Psychological Impact and Therapeutic Approaches for Post Prostatectomy Sexual Dysfunction

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Disclosure

• No Disclosures
Prostate Cancer
Prostate Cancer

- Most common cancer in men
  - Over 200,000 diagnosed yearly in the US

- All prostate cancer treatments impact sexual functioning
  - 85% report that erectile dysfunction is a problem

American Cancer Society, Facts and Figures; Nelson et al, JSM, 2014; Schover et al., Cancer, 2002
So What?
ED is Related to Lower Quality of Life and Increased Depressive Symptoms
## 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 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
- Controlled for marital status and age

Shabsigh et al., Urology, 1998
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

- 1,800 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
Does Being Treated for Prostate Cancer Mitigate the Psychological Impact of ED?
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
  - Analysis controlled for age, social support, relationship quality, and anxiety
- 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
Does the Distress Related to ED Dissipate Over Time?
ED Bother following Radical Prostatectomy

- 183 men treated with RP
- Pre-op, 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
Relationship Issues
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 2½ 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”

We Can Help
Men Avoid and Drop-out of ED Treatment
Use of ED Treatment

• Many drop out of treatment
  – 50% of PDE5i users\textsuperscript{1}
  – 50% of injection users\textsuperscript{2}

• Self-report injection use\textsuperscript{3}
  – 60% continue at 4 months
  – Only 33% at a rate suggested for rehabilitation

• Syringe count injection use\textsuperscript{4}
  – Mean injections/week: 0.9
  – Only 10% at a rate suggested for rehabilitation

\textsuperscript{1}IMS Health, 2001; \textsuperscript{2}Sundaram et al., Urology, 1997;
\textsuperscript{3}Neleson et al., JSM, 2013, \textsuperscript{4}Nelson et al, SMSNA, 2013
Qualitative Study
Cycle of Frustration and Avoidance

- Disappointment/shame related to ED
  - “I’m not a man”

- 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., Psycho-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

Prostate Cancer World Congress, 2015