Sexual Health Throughout Transplant

Patrice Pfeifferberger
Clinical Director of Transplant Services
Disclosures

• I have no actual or potential disclosures
Objectives

• Define Sexual Health

• Identify issues, challenges and barriers for maintaining a healthy sex life pre and post transplant

• Identify the role of your transplant care givers

• Provide tools and resources to initiate discussion
Let’s Talk About Sex

- 85% of patients want to talk to providers
- 71% felt dismissed
- 68% felt their provider would be uncomfortable
- ONLY 9% of patients report that they had been asked about their sexual health
- 35% of Primary physicians take a health history
WE NEED TO DO A BETTER JOB!

- In a recent survey, physicians recognized their own issues when addressing sexual health of their patients

- Physicians felt:
  - Embarrassed
  - Felt ill-prepared
  - Believe that the sexual history is not related to the main medical issue
  - Time constraints

Nusbaum
Sexual Health & Sexuality

- “For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”
- It should be consensual, respectful and free of coercion, discrimination and violence.
- It should be pleasurable & it is important to our overall well being
- A healthy sex life can foster positive, healthy relationships
- What is sexuality? It is a mix of biologic and physiologic factors
- Our gender identity, cultural, religious, social and spiritual beliefs all have a role in how we define our sexuality

Nusbaum
So…What’s “Normal”??

- Being sexual doesn’t always mean having intercourse. Pleasure can come from touching, caressing and other signs of affection
- People can have an active sex life, regardless of age
- Illness, surgery and recovery can lead to a temporary loss of sex drive
"I'm going to Venus. He's going to Mars."
Venus Vs. Mars

Women

• Often associate sex with relationship
• 43% of women report some sort of sexual dysfunction
• Hormonal/Menopause: Lower levels of Estrogen
• Depression or Anxiety
• Dysfunction can include:
  – Decreased libido or decreased desire for sex
  – Decreased sexual arousal
  – Difficulty achieving orgasm
  – Discomfort during intercourse
"It's risky, but it's the only way we'll make it all the way to Mars."
Mars vs. Venus

Men

• Often is associated with the pleasure of the act and is often coupled with masculinity.
• General population >10 million men report some level of dysfunction
• Sex and performance is often associated with masculinity and identity
• Men often associate dysfunction with performance
• Dysfunction can include:
  – Loss of libido (sex drive)
  – Difficulty getting or having an erection
  – Difficulty or inability to ejaculate
  – Priapism (painful erection)
Mars vs. Venus

• Dysfunction: erectile dysfunction, loss of libido or sex drive, age, prostate enlargement, medications

• “Doctors now think that 70% of the time the problem can be traced to a physical condition that restricts blood flow, hampers nerve functioning, or both. Such conditions include diabetes, kidney disease, multiple sclerosis, atherosclerosis, vascular disease, and alcoholism”

• Cialis, Viagra has improved sexual function

Nusbaum
Illness Impacts Sexual Health

• Chronic Illness
  – Diabetes
  – Cardiovascular Disease
  – Neurologic Conditions

• End Stage Organ Failure
  – Renal Failure
  – Dialysis
  – Liver Failure

• Drug/Alcohol Abuse
  – Alcohol, Nicotine, heroine, marijuana
Waiting for Kidney Transplant & Dialysis

I don't care what day it is.
Four hours is four hours.
Pre-Transplant Meds

• Antihypertensives (Blood Pressure)
  – Beta blockers (Lopressor/metoprolol; Tenormin/atenolol; labetalol)
  – Alpha agonists (Catapres/clonidine; Aldomet/methyldopa)

• Anticonvulsants (Seizure Medications)
  – Gabapentin or Pregabalin
Pre-Transplant Medications

• Antipsychotics (Medications for Bipolar or Schizophrenia, etc…)
  – (Resperidal/risperidone; Abilify/aripiprazole; Seroquel/quetiapine)

• Antidepressants (Depression or Anxiety Medications)
  – SSRIs (Zoloft/sertraline; Paxil/paroxetine; Prozac/fluoxetine)
  – TCAs (Elavil/amitriptyline; Pamelor/nortriptyline)

• Antihistamines (Benadryl)

• Drug/Alcohol/Nicotine Abuse
Pre-Transplant Medications

Side Effects

• Decreased or Loss of Libido/Sex Drive
• Difficulty achieving orgasm
• Erectile Dysfunction
• Ejaculatory Dysfunction
• Priapism—Painful erection lasting longer than 4 hours
Other Effects on Sexual Health

• Fatigue
• Poor Sleep
• Lack of Energy
• Depression/Anxiety
• Body Image:
  – Hemodialysis- AV fistuals, vascular catheters,
  – Peritoneal Dialysis-permanent catheter
  – Distended Abdomen
  – Weight gain
  – Scars
Got Kidney?

- What to expect after your transplant!
Post-Transplant Sexual Health

• Resume normal sexual activity *once cleared by your provider* (Usually several weeks)

• Return of Libido
  – Return of previous sex drive

• Return of fertility
  – Consider Pregnancy counseling
  – Consider Birth Control
  – Consider STI prevention
Post-Transplant Sexual Health

- Decreased Libido
- Disappointment: “Not Back to Normal”
- Altered Roles & Relationships
- Depression
- Poor Body Image: Weight Gain, Scars
- Fear of injury or harm
Post-Transplant Medications

This list is NOT all-inclusive

- Tacrolimus (Prograf)
- **Mycophenolate (Cellcept)***** BIRTH DEFECTS
- Prednisone
- Cyclosporine
- Imuran
- Antibiotics
- Antivirals: ***Valcyte (valganciclovir)-Impairs Male Fertility***
TALK TO YOUR TRANSPLANT PROVIDER

• Valcyte (valganciclovir)*** May cause Male Fertility

• Mycophenolate (Cellcept)***
  – Can cause Birth Defects—this medication is not recommended in you are considering having a baby, please talk to your transplant provider before stopping this medication or before conceiving a baby. Can lead to loss of pregnancy in the first trimester
Pregnancy After Transplant

• MUST CONSULT WITH YOUR TRANSPLANT PROVIDER

• You will need Pregnancy Counseling if you are considering having a baby!
  – Know the Risks
  – Typically wait 12-24 months post transplant
  – High-Risk monitoring
  – Vaginal delivery usually recommended
  – Discuss all medications with your providers
Pregnancy After Transplant

- Men can father children post-transplant
- Successful conception
- At higher risk for delivering pre-term and low-birth weight
- Breast feeding usually NOT recommended though there is thought that “Breast feeding need not be seen as absolutely contraindicated”
National Transplantation Pregnancy Registry (NTPR)

- Established in 1991 to study the outcomes of pregnancies in female transplant recipients and those fathered by male transplant recipients
- Their staff is comprised of nurses experienced in transplant patient care
- To date, more than 2,000 recipients, reporting over 3,300 pregnancies, have participated in the registry
- They help transplant recipients make family planning decisions.
- Contact NTPR:
  - **Toll-Free**: 1-877-955-6877
  - **Phone**: 215-599-2078
  - **Fax**: 215-963-0674
  - **Email**: ntpr@giftoflifeinstitute.org
Living Kidney Donors

National Kidney Registry

Myths about Living Donation

• **Myth:** A female kidney donor should not get pregnant after donation

• **Fact:** A female kidney donor should wait 3-6 months' time after donation to become pregnant. The body requires time to recover from the surgery and to adjust to living with one kidney prior to pregnancy. ***DISCUSS WITH YOUR TEAM! DIFFERENT CENTERS WILL HAVE THEIR OWN RECOMMENDATIONS!!***

• **Myth:** A kidney donor’s sex life will be negatively affected by donation

• **Fact:** A kidney donor may engage in sexual activity when they feel well enough to do so
Take Charge!

The National Coalition for Sexual Health

Action Steps to Achieving Good Sexual Health

1. Value who you are and decide what’s right for you
2. Get smart about your body and protect it
3. Treat your partners well and expect them to treat you well
4. Build positive relationships
5. Make sexual health a part of your health care routine

Learn more at NCSHguide.org

NCSH
What Can We Do?

P.L.I.S.S.I.T. Model for Approaching Sexual Health Problems

- Permission: (1) For physician to discuss sex with the patient; (2) for patient to discuss sexual concerns now or in the future; and (3) to continue normal (i.e., not potentially harmful) sexual behaviors
- Limited Information: Clarify misinformation, dispel myths, and provide factual information in a limited manner
- Specific Suggestions: Provide specific suggestions directly related to the particular problem
- Intensive Treatment: Provide highly individualized therapy for more complex issues

Nusbaum
What Can You Do?

- Patients Need to view your sexual health as part of your overall well being
- Do Not Be Afraid
- Fire Away! Ask questions in your own way
- If its important then ask & ask early in the conversation
- Come Out! Be honest with your sexual identity
- Transplant Providers Are Experts in Transplant but Not in Sexual Health
- Ask for references
Resources

• https://www.kidney.org/atoz/content/sexuality-and-kidney-transplant
• https://www.aakp.org/
• http://ntpr.giftoflifeinstitute.org/
• http://www.lkdn.org/
thank you!
Questions?
References


• *Sex and the Prostate: Overcoming erectile dysfunction when you have prostate disease.* Retrieved on 03/07/2016 from website: http://www.harvardprostateknowledge.org/sex-and-the-prostate-overcoming-erectile-dysfunction-when-you-have-prostate-disease

• Levine, I,. Charlton, M. *Myths about Living Donation.* Retrieved 03/08/16 from website: http://www.kidneyregistry.org/living_donors.php
## Antihistamines

<table>
<thead>
<tr>
<th>Pharmacologic Class</th>
<th>Trade Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>carbinoxamine extended-release</td>
<td>Karbinal ER</td>
</tr>
<tr>
<td>clemastine</td>
<td>Tavist #</td>
</tr>
<tr>
<td>dimenhydrinate injection</td>
<td>Benadryl # *</td>
</tr>
<tr>
<td>diphenhydramine</td>
<td></td>
</tr>
</tbody>
</table>
Examples of beta blockers include

- Acebutolol (Sectral)
- Atenolol (Tenormin)
- Bisoprolol (Zebeta)
- Metoprolol (Lopressor, Toprol-XL)
- Nadolol (Corgard)
- Propranolol (Inderal LA, InnoPran XL)
Examples of SSRIs include

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluoxetine (Prozac)
- Paroxetine (Paxil, Pexeva)
- Sertraline (Zoloft)
Tricyclic antidepressants (TCA)

- amitriptyline (Elavil)
- amoxapine.
- clomipramine (Anafranil)
- desipramine (Norpramin)
- doxepin (Sinequan)
- imipramine (Tofranil)
- nortriptyline (Pamelor)
- protriptyline (Vivactil)