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## Managing side-effects – Sexual concerns

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**Some women experience one or more side-effects from taking hormone therapy, others do not.** There is no way to predict who will experience side-effects, and who won't.

It's important not to assume that any unwanted effect you might be experiencing after breast cancer is solely due to hormone therapy. There are a range of possible causes, such as other treatments (e.g. chemotherapy) or medicines. The normal ageing process and the menopause can also account for some symptoms women can experience. So stopping hormone therapy would not necessarily mean symptoms would disappear.

**Side-effects can vary in level of intensity and this can change over time;** a side-effect may become less frequent or intense or disappear altogether as time goes on. Again, it's not possible to predict whether this will happen to you. **Rather than looking at all the side effects now, you may find it helpful to come back to this page if and when your side effects change.**

The good news is that **there are many things that can help with side-effects.** This section includes information about some of the most common side-effects women can experience, and a range of tips and hints for managing these.

This section includes information on the following topics:

- Loss of desire and arousal
- Talking about sexual problems
- Further help and support

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### Sexual Concerns

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Sexual problems are a common side-effect of taking hormone therapy for breast cancer. Having sexual problems can be very upsetting, and can influence your relationships and your day to day life.

The information in this section is designed to help you to deal with sexual problems. It is intended for all women, whether you are in a same sex or opposite sex partnership or without a partner.

## Loss of desire and arousal

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Loss of desire (libido) or sexual interest and arousal can be a common side-effect of hormone therapy and this can happen for different reasons.

- For some women, having low levels of oestrogen in the body means that they no longer have a desire to engage in sexual activity. It can also mean that they experience very low sex drive. They may take longer to feel aroused or are no longer aroused by sexual activity. Some women may also find that it takes longer for them to reach orgasm, or that orgasms are less intense or can no longer be reached.
- Some women experience pain before, during or after having sex. This can make them experience low desire for sex. If you experience this, you may also want to read the section about vaginal dryness and pain.
- Some women find that when their body has changed they think of themselves as less attractive than they were before having breast cancer. This may make them to think less of themselves and knock their confidence.

*"When you look down and see a nasty big scar where you used to have a nice breast, it's not nice. And it's something you've got to just get past, you've got to look down. I didn't want to at first, I didn't for the first 3 or 4 days, but eventually I did. I looked down and it wasn't as bad as I'd imagined it to be. Although it was bad, I'm not going to flower it up, it was bad but it wasn't as bad as I imagined it to be. And coming home and facing my husband with this was a bit of a trauma too because I just didn't know how he would feel, and I didn't know how I would feel if he was disfigured in some kind of way or whatever. But I just bared up and showed him my scar and he kissed it and kissed me, and we were fine again and it was you know as if it really didn't matter."*

Angela, Breast Cancer Patient, Age 60

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Whatever the cause, there are several things you could try.

### What can help with loss of desire and arousal?

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What can help is to rebuild intimacy in your relationship. There are lots of different things you can try to do this.

**Q. What helpful steps can I take towards being sexually intimate with my partner?**

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**Many couples experience this.** It's about being able to initially ask the question and then think of the practical steps that are going to be useful to you and your partner

individually. Many women and couples find it challenging to be sexually intimate in any way because they worry, for example that if they start by just getting close with a hug or a kiss that it might lead to having sexual intercourse and maybe they don't feel ready for full sexual intercourse to happen just yet. Then what can happen, is that all intimacy gets avoided and that can be really difficult for both you and your partner.

Some practical strategies for beginning that process would be things like start by thinking and talking about **'What do you both like about your relationship together?'** - almost like reaffirming why you're together, and what you find enjoyable and calming and connecting about being together with that person. Also, what you like about being sexually intimate with each other. Just sort of reminiscing a bit about why that part of your relationship matters to each of you. **Sex can mean different things to each of you**, so all ways of being intimate, or expressing yourself sexually are valid for each of you to bring to the discussion and see what you want to explore together to move forward with.

You might want to each take a turn just to sort of gently explore the concerns that you have, you could **consider what is stopping each of you from being intimate or sexual with each other** because you might have different worries or concerns. It's helpful to share those and understand things, not just from your own point of view, but also how your partner might be feeling at that time. If that feels too much for you looking at all of it together then maybe just think of one concern each just to start the conversation and help you focus.

I always say **every couple are unique, it's about what is right for you**, so where you feel able to start is going to be different for every individual or couple that I meet and it's about what's right for you. There's no right or wrong in any of this. One thing that can sometimes help is just being able to **spend some quality time together** each week, where the focus is on the two of you and on your relationship rather than all the wider things that we all get involved in in our busy lives, or because of what you're going through and things related to your illness or your treatment conversations. Some people refer to this time together as a "date night" where you might just have like a nice glass of wine or a nice meal together. You know you might be sitting together on the couch just putting your arms around one another, watching the TV. Or you might be going for a walk together and just holding hands. It's the beginning of those physical connections. Those gentle approaches to being intimate again but starting somewhere that feels OK and safe for both of you. It might be about giving each other a back massage, for others it might be having a bath or a shower together. Everyone is individual in terms of where they might feel able to start, but I think what helps people feel more confident and safe to progress is **having clear boundaries that you stick to**. For example, if you want to be able to kiss and cuddle one another but you don't feel able for things to go further than that, as long as you both understand that you can really relax and enjoy kissing and being

intimate by cuddling and holding one another without worrying that it might move onto an aspect of sexual or intimate expression that you're not ready for.

I think other things too are maybe breaking 'being sexual' down into those smaller steps and thinking about how you might start that together. You might want to only touch your partner, and not be touched by them. Or you might be happy for certain parts of your body to be touched. For example, you don't mind being caressed on your neck or shoulders, but you might not feel quite ready for the more sexual parts of your body to be touched. Not all women or couples will choose necessarily to have sexual intercourse. **For some women, sexual intercourse may not be the end goal**, as part of that goal of being intimate together again, this is an individual and personal choice.

For some it's just about enjoying close physical contact again and enjoying being able to give and receive touch that you find pleasurable and relaxing together. But if sexual intercourse is something that you both want to experience, but you're not ready for full sexual intercourse then again, you might agree a time period over which you don't want to attempt sexual intercourse at all but that this allows you to relax and enjoy other forms of touch and expression instead. For example, **you might prefer not to be naked to start with**, you might feel that it's a bit too revealing for you, so you might prefer to wear attractive underwear or nightwear to boost your body confidence to help you feel feminine when you're in an intimate situation. I think gradually with gentle touch and with that mutual trust that you have, you become more confident about touching your partner and being touched again in return. Then that can be more sensual and more erotic gradually as you build towards being more fully sexual again, maybe even involving sexual intercourse if that's what you both want.

Ultimately, if you feel stuck and you want to be able to move forward sexually with your partner, or indeed if you're in a new relationship and you're wanting to be sexual with a new partner but you feel that you might want some professional support to do that, don't forget you can actually find both local and national services and organisations that offer sexual information, support and counselling services. Further information is available in the sexual problems section in the SWEET website. **Get professional support if needed.**

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#### Q. Who takes the lead?

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I think it comes back to the body confidence, it's about **gaining body confidence by yourself first which is important**, so you welcome your changed body back to yourself. Pampering yourself a bit, taking care of your body and your skin and really coming to like and enjoy that body again for yourself as a feminine woman, as a sexual person, before you might then feel able to share your body with your partner again. **It's whatever it takes really for you to feel more confident in your own skin**, which then helps you, to approach your partner.

In terms of who takes the lead, you will be guided by what is normal within your relationship. You might prefer your partner to take the lead, but your partner will still need some guidance as to how to move forward sensitively so that you don't feel overwhelmed. Remember they are of course being tentative perhaps because they care about not upsetting you, so they may be frightened to take the first step that would ordinarily be very confident for them. So being able to talk about it, even if you agree that it's your partner that will make the first step towards you, but you agree what the parameters of that first step might be can actually help you move forward.

Remember:

- Many couples experience this
- What do you both like about your relationship?
- Sex can mean different things to each of you
- Consider what is stopping each of you being intimate • Every couple is unique- it is about what is right for you • Spend quality time together weekly
- Have clear boundaries that you stick to
- Sexual intercourse does not have to be the end goal
- You may prefer not to be naked
- Get professional support if needed

**Remember that different things will help different people.** If one suggestion is not helpful, try another, or a combination of them, to find something that works for you. Trying something can give you a sense of control of the situation, even if the first thing you try doesn't work.

The sections below contain some more tips on how to rebuild intimacy.

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### Plan date nights

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A date night can be a great way for you and your partner to focus on each other. You could go out for a meal, or to the cinema or theatre or do something else you both enjoy. What you are trying to do is spend a nice evening together. But you can also do something enjoyable together during the day! This might be going for a walk, gardening, going to a museum, playing cards or doing a puzzle. You do not need to go out, or to spend money.

The key to a date 'night' is to **focus on yourselves as a couple, not on the wider family, friends or work issues.** Try not to let other things interrupt.

Perhaps try to schedule these in once or twice a week. Make sure you are both responsible for planning the date nights.

This time to focus on each other may help to increase your arousal and your desire to be intimate. This can also make you feel that you are still desired by your partner.

*"Just accept you have to put some time aside to have some intimacy and spontaneous encounters don't happen. It's also about looking out of the box for help in this area. A lot of American sites do approach this subject a bit more openly and you can get some good ideas, tips and products/equipment out there that can help. But also these sites are great for making you feel you are not alone and abnormal."*

Alice, Breast Cancer Patient, Age 48

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### Sharing thoughts and feelings

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#### **Being intimate with your partner doesn't always mean that you need to have sex.**

It can also mean sharing thoughts and feelings. Being able to talk about one's needs and struggles can make you feel safe and closer to your partner. And it can be a first step on the way to become more sensual, erotic and then sexual.

Listening to each other, understanding one's needs, and feeling supported can help you feel close and intimate with your partner. Being more intimate with your partner can help to feel greater desire and arousal.

#### **Q. How do you start a conversation about becoming more sexually intimate with your partner?**

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Finding it difficult to talk about sexual concerns or worries after breast cancer diagnosis and treatment is really common for women, men and for couples. **In no way is that a reflection on the quality or duration of your relationship.** People who have very comfortable relationships still struggle sometimes to talk about that particular topic. Sometimes, some couples think of it as a bit of a dance of avoidance - each partner is trying really hard to protect the other from feeling awkward or feeling a bit embarrassed. Sometimes that means people aren't sure who should make the first move to start the conversation. It is easy to blame yourself, however both partners are probably thinking the same thing. As time goes by you kind of get into a new rhythm and then sometimes sexual intimacy is missing from that rhythm and becomes normal and either one or both of you come to accept it. Sometimes it can impact negatively on your self-confidence when you are going through cancer treatment. You do need some confidence to be able to start a conversation with your partner about something that is very personal.

If it feels too difficult to start that conversation with a partner straight off, sometimes just **talking to someone else like a close friend** just to start beginning to think it through together that can maybe help. I have met some couples where it was



too difficult to talk so they **wrote a note to their partner to explain their feelings**. Generally, there are some tips and strategies that can be helpful:

**Remember:**

1. **Keep the discussion quite short.**
2. **Focus on the present and the future.** Those are the things you can influence, whereas thinking too much about what was there in the past, that isn't anything you can change right now.
3. **Take turns and actively listen.** Take turns to outline what the concerns are and the challenges you want to discuss. Listen to the person talking without interrupting them and planning what you are going to say in reply. Ask them to explain anything if you're not sure what they mean, then switch over and let your partner have an opportunity to do the same so they can express their concerns and challenges.
4. **Check that you both understand what each other means.** When you've been together a long time you often think you understand the other persons meaning but I think it's always helpful on a topic that is sensitive to check out that meaning with each other in case you're on slightly different pages. Don't try to guess or mind read or assume what they are thinking about because it may be different to what's in your mind. Keep the discussion light, some couples use humour, use it sparingly if it helps, it needs to be keeping in with what's right for you as a couple, your personalities and expectations. It might not be appropriate for everyone to use humour, it's very individual.
5. **Focus on finding solutions.** Try to be solution focussed, try to think of identifying what you would like to change, what you would individually or together like to be different and then try and work out together how that change might be achieved.
6. **Start with less emotional topics.** If it's possible maybe try to think about some of the less emotional aspects of the situation that you want to discuss if there are some, because if you start with something that is quite emotionally challenging or difficult, it might stop you from being able to continue the conversation.
7. **Be compassionate and kind.** It's about being compassionate and kind to yourself and your partner, and your partner back to you. It might be that both of you feel a bit vulnerable having this conversation.
8. **It's ok to take things slowly.** Take it slowly and in small steps, what really matters is that you've taken the first step in actually starting to talk together.
9. **Get professional support if needed.** If you really do feel stuck either as an individual or as a couple and you think it would be useful to have a professional person helping you with that then don't forget you might want to find a counsellor who might be able to help. You can go as an individual or a couple together, whatever feels right for you is the right way forward.

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## Focus on touch

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‘Sensate Focus’ is a way of focusing on your own or your partner’s touch. It is a series of touching exercises that a couple completes in a sequence. The aim is for each person to **let go of their expectations and judgements about how something “should be” or “should feel”**. Instead, they simply enjoy the touch!

‘Sensate focus’ can teach us how to notice sensations in our bodies when we experience touch. When we are “in our heads” and thinking about other things (perhaps things that worry or upset us), we can find it difficult to relax and notice sensations in our body. By focussing on touch, sensate focus can help bring you out of your head and into your body.

In this way ‘sensate focus’ is as a type of mindfulness (it’s sometime called mindful touching) that can help individuals and couples to relax and enjoy the sensuality and sexuality of their bodies in ways that are helpful and enjoyable to them.

**‘Sensate focus’ exercises can help to reduce sexual pain, increase desire and arousal and improve orgasm in women who’ve had a breast cancer.** They can be used by people of all ages, sexual orientations and cultures.



If you would like to find out more about sensate focus you could type the following weblinks into your browser:

- SMSNA for Patients - **What is Sensate Focus and How Does it Work?:**  
<https://www.smsna.org/patients/did-you-know/what-is-sensate-focus-and-how-does-it-work>
- Cornell Health - **Sensate Focus:**  
<https://health.cornell.edu/sites/health/files/pdf-library/sensate-focus.pdf>

You can try sensate focus yourself but many women and couples find it helpful to initiate ‘sensate focus’ with the help of a psychosexual or psychological therapist or counsellor.

There are several ways to find a sex therapist – your GP may be able to refer you to a therapist, although sex therapy is not available on the NHS in all parts of the UK. The charity Relate provide low cost or no cost therapy, or you may be able to find a local private therapist via the College of Sexual and Relationship Therapists (COSRT) or the



Institute of Psychosexual Medicine. Links to these resources can be found on the 'Further help and support' page. If you decide to see a therapist privately this will have a cost.

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### Relax and stay in the moment (mindfulness)

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Mindfulness is a type of meditation where you focus on being aware of what you're sensing and feeling at that moment. To do this, you sit silently and pay attention to thoughts, sounds, and sensations of breathing or parts of the body. Whenever the mind starts to wander you try to bring back your focus onto your feelings and sensations again.

Mindfulness has been described as 'being in a relaxed but attentive state'. It is originally an ancient tradition in Eastern philosophy and spirituality, but it is now being used in Western healthcare. Experts believe it helps to link your mind to your body.

It has been used by counsellors, psychologists and psychosexual therapists to help women to adapt to changes in their bodies and to start to get used to being touched again. It can help us to **feel positive about our sexuality by focusing on the 'here and now' instead of focusing on upsetting thoughts relating to the cancer treatment and sexual concerns.**

Practising mindfulness may help you to relax, and it may also help to increase intimacy and arousal.

You could watch this video to see an example of how to practice mindfulness. To view it, type the following weblink into your browser:

[https://www.youtube.com/watch?v=\\_ZtGtxs2q7Y](https://www.youtube.com/watch?v=_ZtGtxs2q7Y)

Try doing this when you are alone in a quiet space, with few minutes where you can sit and focus on yourself. It's designed to be done every day. You can start with a couple of minutes a day and work up to longer once you get the grasp of it. There are many other mindfulness videos online and lots of apps, which you might find helpful.

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### Talking about sexual problems

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If you are experiencing some sexual problems following a breast cancer diagnosis and starting hormone therapy – you are not alone.

Many women who've started taking hormone therapy do experience some changes to their sexual life. They find, however, that people rarely speak about these issues.

*"Sexual consequences: Not spoken enough about or explained well enough at initial treatment discussions. I didn't expect at the age of 46 to lose my libido what felt like overnight. I think that was one of the toughest things for me as I already felt robbed."*

Sophia, Breast Cancer Patient, Age 48

Your breast cancer team may not discuss with you how hormone therapy can influence your sexual life. And you may find it difficult or embarrassing to talk about sexual problems with them.

**But it's OK to talk about sexual problems with your partner, breast cancer team or GP, or to look for some advice online.**

You may also find it helpful to talk to other women about your experiences. You may find that many women face similar problems even if they haven't had breast cancer or taken hormone therapy. Or they may know someone else who has had similar problems.

### Top tips for speaking to your partner about sexual problems

Many women who experience sexual problems after breast cancer find that talking to their partners about these issues is very helpful. This can relieve tension and worry and help both of you to relax.

### How to talk to your partner?

Here are some suggestions for how you could talk with your partner:

- Try to be open and honest. Say what you're struggling with. This may be difficult at first, but it may help to relieve tension and worry.
- Listen to your partner. Try not to interrupt or hijack each other when the other is talking. Check meanings with each other – don't assume.
- Try to understand your partner's needs. This can help you to find a solution together.
- Keep it light, try to use humour where possible, this may help you to connect. Try to think about your body in a positive way. You do not need to have a 'perfect body' or 'perfect sex life' to be happy.
- If you find it's too difficult to talk, try writing a short note to your partner instead.

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## What to talk about?

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Here are some suggestions for things you could talk about with your partner:

- Start by exploring what you like about your relationship or sex.
- Take turns to gently explore concerns about intimacy and sex - if that feels too much- talk about only one concern each. Each take turn to clearly explain the concern with the other listening.
- Try to focus on the present and future, not what has gone before.
- Talk about new sexual activities that you may want to try. Be open to new sexual experiences – you may have been with your partner for many years, and both know ‘what you like sexually’. Cancer may have changed this and you both may need to find new ways to enjoy sex again.
- Talk about scheduling time for sex and making sex a priority. You may find that spontaneous desire and arousal doesn’t happen naturally. Some people have spontaneous desire. This is often more common in men, while many women have responsive desire, where they become aroused after the sexual approaches of a partner. This means you may not have spontaneous sexual interest, so you need to create the moment, for example, schedule specific times for sexual or intimate activity.

## Top tips for speaking to a healthcare professional about sexual problems

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Talking to a health professional about sexual problems may seem difficult at first. Many women find it embarrassing. They may also think that these issues are not really a big deal compared to other issues.

**But, it’s OK to talk to your health professional** (this could be your GP, hospital consultant, nurse specialist, or someone else) - **this is part of their job**. They may advise on what can help you. If they do not know what to recommend, ask them to refer you to someone else who is more experienced in the area.

### Q. Who is the best person to talk to about sexual concerns, and how do you start the conversation?

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Next to talking to your partner, talking to a healthcare professional is tricky as well. Some people find it easier talking to someone who is a stranger to them or not closely known to them, while for others it can be a big step to take.

**You may have a preferred health care professional.** You might have a personal preference to who you ask, there may be someone in your treatment team that you feel you’ve got a particularly good rapport with, or it may be your GP if you’ve got a good relationship with them. It might be based on the views that you’ve got about

their role in your care, so for example some women would rather not talk to their consultant because they see their consultant as being the person who deals with their illness, and they might prefer to talk to a specialist nurse or another member of their health care team.

**You may consider age and gender.** Some like to talk to other women, so you might identify someone you feel comfortable talking too. Or you might think this person is more likely to have knowledge in this area so you would choose them as the best person to advise you. **All health care professionals should be able and willing to listen.** Don't forget that no matter who you choose, any of them should be willing and able to listen to the types of concerns that you might raise in terms of the sexual impact of your treatment or your illness. **They can direct you to someone who can help.** If the person you ask isn't quite sure then their duty of care to you is very much to find somebody who can answer your question or go and find that out for you, then make an appointment to meet with you again to talk it through. Even if they don't feel able to answer what you've asked straight off it is very much about them finding someone who can actually help.

**It is the health professional's responsibility to offer help and support.** Some patients worry about embarrassing the person they are talking too but actually if you think the person that you've asked you might be embarrassed by the question or doesn't appear to know the answer that's not your fault nor your responsibility. They're in a professional role and they want to act in your best interest. It's their responsibility to offer you a source of support for the concerns and difficulties that you have. It's perfectly ok for you to say to them - if you're unable to help me, could you refer me to someone who could help with my question? If you're worried about how you might start the conversation with your treatment team, there are some brief tips and strategies to help:

1. **What are your top concerns? Make a list.** Identify what your current concerns are. You might want to make a checklist, from that try and identify what your top concern to discuss is, so that you don't forget as these are the ones that are most important and foremost in your mind. Then from that, try and identify in advance who you think might be the best person to ask in relation to that concern.
2. **Be specific, explain why your concern is important to you, and ask a question.** For example, for treatment related vaginal dryness that happens with a lot with women taking hormone therapy for breast cancer, you might say something like *"I've been experiencing vaginal dryness and it's making sex uncomfortable for me, is there anything you suggest I could try for this?"*
3. **Plan and practice.** Plan and practice what you want to say. Maybe write down a few sentences that you could share with the health care professional that you're going to meet in the consultation. Many health care professionals really value you taking your notes to a consultation and if they can't answer

the question there and then they may take your notes away and work on providing you with the answer.

Remember:

- You may have a preferred health professional
- You may consider age and gender
- All health professionals should be able and willing to listen • They can direct you to someone who can help
- It is the health professional's responsibility to offer help and support • What are your top concerns?
- Make a list
- Explain why your concern is important, Ask questions
- Plan and practice

Here are some more suggestions:

- Think about who you want to talk to. Is there someone in your healthcare team you feel more comfortable with? Maybe you can request to see a specific GP, or a female GP. Maybe there is someone in the team at your GP practice who specialises in breast cancer, or women's or sexual health.
- Think about what information you want. For example, you may want to know why you have lost interest in sex since starting treatment. Will this improve? What might help?
- Write down the questions you want to ask. It's easy to forget when you're sitting in front of the health professional. If you feel you can't read the question aloud, you could hand your questions to them during the appointment.
- Practice aloud/rehearse what you want to say to the health professional before the appointment. This can help you get the "words out" and make yourself clear.
- At the start of your appointment, tell the health professional you would like some time to ask questions.
- Do not worry about using the right medical words about sex or your body. Use the words you understand. They will understand you.
- If something is not clear, ask the health professional to explain again.
- If they recommend something, ask how long you should try it for and whether you can come back to talk about other options if you feel it is not helping.

## Starting a new relationship

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Sometimes women have concerns about starting a new relationship when they have had breast cancer. Here is a link that provides some advice and support with this, and links to other websites.

- To go to the Cancer Research UK page on Sex and cancer if you are single, type this weblink into your browser:  
<https://www.cancerresearchuk.org/about-cancer/coping/physically/sex/single>
- To go to the Cancer Research UK page about how cancer can affect your sexuality and sex life type this weblink into your browser:  
<https://www.cancerresearchuk.org/about-cancer/coping/physically/sex/effects>

## Further help and support

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### **What should I do if these problems are really impacting on my life?**

If these hints and tips do not help and your loss of desire and arousal become very problematic for you and badly impact on your day-to-day life, it is important to talk to your breast cancer team or GP. They may be able to suggest something which will help.

### **Support from Breast Cancer Now Nurses**

You may find it helpful to use the confidential 'Ask our nurses' email service on the Breast Cancer Now website, especially if you find it difficult to talk to someone in person. To access this, type this weblink into your browser:  
<https://breastcancernow.org/information-support/support-you/email-our-nurses>

### **Where can I speak to other women?**

You do not have to cope with loss of desire and arousal on your own. You may find it helpful to join online forums and support groups to talk to other women who are in a similar situation to you. One example of this is the Breast Cancer Now online forum. To take a look, type this weblink into your browser:  
<https://forum.breastcancernow.org/>

### **Other websites and resources**

Here are links to websites and reading you may find helpful. To take a look, type the following weblinks into your browser:

- To go to Breast Cancer Now: The research and care charity:  
<https://breastcancernow.org/>
- To go to COSRT: College of Sexual and Relationship Therapists: The UK's professional body for Psychosexual and Relationship Therapists:  
<https://www.cosrt.org.uk/>

- To find a Booklet of Tips & Ideas for your Journey of Recovery, done by Intimacy & Sexuality Intimacy & Sexuality for Cancer Patients and their Partners:  
[https://breastcancernow.org/sites/default/files/intimacy\\_and\\_sexuality\\_for\\_cancer\\_patients\\_and\\_their\\_partners.pdf](https://breastcancernow.org/sites/default/files/intimacy_and_sexuality_for_cancer_patients_and_their_partners.pdf)
- To go to Live Through This: A cancer support and advocacy charity for the LGBTIQ+ community: <https://livethroughthis.co.uk/>
- To go to Macmillan Cancer support: <https://www.macmillan.org.uk/>
- To find MacMillan Cancer Support information on how to get support and treatment that can help improve your sexual well-being:  
<https://www.macmillan.org.uk/cancer-information-and-support/treatment/coping-with-treatment/your-sex-life>
- To go to Relate: The relationship People: <https://www.relate.org.uk/>
- To go to Shine Cancer Support (They offer online and face to face support for individuals in their 20s, 30s and 40s with cancer. Their website contains information, including podcasts on topics including sex and dating):  
<https://shinecancersupport.org/>
- To go to Tavistock Relationships (This is internationally renowned charity offering online and face to face psychosexual therapy to help resolve problems or difficulties in your sexual relationship):  
<https://tavistockrelationships.org/>
- To go to The Institute of Psychosexual Medicine (This is a registered charity which provides training and undertakes research in psychosexual medicine. Their trained professionals can help people with a wide range of sexual difficulties): <https://www.ipm.org.uk/25/find-a-doctor>

If you feel that you have tried everything and the side-effects are still unbearable, do talk to your breast cancer team or GP who will be able to help you decide what to do. Often, they will be able to switch you to another form of hormone therapy or prescribe an additional treatment to help you. If that still doesn't work, the best decision for you might be to stop taking hormone therapy. Ultimately it is a personal decision taking into account the risks and benefits and what is right for you.



### Acknowledgements

This section has been written by Professor Isabel White, Clinical Nursing Research Fellow in Psychosexual Practice, Royal Marsden NHS Foundation Trust. Isabel is a cancer nurse and established the first psychosexual therapy service within the Trust.