and Commitment Therapy (ACT)
  - Explore importance of sexuality
  - Accept short-term anxiety for long-term benefit
  - Defuse anxiety and frustration
  - Discuss/highlight barriers
  - Commitment

- ACT increased compliance with penile rehab
- Now testing ACT in a larger study (R01)
Pen is broken.

Please use Finger!

Thanks
Talking to Patients about ED Treatments

• Educate
• Explore and focus on importance of sexuality
• Acknowledge short-term anxiety
  – Willingness to experience anxiety and frustration
• Focus on long-term goal as opposed to short-term anxiety
• Discuss/highlight barriers
  – Ask them what will get in the way of using treatment
  – Predict they will find excuses to avoid using treatment
• Commitment
  – Set injection target
“Two of the most important things you can do as a physician are to listen to your patients and care for your patients.”

Patrick Walsh, MD

Prostate Cancer World Congress, Cairns Australia, 2015