

## Sexual problems rarely addressed by internists caring for cancer survivors

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Few internists who care for cancer survivors address issues of sexual dysfunction with their patients, according to a study led by Massachusetts General Hospital (MGH) researchers. In their article appearing in a November 2009 cancer survivor supplement to the *Journal of General Internal Medicine*, now available online, the investigators report that more than half the internists responding to a survey indicated they rarely or never discussed sexual problems with their patients who had survived cancer.

"Sexual dysfunction is an important quality-of-life issue that many cancer survivors struggle with," says Elyse Park, PhD, MPH, of the MGH Institute for Health Policy, who led the study. "If these conversations are not happening in the primary care physician's office, they're not likely to be happening anywhere."

As more cancer patients live longer after treatment, quality-of-life concerns become more important. Sexual dysfunction is common not only among prostate and [breast cancer](#) survivors but also in significant percentages of survivors of other types of tumors. Problems may result from the cancer itself or its treatment, and patients can also experience depression, anxiety and concerns about body image that can interfere with desire, intimacy and sexual functioning. While many effective treatments are available for sexual dysfunction, the authors note, treatment can only begin if affected patients are identified. And for more and more cancer survivors, the primary care physician is their most significant health care provider.

The current report is part of a larger survey of primary care physicians' caring for cancer survivors. Among questions on the survey sent to more than 200 internists affiliated with the University of Colorado were how often they addressed issues of [sexual dysfunction](#) with adult cancer survivors and how likely they were to initiate such discussions. Only 46 percent reported they were somewhat or very likely to bring up sexual issues during a patient visit, and 62 percent indicated they rarely or never addressed the subject with cancer survivors.

Factors associated with a physician's being more likely to address sexual issues were spending more time delivering direct patient care and feeling better prepared to care for cancer survivors in general. Lack of time was not cited as a barrier, and another predictor of the likelihood of discussions was the internists' perceptions of patient anxieties and fears about their health. "While conversations about sexual problems did not appear to be a standard part of most respondents' interactions with patients, it's interesting that such conversations were more likely to take place if they sensed that something was bothering the patient," Park says.

"Patients are often referred to me for anxiety or depression associated with cancer or other medical problems, but sexual health is almost never mentioned in the referral," adds Park, who is a clinical health psychologist and assistant professor of Psychiatry at Harvard Medical School. "It turns out that sexual issues are involved the majority of the time. They're a big aspect of what's going on with these patients, but are almost never being addressed." She and her colleagues cite the need for additional training to better prepare internists and other primary care practitioners to discuss sexual concerns with cancer survivors and other patients.

Source: Massachusetts General Hospital ([news](#) : [web](#))

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