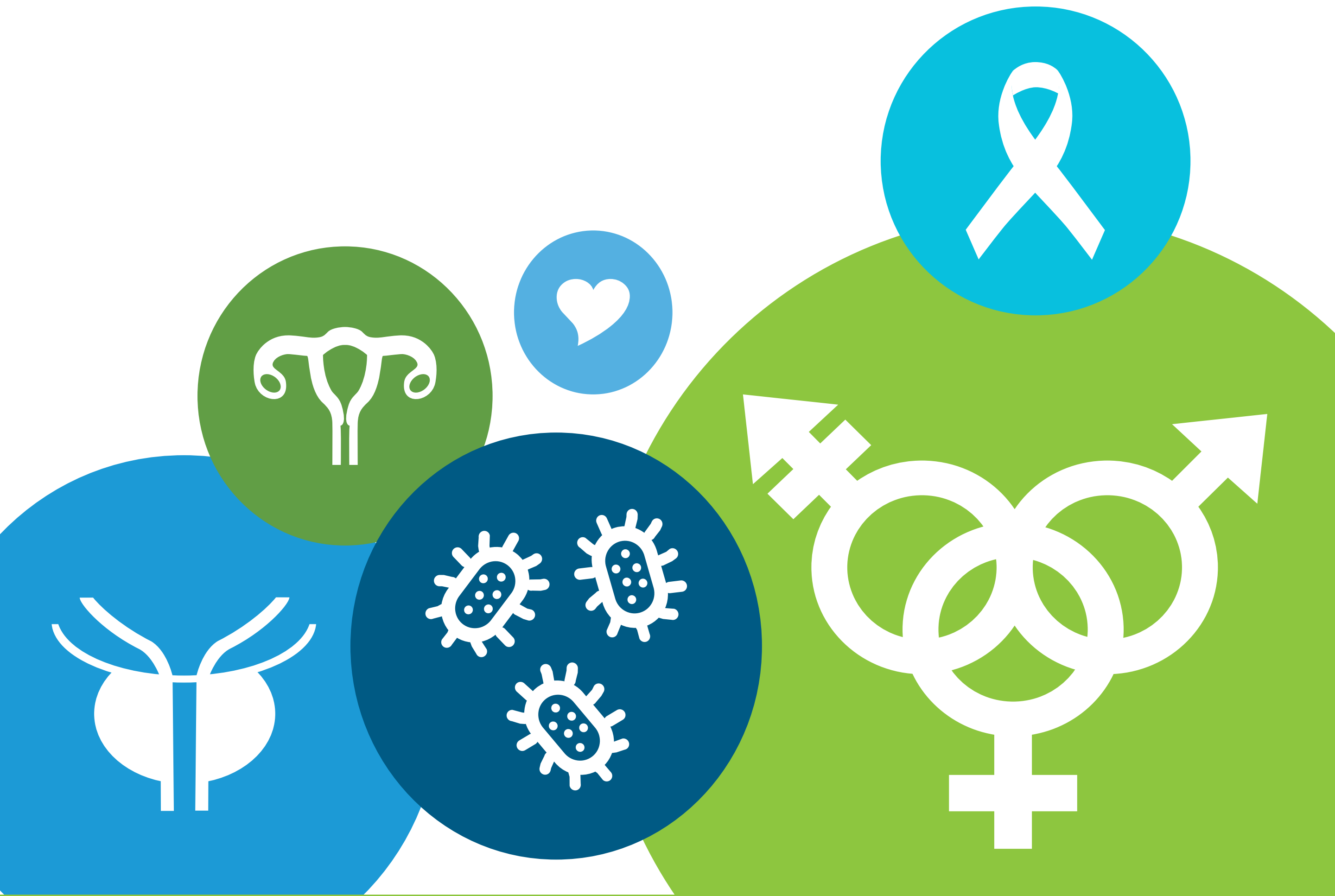


SEXUAL HEALTH AND CANCER



Sexual Health and Cancer

Cancer and its treatment

can impact sexual health & intimacy, this may not be an issue for all patients but can be an issue for any patient (*any age, any diagnosis, any treatment, any time during the illness trajectory from time of diagnosis through to survivorship or end-of-life*)

Biologic / physiologic changes

due to the cancer/treatment can impact sexual function

Psychologic and social factors

often play a role in sexual function & intimacy & can be impacted by cancer/treatment

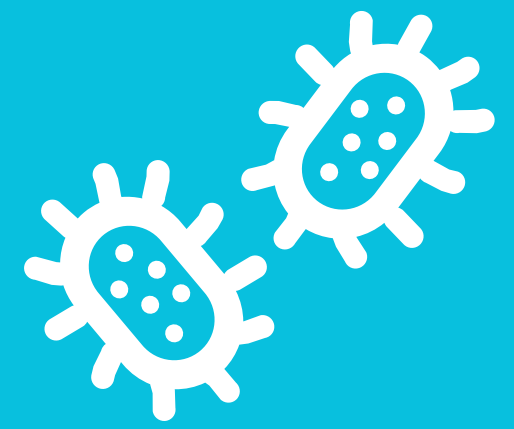
Management of sexual health concerns

requires a biopsychosocial approach (*that may include counselling/therapy, medications, assistive devices, hormone therapy, referrals to specialists*)

Sexuality is a broad concept

encompassing aspects of self-image, body image, patterns of affection, social/family/gender roles and physical and emotional intimacy

Sexual Health and Cancer



PLISSIT MODEL

PERMISSION

offer permission for the patient to share while normalizing and validating experiences

LIMITED INFORMATION

provide patient education regarding common sexual A/E related to treatment and correct misconceptions

SPECIFIC SUGGESTIONS

give concrete advice on how to cope with non-pharm and pharm strategies

INTENSIVE THERAPY

refer to experts for additional support when needed



Sexual Health and Cancer

Studies have found that **80%+** of patients experience changes in sexual health after cancer/treatment but only **~25%** of patients report being asked about sexual health. The lack of attention to this issue can adversely impact quality of life for patients.

When surveyed about their practices related to patients' sexual health concerns, **85%** of pharmacists indicated that pharmacists should be involved in assisting with patients' sexual health concerns but 83% reported discussing/managing sexual health concerns with **-25%** of patients they had seen.

