

Call for more awareness of sexual dysfunction in lung cancer patients

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Many lung cancer patients suffer difficulties with sexual expression and intimacy, yet for too long the topic has been ignored by doctors and researchers, experts have said at the 4th European Lung Cancer Conference (ELCC).

"It's time that doctors and scientists paid more attention to this important issue," said Stephane Droupy from the University Hospital of Nimes, France, speaking at a special session on sexual dysfunction after lung cancer treatment at ELCC.

Researchers have estimated that sexual dysfunction affects between 40 and 100% of <u>patients</u> who undergo cancer treatment. Studies have shown that these problems can persist as time passes, rather than improving.

However, much of the information gathered so far relates to breast, gynaecologic or prostate cancers. Much less is known about other cancers, including lung cancer.

At the ELCC Multidisciplinary Interactive Session on sexuality and cancer, Stéphane Droupy and Luca Incrocci have discussed how to evaluate sexual function and how to treat sexual side-effects after therapy of lung cancer.

"We still have to do a lot of work on the awareness of sexual problems after cancer —and lung cancer in particular, and we hope that our session at ELCC will help begin the discussion about how best to help



this group of patients," Droupy said.

The emotional and physical consequences of lung cancer, as well as the impact of treatments, can all affect sexuality, he said.

For example, patients often experience a loss of libido when they learn they have cancer, he said. Feelings of grief and depression can also diminish desire. The physical changes that result from cancer and the impact of treatments such as surgery, chemotherapy and radiotherapy can also have negative impacts on sexual expression, he said.

In the case of lung cancer, some of these problems can be particularly challenging, Droupy said. "Unlike other cancers, where survival is improving, <u>lung cancer</u> management often focuses on short-term quality of life improvement and palliative care. Sexuality is then even more difficult to protect or reconstruct in a short period of time when all efforts are made to stay alive."

In this context, it is very important for patients and oncologists to seek help from healthcare professionals specialised in sexual health, Droupy said.

Another important step is for doctors and patients to have open and honest discussions about what the patient is going through, Luca Incrocci, a radiation oncologist and sexologist from Erasmus Medical Center, Rotterdam, The Netherlands, said at the special session.

"We know that sexuality is important for quality of life and marital relationships, yet healthcare professionals frequently avoid taking the sexual history of a cancer patient," Incrocci said.

"Of course this is a difficult subject to deal with, for patients and for healthcare providers, but this should not stop us from doing what we can



to improve the situation." said Incrocci.

Starting a discussion about this issue at the beginning of the cancer treatment is a vital first step, he said. This can help <u>doctors</u> to evaluate previous <u>sexual dysfunction</u> and motivation to keep an active sexual life, and to help patients understand what the consequences of the treatment might be.

As <u>cancer treatment</u> is underway, clinicians should be willing to provide solutions to the patients and couples when sexual difficulties appear, and to organise specialised help with sexual issues in parallel with management of the cancer.

Therapeutic care might include pharmacotherapy and sex therapy, Droupy said. It is also important that partners are involved in the process, as this optimises the chances of healing and improvement.

"Whatever the clinical situation, reconstructing sexual function can significantly improve a cancer patient's emotional state. It is an essential step to revive a sense of personal integrity and masculine or female identity."

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