

Outer-course vs. Intercourse

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- **Dissertation: Creative Analytic Practice design**
- **Study Population:**
 - **13 prostate cancer survivors and their partners**
- **Sexual Health Inventory for Men (SHIM) filled out by both partners**
- **Sexual Bother Scale filled out once for themselves and a second time on how the impotence after treatment impacted on their partner**
- **Both partners were interviewed separately about their sexual practices and sexual knowledge (this was tape recorded).**
- **Demographics: 50% Canadian and 50% US**
 - **Men: ages 53 to 75 at diagnosis and now 58 to 83**
 - **Women: now aged 59 to 76**
 - **Married: now for 13 to 55 years**
 - **8 men had radical prostatectomy with nerve sparing**
 - **3 men had external beam radiation**
 - **1 man had proton beam radiation**
 - **1 man had Brachytherapy (seed implants)**

Some of the most interesting and surprising information came out in the interviews.

- **People were very open about their sexual practices and frequency.**
- **Pre-cancer treatment: 100% of my study participants were sexually active irrespective of their age.**
 - **83% had sex once to twice per week**
 - **17% had sex two to 4 times per week (age mid to late 70's)**
 - **72% described their sexual practices as “innovative”**
- **Schnell, et al (2003) Erectile Function in Aging Men**
 - ❖ **In the age group 70-75: 38 % impotent + 19% moderately dysfunctional (57% with ED)**
 - ❖ **In the age group 65-70: 24% impotent + 18% moderately dysfunctional (42% with ED)**
- ✓ **You really cannot judge everyone by the “norm.” You have to get a history of their sexual practices before treatment to know how to educate patients about the outcomes of treatment.**

After cancer treatment:

- **80% continued to have sex once to twice per week:**
 - but the majority (77%) needed aids or some form of assistive stimulation.
- **20% were not having sex at all, but they were in their mid-eighties – they no longer felt the need for penetrative sex but they did maintain their intimacy.**
- **The type of aids my participants used: felatio, mutual masturbation, external pump, inter-cavernosal shots, and one was successfully using Viagra**

Interviews

- **Even though 100% of my group was sexually active at the time of diagnosis:**
- **Not one of the 13 patients' doctors asked them about their pre-treatment sexual relations, so they felt unprepared to deal with the after effects of their treatment.**
- **All of the participants, when asked if they could only have one thing, sexual intercourse or intimacy, all chose INTIMACY!**

INTIMACY

How my group described Intimacy:

- ✓ Hugging
- ✓ Kissing
- ✓ Holding Hands
- ✓ Cuddling
- ✓ Caressing while naked
- ✓ Successfully bringing one another to orgasm
- ✓ Bonding and sharing intimate experiences

INTIMACY

Not one of my participants described intimacy during sexual relations as “Penetrative Intercourse.”

Eleven out of 12 women said that they were willing to settle for not having penetrative sex.

Three of the men were not concerned at all about penetrative sex or erectile function.

Ten of the men would prefer to have penetrative sex, and were concerned with erectile function.

If 11 women weren't concerned, why were 10 men concerned with penetration?

This led me to start to address the issue of sexuality instead of penetrative sex.

Wasn't it more important to satisfy their partner and themselves than to have an erection and penetration?

Which of these, satisfaction, orgasm or penetration, was more important to the patient's and their partner's satisfaction after treatment?

70% of women never experience vaginal orgasms

- **Sheryl Hite's Report, a nationwide study of female sexuality (2004).**
 - Could this be why 11 of the women weren't concerned about penetration?
- **Schnell, et al (2003) Erectile Function in Aging Men**
 - ❖ 58% of men over the age of 75 are impotent
 - ❖ An additional 16% have moderately severe erectile dysfunction (74% total with ED)
- ❖ **So, if most men are impotent after age 75, and most women don't need penetration for orgasm, what is the problem?**
- ❖ **Have the orgasm without the penetration!**

Sexual Knowledge

What % of my group knew that 70% of women get more satisfaction from clitoral orgasms and that clitoral orgasms are stronger than vaginal orgasms?

- 36% of men and 45% of women did not know that most women do not have vaginal orgasms.

- 100% of men and 82% of women knew that there was such a thing as clitoral orgasm.

- Only a few men/women knew that clitoral orgasm is actually stronger than vaginal orgasm.

- 18% of the participants were not sure about the subject and were not willing to discuss it!

Education! Education!

- **The importance of educating patients about the necessity of achieving sexual satisfaction without penetrative intercourse cannot be over emphasized!**
- **Erection and penetration are not the be-all and end-all of sexuality.**

INTIMACY is the driving force behind sexuality!

How my group described Intimacy:

- ✓ **Hugging**
- ✓ **Kissing**
- ✓ **Holding Hands**
- ✓ **Cuddling**
- ✓ **Caressing while naked**
- ✓ **Successfully bringing one another to orgasm**
- ✓ **Bonding and sharing intimate experiences**

Outer-course vs. Intercourse

- One of the study participants said they realized they “must not lose intimacy” and he and his wife were practicing “*Outer-course*” instead of intercourse.

Sexual Health Bother Scale

developed by Potosky et al for
the Prostate Cancer Outcome Study (PCOS)

- When I compared the results of the SHIM and the Bother Scale questionnaires: although the couples were accurate in assessing the severity of the ED, they were not accurate in assessing the amount of “bother” this caused their partners.
- 92% of the Women in my study group believed that their male partners had less concerns about penetration than the man actually had.
 - Women: your partner is more worried by this than you think he should be.
- 92% of the Men in my study group believed that their female partners had more concerns about the loss of penetrative sex than the women actually had.
 - Men: it’s not as important to your partner as you think!

Agreement

- **Between 80% to 85% of my group felt that both partners should have equal input into treatment decisions as the outcome affected both of them.**
- **The only way people can make good decisions is to have good information.**

Did they get good information? Pre-treatment Discussions with the Physician

Not dealt with at all:

- Pre-treatment sexual activity
- The women's role
- Women's sexuality and orgasm preferences

Dealt with briefly and incompletely:

- Post treatment risks of Impotence

Dealt with fully:

- Risk of incontinence

Post-treatment Discussions with the Physician (my group's complaint)

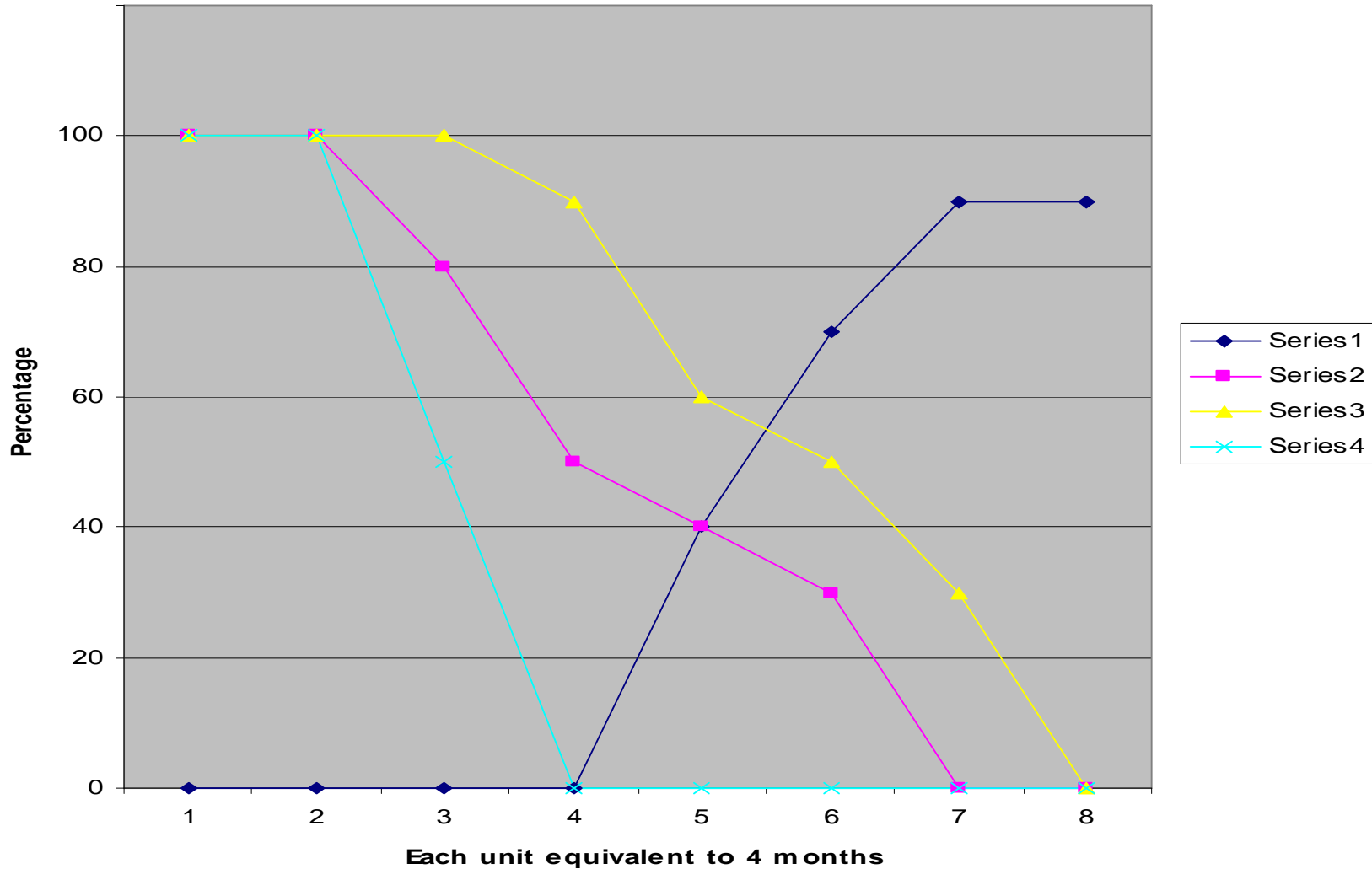
Physicians take note!

- 100% of the patients went back to their physicians to discuss how to deal with their impotence.
- They all complained that they were given incomplete and insufficient information and care in this area.

Methods to deal with Incontinence

- This problem was satisfactorily dealt with for the small number of patients in my group affected by it.

Erectile Function after Treatment for Prostate Cancer



**Key to Series: 1= Radical Prostatectomy 2= External Beam Radiation
3= Brachytherapy (Seed Implant) 4= Proton Beam Radiation**

The Group's Recommendations

- A 'take home' video should be developed to educate patients about the TOTAL picture: diagnosis, treatment, after effects and solutions.
- Both partners should visit the treating physician.
- All couples should be asked to complete a form describing their current sexual activity and hand this to the treating physician.
- Educate the patients and their partners:
 - ❖ Sexual enjoyment should not be sacrificed for either partner.
 - ❖ Satisfactory orgasm can occur without penetration and ejaculation
 - ❖ Each couple must develop solutions that are acceptable to both partners.
 - ❖ There are many alternatives such as mutual masturbation, oral sex (felatio), sex toys, dildos and even penile implants.
- Most important of all is to maintain intimacy, kissing, hugging, holding hands, stroking and all the little important things.

Based on my study and literature reviews: How Treating Physicians Can Help Their Patients Better Prepare for Prostate Cancer Treatment

- Obviously, all physicians do their best to stay current on treatment methods, results and statistics.
- Recognize that almost 60% of your Canadian patients want to have enough information to allow them to make their own treatment decisions (*study done in 2004 by Joyce Davidson, et al*).
- Please evaluate your patient's current sexual habits and practices before recommending and selecting treatments. Then thoroughly inform your patients of the after-effects of all the treatment options.
- Recognize that PDE-5 inhibitor drugs, like Sildenafil (Viagra) do not work if there is a compromised nerve supply to the corpus cavernosa. My group participants all expressed feelings of discouragement and hopelessness, because they were given Viagra and it did not result in an erection.
- Consider dedicating a clinical staff member to assess and educate your Prostate Cancer Patients: this would be cost effective and may enhance your patients' outcome. It would provide all the needed information to the physicians and give the patients more personalized information and care.

Thank You

Questions?

Sexual Health Bother Scale

n=22 <u>Couple</u>	<u>Men</u>	<u>Men by Women</u>	<u>Standard Deviation</u>	<u>Women</u>	<u>Women by Men</u>	<u>Standard Deviation</u>
Couple 1	3	4	0.71	5	3.0	1.41
Couple 2	1	1	0	5	2.0	2.12
Couple 3	2	2	0	2	2.5	0.35
Couple 4	1	1	0	2	2.0	0
Couple 5	2	3	0.71	4	2.0	1.41
Couple 6	4	2	1.41	2	4.0	1.41
Couple 7	2	2	0	1	1.0	0
Couple 8	4	5	0.71	5	3.0	1.41
Couple 9	3	4	0.71	4	4.0	0
Couple 10	Not eligible for inclusion					
Couple 11	2	4	1.41	4	4.0	0
Couple 12	5	5	0	5	5.0	0
Average	2.6	3		3.54	3.0	
Median	2	3		4	3.0	
Correlation Coefficient	0.73			Correlation Coefficient 0.43		

Sexual Health for Men (SHIM)

(based on the 5 point IIEF)

As Men Report	As Women Report	S. Dev.	Aids Used
Couple 1	0	0	Manual & Felatio
Couple 2	15	16	Occasional Pump when problems arise
Couple 3	16	15	Occasional Caverjet
Couple 4	4	5	
Couple 5	2	9	Occasional Pump
Couple 6	7	5	Viagra
Couple 7	1	1	Cavernosum shots
Couple 8	1	1	
Couple 9	5	6	Pump
Couple 10	20	18	
Couple 11	1	1	
AVERAGE	6.55	7	
MEDIAN	4	5	
CORRELATION	0.94		

- Key: ED=Erectile Dysfunction (Impotence): 1-7=Severe. 8-11=Moderate.
- 12-16= Mild to moderate. 17-24Mild. 25=No ED

Excerpts from Taped Interviews

- **Death from prostate cancer is not a fun thing**
- **The issue was not being able to 'get it up' but to save your life**
- **I'd rather hug the man than the penis**
- **Intimacy is important, important, important. Don't lose this!**
- **Some of my women friends don't understand why I am so upset at the thought of losing penetrative intercourse; that I should just do without it and be grateful that my husband is alive. I just can't accept that I can't have both and will fight for this.**
- **All the aids are unaesthetic and don't allow for spontaneity.**
- **Some of the aids are not easy to administer. Imagine sticking a needle into your penis. Gets interesting if you hit a blood vessel.**
- **That pump thing was wild. the penis felt like a frozen popsicle; was so cold and weird.**