SEXUAL HEALTH & EMOTIONAL ISSUES

Christine Zarowski RN, BSN
Sexual Health Clinician

Monica Hu MA, RCC
Clinical Counsellor
Christine Zarowski RN, BSN | Sexual Health Clinician

Biography:
Christine Zarowski RN, BSN has her Bachelor of Science in Nursing and has worked in the area of rehabilitation since 1986. She is a Part Time Clinical Instructor for BCIT. In January 2002 she joined the Sexual Health Rehabilitation Service at G.F. Strong where she helped to provide information and support to patients and families who were experiencing changes to sexuality as a result of a disability. In June 2013 Christine joined the Prostate Cancer Supportive Care Program to develop a Sexual Health Service, which provides education and support to patients and partners. Christine is involved in a variety of research and education initiatives, which in turn will enhance the care practices and knowledge bases for her patients and partnered health care professionals.

Monica Hu MA, RCC | Clinical Counsellor

Biography:
Monica Hu, MA, RCC has a Bachelor of Education and a Masters degree in Counselling Psychology. She is a Registered Clinical Counsellor with the BC Association of Clinical Counsellors. Monica has provided individual, couple, family, and group counselling specifically to cancer patients and their families with the BC Cancer Patient and Family Counselling for seven years, and more recently also with the Prostate Cancer Supportive Care Program. Group counselling has included facilitating adult patient support groups as well as relaxation and wellness groups. Monica has more than twenty years’ prior experience in leadership, consulting and teaching. She has active interests in education and research initiatives that improve the experience and support of patients and their families.
INTENTIONS

- Highlight the roles of a sexual health clinician (SHC) and counsellor starting with shared principles of practice
- Recognize possible troubling thoughts
- Identify phases or events when you might see a SHC or counsellor and understand how our collaborative efforts are helpful
- Through the guidance and interactions with both disciplines learn about skills, actions or tools that are helpful with the sexual adaptation process
- Recognize transformational comforting thoughts
- Learn about some available resources

The experience of prostate cancer can be a time of challenges, reflection, discovery, growth and empowerment.
SHARED PRINCIPLES OF PRACTICE

• Respectful
• Non-judgemental
• Individual focused - your needs, goals…
• Acknowledgement of differences in time and type of “Readiness” & there is no ‘standardized’ timeline
• Inclusive to All
• Confidential
Sexual Rehabilitation Module

- Provide education, supportive care, medical and surgical therapy to enhance sexual functioning, intimacy and quality of life

- Group Education Session
- Individual Clinic appointments
- Possible enrollment into the TrueNTH virtual sexual rehabilitation clinic known as the SHAREClinic
SEXUAL ADAPTATION PROCESS

• The process of sexual adaptation following prostate cancer treatment is complex and warrants the need to apply the principles of acceptance, flexibility, patience and persistence

• The process includes grieving loss and moving forward with new ways of being sexual along with redefining one’s sexual self-view and corresponding sexual values

• Sexual Adaptation can include penile and/or sexual rehabilitation
PRINCIPLES FOR SUCCESS

- Acceptance
- Patience
- Flexibility
- Persistence
COUNSELLING SERVICES

• Provides education, counselling, skills training
• Provides a place and time for making sense of your own (and possibly other’s) reactions, key influences, coping styles, resources, and options
• Appointments for individual, and/or partner
• Many different ‘entry’ points/times, concerns, issues… the goal is supporting you where you are and toward your goals
PHASES OR EVENTS FOR CONNECTION

- Diagnosis
- Treatment
- Recovery
- Recurrence (if this occurs)
My feeling of being myself/a man has changed…

I'm just so glad he's here…

Isn't he attracted to me anymore?

I feel like a failure…

Why start something I can't finish?

depressed… is this normal?

It seems that our sexual relationship isn't as important to him/her…

I am concerned my partner may leave me.
OUTCOMES FROM INTERVENTION

• Understand the consequences of prostate cancer treatment and how to work with them
• Recognize and process the impact in your sexual self-view, masculinity, body image, relationships
• Identify what is important for you and your partner regarding sexual adaptation
• Develop/broaden communication skills/practices
• Explore, redevelop, broaden and deepen your sexual self, including your values and behaviours
TOOLS FOR THE TOOLKIT

- Understanding the process of grief, and the movement to openness about possibilities
- There are many ways to be/express yourself as a sexual person
- You and your partner can discuss and decide what is important/comfortable/desirable at any time
- Your sexuality or your identity is not defined/limited by how your body functions, and can always keep growing & developing
- Challenge/crisis and growth/new opportunity are intimately related
- Living the experience of prostate cancer creates opportunity to redesign your sexual life
I am feeling less pressure, less grief…

We are getting to know each other in new ways, and are trying new things

There are still struggles but we have strengthened our connection

We have been able to make fulfilling changes

We have identified things we both enjoy while we work on SA

My self-identity is expanding.
RESOURCES FOR YOU

• YOU!!

• Family Doctor

• Prostate Cancer Support Group

• Counselling and Psychotherapy Association  
  https://www.ccpa-accp.ca/profession/associations/

• BC Association of Clinical Counsellors/Sex Therapy  
  https://bc-counsellors.org/counsellors
Prostate Cancer Supportive Care (PCSC) Program
Gordon & Leslie Diamond Health Care Centre
Level 6, 2775 Laurel Street
Vancouver, BC
V5Z 1M9, CANADA

Jenna Bentley, Program Coordinator
Telephone: 604-875-4485
Fax: 604-875-4637

Email: pcsc@vch.ca
Website: www.pcscprogram.ca

@PCSC_Program  pcscprogram
Exercise, Diet and Prostate Cancer

Biography:
Dr. Kerri Winters-Stone, is an exercise scientist and the Elnora Thompson Distinguished Professor in the Oregon Health & Science University School of Nursing. She is also co-director of the Knight Community Partnership Program and co-program leader of the Cancer Prevention and Control Program for the OHSU Knight Cancer Institute, an NCI-designated comprehensive cancer center. As a scientist, Dr. Winters-Stone’s research focuses on the effects of cancer treatment on musculoskeletal health and cancer recurrence risk and the ability of exercise to improve health and longevity in cancer survivors. She has received funding for her work from the National Cancer Institute, National Heart Blood and Lung Institute, the American Cancer Society, and the Susan G. Komen for the Cure, Livestrong, and Movember Foundations. She has also co-led the update of the American College of Sports Medicine Exercise Guidelines for Cancer Survivors, to be released in October 2019. The long-term goal of her research is to develop prescriptive exercise programs for cancer survivors that meets their needs and preferences, optimizes their health outcomes, and provides the support and encouragement they need to stay active so that they can live better and longer with cancer.
Outline

• Role of exercise in prostate cancer management
  – Acute and chronic treatment related toxicities
  – Disease control
  – Exercise guidelines to date

• Role of diet in prostate cancer management
  – Disease control
  – Exercise nutrition

• Making changes in behavior
  – Barriers and facilitators of success
  – Current opportunities
Nutrition and Exercise Medicine

DISEASE RISK

DISEASE MANAGEMENT

DISEASE PROGRESSION
Exercise and Nutrition to Optimize Health

Diet + Exercise

Cancer & Treatment
- Surgery
- Radiation
- Chemotherapy
- Hormone Manipulation Therapy

Aging

Physiologic decline
- Fatigue
- Weakness
- Inactivity
- Poor mobility
- Cardiomyopathy
- Bone loss
- Fat gain

FRAILTY
- HEART DISEASE
- FRACTURES
- OBESITY
- SURVIVAL

Decreased Physical Activity

Winters-Stone et al, Oncol Nurs For 35(5); 2008
Winters-Stone et al, Oncol Nurs For 36(3); 2009
Winters-Stone et al, Arch Phys Med Rehab 92(4); 2011
# Exercise and Prostate Cancer Management

<table>
<thead>
<tr>
<th>Problem</th>
<th>Clinical Management</th>
<th>Exercise Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>Medication management</td>
<td>✓</td>
</tr>
<tr>
<td>Weakness</td>
<td>None</td>
<td>✓</td>
</tr>
<tr>
<td>Muscle loss</td>
<td>None</td>
<td>✓</td>
</tr>
<tr>
<td>Bone loss</td>
<td>Medication management</td>
<td>✓/?</td>
</tr>
<tr>
<td>Fat gain</td>
<td>None</td>
<td>✓</td>
</tr>
<tr>
<td>Depression, Anxiety, Distress</td>
<td>Medication management, Support group</td>
<td>✓</td>
</tr>
<tr>
<td>Sexual health and intimacy</td>
<td>Medication management, Rehab</td>
<td>✓/?</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Medication management</td>
<td>✓</td>
</tr>
<tr>
<td>CVD</td>
<td>Medication management</td>
<td>✓</td>
</tr>
<tr>
<td>Frailty / Disability</td>
<td>None</td>
<td>✓</td>
</tr>
<tr>
<td>Falls</td>
<td>None</td>
<td>✓/?</td>
</tr>
<tr>
<td>Disease Control</td>
<td>Medication management</td>
<td>✓/?</td>
</tr>
</tbody>
</table>
Exercise Counters ADT and Aging

Hart, Nicolas H.; Galvão, Daniel A.; Newton, Robert U.
Panel Finds Exercise May Lower Cancer Risk, Improve Outcomes

Posted on October 16th, 2019 by Dr. Francis Collins

Exercise can work wonders for your health, including strengthening your immune system, boosting metabolism, mood, and memory skills. Now comes word that exercise might help to lower your odds of developing cancer.

Expert Panel: Cancer Treatment Plans Should Include Tailored Exercise Prescriptions

Oct 16, 2019

*Individualized exercise Rx can improve survival and side effects, lower risks*
# Level of Evidence for the Benefit of Exercise on Cancer Health Related Outcomes

<table>
<thead>
<tr>
<th><strong>Strong Evidence</strong>*</th>
<th><strong>Moderate Evidence</strong></th>
<th><strong>Insufficient evidence</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced anxiety</td>
<td>Sleep</td>
<td>Cardiotoxicity</td>
</tr>
<tr>
<td>Fewer depressive</td>
<td>Bone health (for</td>
<td>Neuropathy</td>
</tr>
<tr>
<td>symptoms</td>
<td>osteoporosis prevention,</td>
<td>Cognitive function</td>
</tr>
<tr>
<td>Less fatigue</td>
<td>not bone metastases)</td>
<td>Falls</td>
</tr>
<tr>
<td>Better QoL</td>
<td></td>
<td>Nausea</td>
</tr>
<tr>
<td>Improved perceived</td>
<td></td>
<td>Pain</td>
</tr>
<tr>
<td>physical function</td>
<td></td>
<td>Sexual function</td>
</tr>
</tbody>
</table>

* Does not mean exercise may not be helpful, but a specific prescription is not yet known.
FOR PEOPLE DURING & FOLLOWING CANCER TREATMENT
Research shows lower amounts of exercise can still help with the following cancer treatment-related symptoms:

- Cancer-related fatigue
- Health-related quality of life
- Physical function
- Anxiety
- Depression
- Sleep
- Lymphedema
- Bone health

To improve these symptoms, choose an exercise plan below:

**Aerobic Exercise**
- 3x per week
- 30–60 mins
- Helps to manage the following symptoms:

**Resistance Exercise**
- 2x per week
- 2 sets/8–15 reps
- Helps to manage the following symptoms:

**Aerobic Exercise + Resistance Exercise**
- 2x per week
- 20–40 mins
- Helps to manage the following symptoms:

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2019 Exercise Guidelines for Cancer Survivors

Campbell KC and Winters-Stone KM et al, Med Sci Sports Exerc 2019
How Much Exercise to Slow Prostate Cancer?

Reduction in risk for exercising > 3 hrs/week compared to < 1 hr

Direct effect of exercise or through weight control?

Kenfield J Clin Oncol 29(6), 2011; Richman Cancer Res 71(11), 2011.
COULD INTENSE EXERCISE BEAT ADVANCED PROSTATE CANCER?

Taking part in three hours of intensive exercise a week could prolong survival in men with advanced prostate cancer.
Exercise and Relationship Health

- Spouse caregivers’ health is affected by their partner’s cancer
- Exercise can also restore caregiver health and should not be sacrificed.
- Health in couples is reciprocal
  - Behavior change is more successful when both partners are engaged
- EXERCISING TOGETHER®
  - Partner based exercise program for couples coping with prostate cancer
  - 100% retention and improved health of each partner and their relationship

### Exercise Nutrition

#### Aerobic Exercise
- Need energy to support metabolic demands of exercise
- **Pre-exercise**
  - Light carb-based meal (100-200 kcals) 30-60 minutes prior
  - Black coffee
  - Avoid protein and fat
- **Post-exercise**
  - Carb-based meal within an hour of exercise replaces lost muscle stores of energy

#### Resistance Exercise
- Need sufficient protein for building blocks for muscle and bone
- Aim for average protein intake of >1.0g/kg body weight per day
- Older adults and/or very active may need more (1.2-1.5 g/kg)
  - Beans/legumes, eggs, salmon, Greek yogurt
- **Post-exercise**
  - 10-20 g of PRO within an hour of exercise can enhance muscle gains

**ALWAYS ENSURE ADEQUATE HYDRATION BEFORE, DURING AND AFTER EXERCISE**
# Diet and Prostate Cancer Progression

<table>
<thead>
<tr>
<th>Increased risk</th>
<th>Decreased risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>- BMI****</td>
<td>- Fish**</td>
</tr>
<tr>
<td>- Dairy/calcium**</td>
<td>- Tomatoes/lycopene**</td>
</tr>
<tr>
<td>- Processed red meat</td>
<td>- Vegetable fat**</td>
</tr>
<tr>
<td>- Eggs/choline</td>
<td>- Cruciferous vegetables**</td>
</tr>
<tr>
<td>- Poultry (w/skin)</td>
<td>- Coffee</td>
</tr>
<tr>
<td>- Animal fat/saturated fat</td>
<td>- Soy</td>
</tr>
<tr>
<td>- Selenium supplementation</td>
<td>- Tea</td>
</tr>
</tbody>
</table>

↑ number of asterisks = ↑ strength of evidence

EXERCISE

Some motivation required.
Common Barriers to Exercise

• Typical constraints:
  – Lack of time, resources, access, knowledge
  – Lack of motivation / accountability / exercise-specific knowledge

• Age specific
  – “over-doing it”, fear of injury, orthopedic/CV limitations

• Disease specific
  – Additional fatigue and weakness
  – **Lack of knowledge** (self and provider) about relation to symptom and side effect management
IN GENERAL, THE RISKS OF PHYSICAL INACTIVITY OUTWEIGH THE RISK OF SERIOUS INJURY DURING EXERCISE.
General contraindications to starting an exercise program

• Adequate recovery time post-surgery (up to 8 weeks)
• Do not exercise if you have:
  – Anemia
  – Extreme fatigue
  – Ataxia
• At risk for cardiopulmonary complications with increased energy demand (seek MD clearance)
  – Cardiac symptoms (even if active)
  – Diabetes
Special Considerations with Advanced Cancer

• Bone metastases: **exercise benefits > risks of bone fracture**
  – Fall prevention – environmental modification + balance exercises
  – Non-impact exercise
  – Avoid twisting motion / trunk rotation
  – No hyperextension / flexion
  – Avoid high-velocity motion
  – Avoid stressing body areas with multiple, osteolytic bone lesions – opt for low to no impact

• Infection risk for immunocompromised
  – Avoid gyms
  – Proper hygiene
  – Avoid exercise when WBC count is low

• **Variable exercise tolerance during and even after treatment**
How Much is Enough?

U.S. PUBLIC HEALTH GUIDELINES

- Sedentary
  - Symptoms
  - Preserve mobility
  - Better sleep
  - Mortality?

- Light Activity
  - Response
  - Fitness
  - Metabolic Health
  - Weight loss
  - Bone health
  - All-cause mortality

- Moderate Activity
  - Response
  - Cancer recurrence

- Heavy Activity
**Goal** Physical Activity Program

- **Sunday**: 30 minute brisk walk
- **Monday**: 30 minute brisk walk
- **Tuesday**: 30 minute brisk walk
- **Wednesday**: Weight Training
- **Thursday**: 30 minute brisk walk
- **Friday**: 30 minute brisk walk
- **Saturday**: Weight Training

Example 1: Moderate-Intensity Activity and Muscle-Strengthening Activity

**Total**: 150 minutes moderate-intensity aerobic activity + 2 days muscle-strengthening activity
**Starting Exercise Program**

- **Frequency**: 2-3 d/week for 12 weeks
- **Intensity**: Light - Moderate (you can talk but not sing)
- **Time**: 15-30 minutes
- **Type**: Aerobic AND/OR resistance

EXTRAS: may be benefit more from group exercise with a trainer or with combined exercise
Getting Started

• CDC Guidelines for Exercise in (Older) Adults
  • https://www.cdc.gov/physicalactivity/basics/older_adults/index.htm

• National Institute on Aging
  • https://www.nia.nih.gov/health/exercise-physical-activity

• Go4Life YouTube channel
Exercise @ Home

• Exercise videos
• Online exercise classes
• Go outside!

SilverSneakers LIVE

From the comfort of your home, enjoy virtual classes and workshops directly through the SilverSneakers website. And since it’s included in the SilverSneakers benefit, SilverSneakers LIVE is available at no additional cost to members and offers virtual classes and workshops via Zoom.

https://tools.silversneakers.com/
OHSU EXERCISE VIDEOS FOR PROSTATE CANCER

STRENGTH TRAINING
LOW, MODERATE, ADVANCED LEVELS

STRENGTH TRAINING
WITH YOUR PARTNER
OHSU YOGA VIDEO

https://www.youtube.com/watch?v=ebjV2hy-Q1A&t=1126s
Get Tech-y

ACCOUNTABILITY

BEST WITH GOAL SETTING
Find a Group

- Group based training > adherence and outcomes than home-based training
- Group camaraderie
- Better adherence to training / motivation
- Ability to modify programs

A few Pacific Northwest programs
- Livestrong at the YMCA ([https://www.livestrong.org/ymca-search](https://www.livestrong.org/ymca-search)): 206-344-3181
- Butts in a Boat ([richard.wassersug@ubc.ca](mailto:richard.wassersug@ubc.ca))
- FIT Together (PDX) [fittogethertraining.org](http://fittogethertraining.org) – LIVE INTERACTIVE ONLINE CLASSES
Explore Other Types of Exercise
Diet Recommendations

**FOODS TO CHOOSE**

- **Healthy Fats** from oils: 1+ Tbs/day
  - Oils from nuts, olives, avocado
- **Nuts**: > ¼c. or 2 Tbs / day
  - Tree nuts, peanuts, nut butters
- **Cruciferous veggies**: > ½ c/day
  - Broccoli, kale, cabbage, cauliflower, brussels, mustard greens
- **Cooked tomatoes**: > ½ c, 2x/week
  - Stewed tomatoes, tomato paste (2 Tbs)/sauce
- **Fish (high omega-3)**: 3-5 oz
  - Salmon, tuna, black cod, anchovies

**FOODS TO LOSE**

- **Processed meat**
  - Bacon, sausage, lunch meat
- **Poultry with skin**
  - Turkey, chicken
- **Whole milk**
  - Low fat OK
- **Dietary supplements**
  - Unless prescribed by your doctor
  - Multivitamin OK
Diet Resources

• Movember Community of Wellness TrueNTH
  – https://us.truenth.org/exercise-and-diet/diet

• Prostate Cancer Foundation
  – https://www.pcf.org/c/five-foods-to-protect-your-prostate/

• American Institute for Cancer Research
  – http://www.aicr.org/healthyrecipes/

• National Cancer Institute
## COOKED TOMATOES

### FISH

<table>
<thead>
<tr>
<th>Recipe</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISO GLAZED COD</td>
</tr>
<tr>
<td>SEARED TUNA WITH AVOCADO SALSA</td>
</tr>
<tr>
<td>EASY FISH TACOS</td>
</tr>
<tr>
<td>SMOKED TROUT LEMON PASTA AND ARUGULA SALAD</td>
</tr>
<tr>
<td>ROASTED SALMON WITH MUSTARD, TARRAGON, AND CHIVE SAUCE</td>
</tr>
<tr>
<td>FISH: SHOPPING AND STORAGE</td>
</tr>
</tbody>
</table>
Commit to 1 change today

Stand more, sit less
Go a little further
Work a little harder
Try something new

Add something + to your diet
Remove something – from your diet
Leave something on your plate
THANK YOU

PLEASE CONTACT ME AT:

Email: wintersk@ohsu.edu
Voice: 503-494-0813