Background

1/8

Relative survival rates:

- 5-years: 100%
- 10-years: 98%
- 15-years: 95%

Men are diagnosed with prostate cancer.

Sharp decline in sexual functioning & satisfaction:

- Experience erectile dysfunction
- Increased psychological distress

Sexual rehabilitation treatments fall short...

50%

Stop using medical interventions (PDE5 inhibitors, vacuum device, penile injections) irrespective of effectiveness.

Psychosocial interventions aren't evidence-based.

Enter mindfulness...

- Present-moment, non-judgemental awareness
- Which has been used to treat sexual dysfunction in:
  - Women
  - Men
  - And couples

Research Question

The current study aims to assess whether mindfulness-based therapy is feasible and efficacious for improving outcomes for couples following prostate cancer treatments.

Objectives

1. Demonstrate efficacy of the group in primary endpoints of sexual well-being.

2. Demonstrate improvement in secondary endpoints of mental well-being and health-related quality of life.

3. Demonstrate long-term gains in primary and secondary endpoints.

4. Explore individual tertiary endpoints of treatment factors that predict improvements.

The Intervention

Session 1

- Body Scan
- Non-goal directed sex
- Back to back sensing

Session 2

- Breathing together
- Mindfulness and avoidance
- Sexual response cycle
- Intro to senate focus

Session 3

- Breath, body, sounds, thoughts
- Acceptance of sex after PC
- 5-part CBT diamond model
- Self-exploration with touch

Session 4

- Mindful listening
- Redefining sex
- Maintaining mindfulness practice
- 3-minute breathing space

Methods & Recruitment

Couples with complaints of sexual difficulties secondary to prostate cancer treatments (N=41, based on anticipated medium effect size, α=.05, power = 0.8) are being recruited at Vancouver General Hospital through the Prostate Cancer Supportive Care Program from the Vancouver Prostate Centre.

Couples randomized to an immediate or delayed (control) treatment group.

Couples take part in a mindfulness-based treatment group consisting of four 2-hour group sessions comprised of education, elements of sex therapy, and mindfulness training.

Men and their partners complete validated questions at three time-points (pre-, immediately post-, and 6-months post-treatment) to assess outcomes related to sexuality (primary endpoints), well-being (secondary endpoints), and treatment adherence (tertiary endpoints).

REFERENCES

- Bisch, S., et al. (2007). Biopsychosocial Medicine, 1, 2.