Symptoms and consequences of anodyspareunia in gay and bisexual men treated for prostate cancer

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A subset of gay/bisexual men treated for prostate cancer experienced loss of function in receptive anal intercourse do to significant and recurrent pain (anodyspareunia).

Antecedents
Bowel symptoms resulting form PCa treatment.

Consequences
Avoidance of RAI, lower sexual satisfaction & self-esteem, and lower quality of life.

BACKGROUND

Rationale: Receptive anal intercourse (RAI) is an important aspect of sexual rehabilitation for gay/bisexual men (GBM) treated for prostate cancer (PCa). Existing PCa rehabilitation is based on heteronormative assumptions of sexual function.

Purpose: (1) describe clinical symptoms of painful RAI in GBM following PCa treatment; (2) estimate the prevalence of anodyspareunia; and (3) identify clinical and psychosocial correlates of anodyspareunia (Figure 1).

METHODS

Design: Cross-sectional analysis of a longitudinal online survey (Restore-2) of 401 GBM treated for PCa in the US or Canada.

Measures: Anodyspareunia: (1) moderate, severe, or very severe pain during RAI since PCa treatment; (2) mild, moderate, or severe distress from the pain; and (3) periods lasting $\geq$6 months since painful RAI was an issue. Standard measures (EPIC-bowel; FACT-P; BSI-18; MSQ).

Analysis: Multiple regression was used to estimate adjusted mean differences or odds ratios with 95% confidence intervals.

RESULTS

Demographics & Clinical Characteristics

- Age (M=62.5; SD=6.7); non-Hispanic White (87.7%); college educated (71.8%); married/partnered (50.8%).
- Years since PCa treatment (M=5.7; SD=4.9); 66.2% received surgery alone/15.9% radiation alone, 17.9 other therapies.

Pain during RAI (Figures 2-4)

- 42.1% reported any pain since PCa treatment
- 15.4% met classification for anodyspareunia

Clinical and Psychosocial Correlates

- 1-unit increase in bowel symptoms resulted in 4% higher odds of anodyspareunia
- Lifetime painful RAI strongly predictive

CONCLUSIONS

- **RAI is an important component of sexuality** for older GBM following PCa treatment
- Most engage in RAI without pain
- **Painful RAI** is disruptive to sexual functioning **Bowel function** is central to RAI sexual function. Possible mechanisms:
  - Chronic inflammation (e.g., radiation proctitis)
  - Increase sensitivity to painful stimuli (i.e., hyperalgesia)
  - Hypervigilance to pain/Performance anxiety
- **Possible treatments**: Pelvic floor physical therapy; Anal dilators; Biofeedback; CBT

FIGURES & TABLES

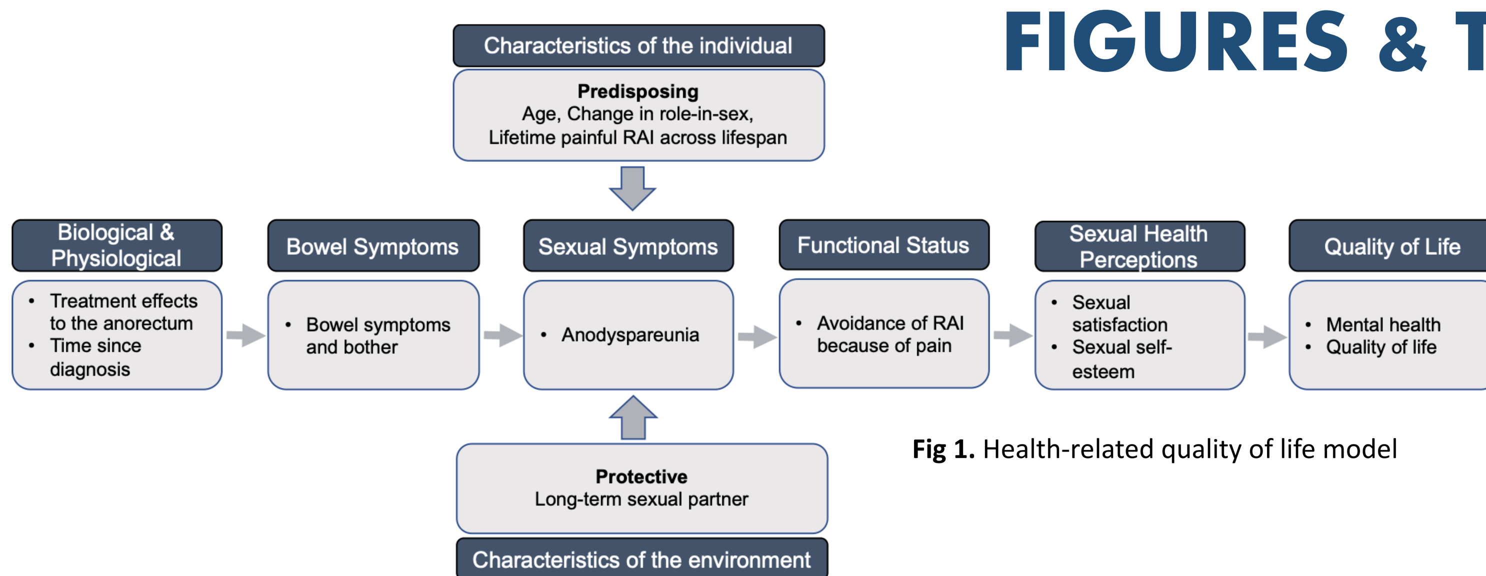


Fig 1. Health-related quality of life model

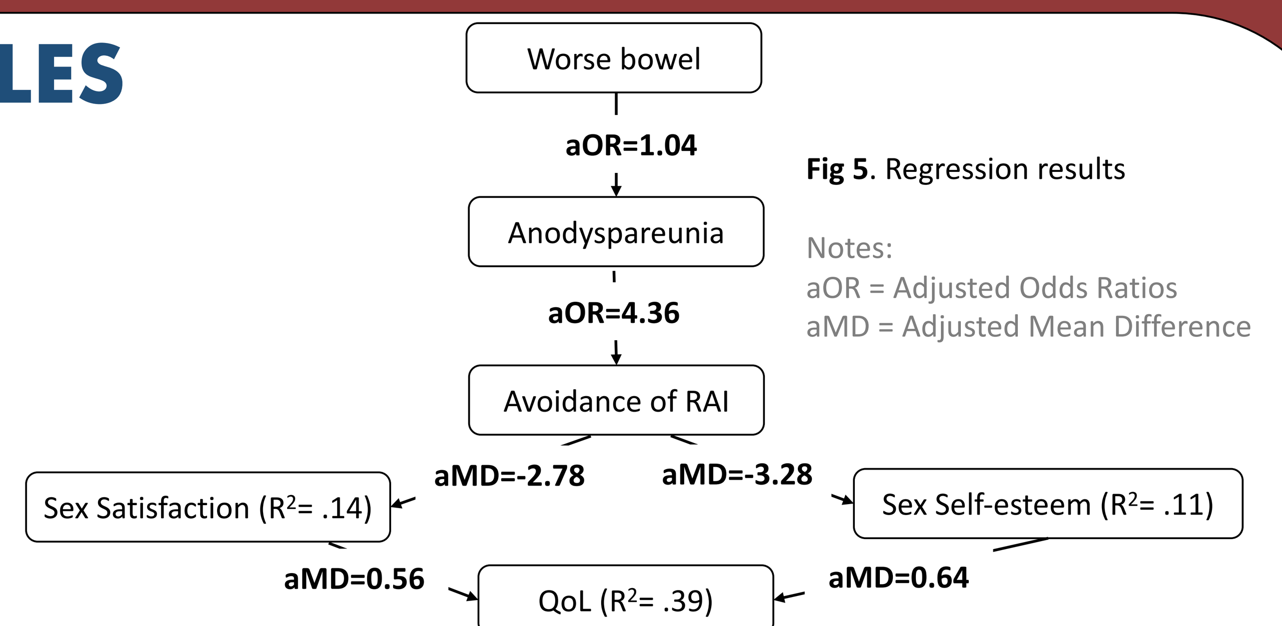


Fig 5. Regression results

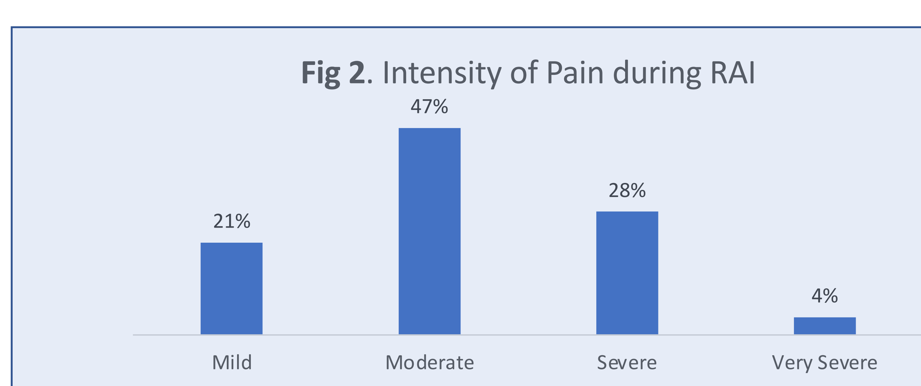


Fig 2. Intensity of Pain during RAI

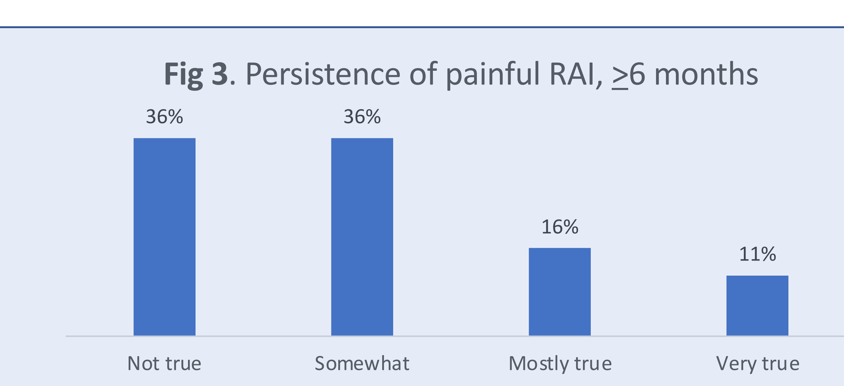


Fig 3. Persistence of painful RAI, $\geq$6 months

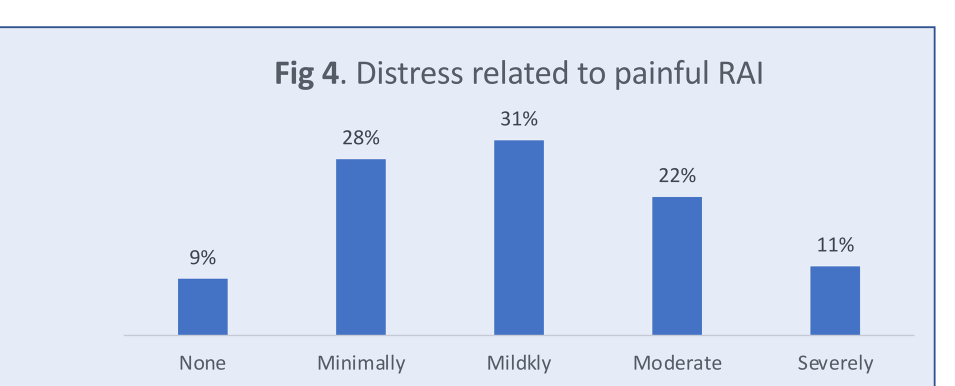
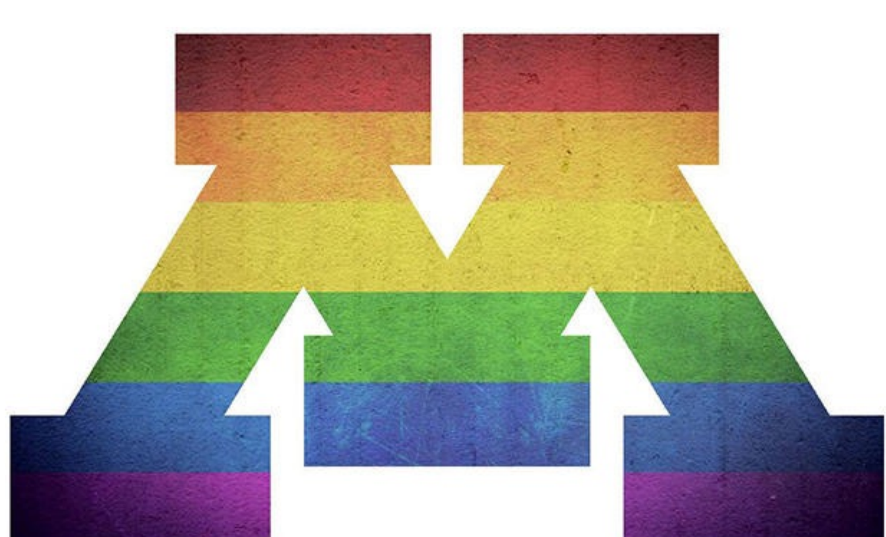


Fig 4. Distress related to painful RAI



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