Libido Issues As The Result of Androgen Deprivation Therapy?
by Charles (Chuck) Maack – Prostate Cancer Advocate/Activist

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from an activist patient’s viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

What is most important is that the man is willing to communicate with his spouse/partner. Prostate Cancer is most assuredly a "couples" disease. Below is information regarding loss of libido to help couples better deal with the side effects that accompany androgen deprivation therapy (ADT) and the loss of libido/interest in the sexual relationship.

Despite the difficulty the man may be experiencing with this sad side effect of ADT, it is important that both partners continue to communicate their concerns. Though it often occurs, there is no excuse for any man to clam up and come near to shunning his partner because of possibly feeling inadequate because of this hopefully temporary setback. Love and intimacy are more than sexual intercourse. Though sexual intercourse is a comforting and exciting coming together of those who love and care for each other, it is not the entirety of intimacy. Intimacy has so many other acts that express love, care, concern, and need for the other as well as needs of the other. We read recommendations of seeking counseling but that, too, is easier said than accomplished. The questions posed are first, who in the community (pastor, physician, counselor) is experienced in this type of counseling and could adequately address what is occurring sufficiently to understand and want to do something about it? And secondly, likely more important, are you both willing to participate in such counseling? When the first question cannot be answered because such professionals are not available, it then becomes paramount that couples work together to resolve the intimacy issue in other ways. Obviously
those of you caught up in this uncomfortable, and for many almost unbearable situation, are dealing with much frustration. I wish I had the answer, but I'm only a seventeen year survivor and thirteen year androgen deprivation continuing patient myself probably as inadequately addressing this situation as well as I should in my own wonderful marriage continuing since 1954. Here is something that was brought to my attention and is so important and will most certainly help any couple:

In an email, I had remarked “From past experience in reading many such issues between couples, this is a subject that has so many variables that it is difficult to come up with a simple conclusive recommendation. The key word is "communication." With communication and regular discourse between couples, the effects of androgen deprivation therapy are much more easily resolved.”

And in regards to that remark, a woman provided likely the best perspective of what the partner/caregiver is experiencing emotionally while trying to comfort and show understanding:

“Sometimes I think that talking is the most evil form of communication there is. We take such comfort in it, yet we can undo everything we've said in one gesture or in one look, or even in one misinterpretation. Show me. Take me outside and let's watch the sunset together. Put your arm around me and pull me to your side for a long hug that tells me I'm treasured. When you wake up in the morning and meet my eyes, smile when you see me there. Surprise me with a picnic you've made for two, or arrange dinner for four with my friends at a cheerful place that won't mind if we linger until closing time. Send me happy-to-be-with-you messages. Join me in the shower and let me wash your back after you've washed mine. Touch me, even if it's just a gentle hand on my shoulder, or on my leg beneath the table. Work your way to "bolder" but ease off at the first sign of resistance. I will do the same, always respecting the signals you give, whether you utter them or not. Show me. Discover me. Rediscover us. Show me what you are saying is true. Then I'll listen to what you need to say.”

What a powerful rendering regarding what many (most?) of we men fail to recognize; fail to act on! I was so impressed and told her so as did several others. In my reply I added “I still believe communication is vital, but you alluded well that words used in communication and gestures that accompany those words must be considered carefully so that a remark is not perceived as hurtful.” I would encourage all men reading this paper to re-read what this woman provided for our recognition; then take that advice and act on it.
I hope the foregoing will help couples. And I hope both partners will take the time to read this and, if sending for the below book that can help, also take time to read it together. If both are willing, both should be able to more easily and comfortably continue a close, caring, and loving relationship despite the libido issue.

For men and their wives/partners experiencing difficulty with intimacy as the result of treatment, an excellent book is "INTIMACY WITH IMPOTENCE – THE COUPLE’S GUIDE TO BETTER SEX AFTER PROSTATE DISEASE" by Ralph and Barbara Alterowitz, both certified sexuality counselors (AASECT). This book can be purchased at www.renewintimacy.org.