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Margaret C. Wilmoth

**Sexuality: A Critical Component of Quality of Life
in Chronic Disease** 507
Margaret C. Wilmoth

Nursing is a science and an art. The science aspect of including sexuality in nursing practice requires knowledge about “normal” sexual functioning, an understanding of the pathophysiology and pharmacotherapies that may cause changes in sexuality, and knowledge about assessing and treating sexual difficulties. The art of including sexuality into nursing practice comes from awareness of one’s beliefs and values, and comfort in talking about sexuality. The nurse will find that most patients will be pleased that he/she has taken the time to broach this important concern with them. This article provides an overview of the relationship among sexuality, chronic disease, and quality of life. Two frameworks are suggested that are useful in operationalizing sexuality in nursing practice.

Sexual Assessment: Research and Clinical 515
Linda U. Krebs

It has been well documented that most patients do not volunteer information about sexual problems, and that health care providers should incorporate at least a brief sexual assessment into routine health histories and medical evaluations. While not every nurse can be a sexual counselor, listening to concerns of patient and family, presenting factual information in a nonthreatening manner, managing noncomplex disease and treatment related symptoms, and providing appropriate referrals can be easily incorporated into routine care.

Sexuality in Women with Cancer

531

Margaret Barton-Burke and Carolyn J. Gustason

There are gaps in the research regarding sexuality in women with cancer, making the interventions that are used more expert opinion rather than scientific evidence. There is a need for research about effective interventions, and there is a need to educate nurses to help change practice through communication about a topic that makes both the patient and the nurse uncomfortable.

The Sexual Impact of Cancer and Cancer Treatments in Men

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Deborah Watkins Bruner and Tammy Calvano

This article presents an overview of the literature on the impact cancer and associated therapies have on male sexuality, interventions to maintain or improve sexual function after cancer, and identification of gaps in health care providers' knowledge of this topic. Normal sexual activity depends on a complex interrelationship among multiple systems, including psychologic, biochemical, neurologic, and physiologic. Furthermore, there are multiple factors associated with the diagnosis and treatment of cancer that have an impact on male sexuality, including the complex psychologic and symptom burden of the disease and treatments. There are an increasing number of pharmacologic and nonpharmacologic interventions to treat erectile function; however, success rates are variable and long-term compliance is generally low. Little study has been devoted to interventions that may improve compliance, such as counseling, or that focus on aspects of male sexuality other than erectile dysfunction.

The Impact of Diabetes Mellitus on Female Sexual Well-Being

581

Cindy Grandjean and Barbara Moran

For women, the risk for developing diabetes mellitus is reaching epidemic levels. As a result of the impact of diabetes on multiple body systems, women may suffer from medical and psychologic problems, including sexual dysfunction. It is difficult to separate sexual response from the many emotional and other contributing factors that may influence a relationship. Therefore, it is vital that clinicians address the issue of sexuality with their female diabetic patients. This article provides a brief review of the literature, followed by a discussion addressing the proper approach for sexual dysfunction screening. Finally, this article considers some of the current and future treatment modalities that can be used to enhance sexual functioning in female diabetics with impaired sexual function.

Cardiac Disease and Sexuality: Implications for Research and Practice

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Sonya R. Hardin

Many symptoms of cardiovascular disease can impact the patient's level of sexual desire. Nurses are in a position to assess sexuality of the cardiovascular patient and to provide a high degree of counseling on the subject; yet, nurses frequently complain that they lack the proper knowledge to provide this education and counseling. This article attempts to provide the necessary information regarding the physiologic effects of sexual intercourse on the heart, the role of sexuality in various types of cardiovascular disease, and the evidence-based nursing interventions needed to provide holistic care to patients with cardiovascular disease.

Intimacy and Multiple Sclerosis

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Linda A. Moore

Persons with multiple sclerosis require extensive management of the physiologic and psychologic sequelae of their chronic disease process. Sexual intimacy is affected by many of these disease effects, which impacts them in diverse ways. Many persons with multiple sclerosis do not discuss sexual intimacy with their health care provider because they assume it is an expected part of the disease and nothing can help, or they are too embarrassed to admit to problems at a very young age. Since this is a disease that usually occurs between 20 and 40 years of age, sexual intimacy is affected from many perspectives. Collaboration is essential in the plan of care between the client, family, and the health care provider.

Arthritis and Sexuality

621

Ann Mabe Newman

More than 120 kinds of arthritis exist. This article focuses on the more common types of musculoskeletal disorders, which are osteoarthritis, rheumatoid arthritis, and osteoporosis. Because of the pain, fatigue, and joint stiffness associated with arthritis, physical intimacy may be difficult. These symptoms can be ameliorated during sexual activity by good communication between the partners, timing medication, and experimenting with different positions. Clients may need to be taught to be creative and to be willing to experiment. Learning the relaxation response, in addition to fantasizing and guided imagery, can enhance the sexual experience for people who have arthritis.

Sexuality in Chronic Lung Disease

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Teresa Tarnowski Goodell

Multiple factors converge to cause sexuality and intimacy problems in individuals who have chronic lung disease. It is imperative that clinicians include in their discussions with patients the ways they can maintain their sexual lives in the face of chronic lung diseases such as chronic obstructive pulmonary disease and lung cancer. Providing patients and their partners with information on ways to enhance their overall physical functioning, as well as discussing the many pharmacologic and nonpharmacologic methods available to maintain healthy sexual lives is critical to maintaining quality of life. It is apparent that more research is needed so that we can help these patients and their partners continue to have quality sexual relationships.

HIV, AIDS, and Sexuality

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Mario R. Ortiz

The purpose of this article is to outline information about people who live with HIV and AIDS and provide nurses with information on how to provide high-quality care for these patients related to sexuality and intimacy. This care is provided through a discussion of relationships, sexuality and sexual health, gender perceptions about sexuality, sexual needs and difficulties, and nursing assessment and intervention strategies.

Chronic Illness Care for Lesbian, Gay, & Bisexual Individuals

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Suzanne L. Dibble, Michele J. Eliason,
and Mats A.D. Christiansen

Nurses provide care for lesbian, gay, and bisexual (LGB) patients on regular basis, whether they know it or not. Education of health care workers routinely has excluded discussion of patient sexuality, rendering LGB patients invisible or stigmatized, and has offered few tools to nurses to provide quality care for their LGB patients with chronic illnesses. This chapter provides basic information about LGB chronic health care to increase awareness and sensitivity about this marginalized patient population and focuses on providing specific information to help nurses care for these individuals.

Sexuality and Spinal Cord Injury

675

Richard Ricciardi, Christina M. Szabo,
and Amy Yribarren Poullos

In the United States, more than 250,000 people are living with spinal cord injury (SCI). SCI is most often the result of direct trauma to the spinal cord, but can also be associated with

congenital or degenerative disease. These individuals experience physical and psychologic consequences that have a profound impact on their sexual health. Using a holistic, developmental, team approach to care, the nurse is well positioned to address the acute and long-term sexual rehabilitation needs of the SCI patient. By assisting SCI patients through the grieving process and promoting a positive, yet realistic, self-concept, nurses can mitigate potential problems in body image disturbances, decreased self-esteem, and gender-specific sexuality issues.

Including Sexuality in Your Nursing Practice

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Judith A. Shell

One would think that today's exposure of the topic of sexuality in the electronic and print media would elevate the medical professional's comfort level with communication regarding sexuality issues. However, writers continue to comment on clinician discomfort or lack of discussion with their patients about sexual concerns and anxieties. Many patients want to learn about the implications of their treatment and medications on their sexuality. Nurses who care for chronically ill patients may help foster a more positive self-esteem for the patient, and may influence patient-partner attitudes about worthiness, self-concept, and body image, by providing opportunities to talk about feelings and fears about how treatment may affect their sexuality.

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