Sexuality and Chronic Pain

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Sexuality is a significant part of who we are as individuals, providing intimacy, affection, social interaction, and touch. We are sexual beings from the moment of birth to the end of our lives. Sexual practices and beliefs wary widely, often based upon age, gender, past experiences, as well as religious and cultural values. As a result, each person and partner defines what is considered "normal" sexual behavior.

There are four phases involved in the sexual response: desire, excitement, orgasm, and resolution. Desire is interest in sex, also called libido. Excitement is a state of arousal that often occurs as a result of touching and kissing. During excitement the body responds by increasing the heart rate, blood pressure, and respiratory rate. Blood flow will increase to the genitals in both men and women. In men, this results in an erection. The third phase, orgasm, is also called climax. Muscles in the genitalia contract, resulting in waves of pleasure throughout the body. Finally, resolution is the return of the body to its original state.

Unfortunately, chronic pain and its treatment can impair our ability to express sexuality by altering any of the four phases. Few studies have evaluated the frequency of changes in sexual desire or function in people with chronic pain. One study of patients enrolled in chronic pain treatment programs in England found that 73 percent had some degree of sexual problems (Ambler et al. 2001). Other studies support these findings. Approximately one half to two thirds of patients report reduced frequency in their sexual relationships as a result of chronic pain.

Causes of Sexual Dysfunction in Chronic Pain

Changes in sexual expression, often referred to as sexual dysfunction, can occur because of several factors. Psychological, physiological, and pharmacological factors are common in chronic pain and can lead in changes in sexuality.

Psychological Factors

Chronic pain and the changes that may occur in one's lifestyle can change the way we see ourselves. As self esteem decreases, sexual desire and feelings of desirability also decrease. Depression and anxiety can certainly contribute to this loss of libido (or the desire to be sexual).

Physiological Factors

Physiological changes can alter sexuality and sexual function I chronic pain. If chronic pain occurs as a result of an accident or surgical procedure, damage may also have occurred to the nerves that innervate (or regulate) the ability to become aroused or perform sexually. This is particularly true for changes in the lower spine. Surgeries for prostate enlargement or cancer can also affect the nerves that allow blood flow to the penis. Surgery to treat colorectal cancer can, in some case, alter these nerves. In women, surgery for colorectal cancer or cervical cancer can remove fat and muscle from around the vagina, making intercourse painful. Radiation therapy to the pelvic areas can alter blood flow and lead to sexual dysfunction. Additionally, chronic diseases, such as diabetes or heart disease, can reduce blood flow, causing sexual dysfunction. Sometimes the treatments used to manage pain, such as nerve blocks or surgical procedures, mechanically alter the nervous systems to reduce sexual function. Other symptoms, such as fatigue, shortness of breath, and nausea add to sexual problems. And of course, pain itself can cause sexual dysfunction.

Pharmacological Factors

Medications used to treat pain can decrease libido or may inhibit sexual function. Medications create problems with sexual expression through changes in blood flow, hormones, or the nervous system. Many of the agents used to treat pain have been implicated, including opioids (also called "narcotics") and antidepressants (including the older tricyclic antidepressants, as well as the newer serotonin selective reuptake inhibitors such as paroxtine (Paxil®), fluoxetine (Prozac®), and sertraline (Zoloft®). There are two case reports describing sexual dysfunction in men taking gabapentin (Neurontin®). Hormonal therapy used to treat cancer can significantly reduce libido and sexual function. Other medications that alter sexual function include antihypertensives, antihistamines, sedatives, and antispasmodics. Unfortunately, much remains unknown about the effect of many medications on sexual function, as patients and professionals are often uncomfortable about discussing sexuality.

Strategies for Addressing Sexual Function with Your Doctor and Nurse

Decreased libido and sexual dysfunction can impair relationships with partners and decrease quality of life. Therefore, it is important that you discuss sexual problems with your doctor or nurse. As with pain, no one can know whether you are having sexual changes unless you report these problems to a professional. Although you may feel embarrassed, simply describe the changes you may be experiencing such as loss of desire, difficulty with performance, or both. Provide a list of all of the medications you are currently taking, as well as over the counter medications and herbal therapies. If your doctor of nurse is unable to help, ask for a referral to a specialist. If the problem is related to hormonal changes, an endocrinologist may be helpful. Referral to a sexual dysfunction clinic or a sex therapist also may be useful.

Treatment of Sexual Dysfunction

The treatment of sexual dysfunction is aimed to address the underlying cause. If the problem is related to depression, anxiety, loss of self-esteem, or some other psychological factor, medications to address these issues may be helpful. However, many of the standard antidepressants can also lead to sexual problems. Psychotherapy, support groups, or other counseling can help relieve these underlying psychological concerns.

Some physical causes of sexual dysfunction will resolve over time. Medications such as silendafil (Viagra®) can assist men with mild erectile dysfunction, particularly if the problem is related to blood flow rather than nerve damage. Women may find vaginal moistureizers (e.g. Replens) and lubricants (K-Y Liquid) helpful if vaginal dryness is a problem.

When the underlying cause of sexual is related to medications, alternate agents may be tried that may have less negative effect. For example, a different anithypertensive drug with less effect on sexual function may be used to treat high blood pressure. Opioids reduce testosterone in the blood, which is believed to be responsible for much of the sexual dysfunction seen with these medications. Testosterone can be replaced by intramuscular injections, a topical gel, or through the use of a patch. For women undergoing hormonal changes due to surgery or menopause, oral hormonal therapy or estrogen vaginal cream may be helpful in reducing painful intercourse.

Communication with Your Partner

Discuss concerns with your partner. Holding them in because of embarrassment will only serve as a barrier between you. State your feelings positively ("I really miss our sex life") rather than negatively ("We never have sex anymore!"). Schedule time when you can be alone with your partner, uninterrupted. Simply touching one another, or giving each other a massage is a wonderful way to

connect. Make certain the mood is relaxed and romantic using candles and music. Find positions that produce less pain, using pillows or even a waterbed.

There are many books, videos, and other resources to help you learn more about sexual health. The American Cancer Society has two excellent booklets, "Sexuality and Cancer: For the Man Who has Cancer and His Partner" and Sexuality and Cancer: For the Woman Who has Cancer and Her Partner."

These can be obtained by calling 800-ACS-2345.

The American College of Obstetricians and Gynecologists offers a pamphlet called "Sexuality and Sexual Problems," addressing broad sexuality concerns expressed by women. Copies may be obtained by calling 800-762-2264 or at www.acog.org. Several websites address the issue of sexual health and disability. The Arthritis Foundation website includes a Guide to Intimacy and Arthritis at www.arthritis.org. The website for the American Association of Sex Educators, Counselors, and Therapists, www.aasect.org is directed toward professionals, yet they provide numerous links that might benefit people in pain who are also experiencing changes in sexuality, including the site www.sexualhealth.com.

Sexuality is an important part of quality of life, particularly for the person with chronic pain. Honest communication with your partner and with your health care professional is the first step toward identifying the underlying cause and developing a plan to restore optimal sexual health.

Ambler N, William AC, Hill P, et al. Sexual difficulties in chronic pain patients. *Clinical Journal of Pain* 2001:17:138-145.

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