

## 前立腺がん治療に伴う性機能障害にまつわる

### 日本人男性の体験とケアニーズ

#### Sexual dysfunction associated with prostate cancer treatment in Japanese men

#### A qualitative research study

### 要旨

**目的:** 本研究の目的は、前立腺がん治療に伴う性機能障害にまつわる日本人男性の体験とケアニーズを明らかにすることである。

**方法:** 「前立腺がん治療に伴う性機能障害にまつわる日本人男性の体験」の調査は、前立腺がんの初期治療として根治的前立腺全摘除術（手術）/体外照射療法（外照射療法）/近接照射療法（小線源治療）/ホルモン療法のうちいずれかの単独治療を受け、その後別の治療を受けていない日本人男性を対象とした。「前立腺がん治療に伴う性機能障害にまつわる日本人男性のケアニーズ」の調査対象には、複合的な治療、監視療法を受けている者を加えた。半構成的面接法によりデータ収集しそれぞれ質的に分析した。治療特有の体験の傾向を得るために、前立腺がん治療に伴う性機能障害に関連する患者の体験のカテゴリを構成するコードが、どの治療方法から派生したか確認し整理した。

**結果:** 「前立腺がん治療に伴う性機能障害にまつわる日本人男性の体験」への参加者は調査時の年齢が50歳～84歳の38名（手術10名、外照射療法12名、小線源治療5名、ホルモン療法11名）であった。性機能障害にまつわる体験は、診断期の【前立腺がん初期治療法決定時の性機能維持したい強い気持ちと葛藤】、治療初期の【治療に伴い生じた性機能障害に端を発する価値の喪失】【治療による性機能障害の転機がわからない不確かさ】【性機能障害による悪影響が少ない平穏】、治療後期の【性機能障害を受け入れる努力】【変化した身体の管理】の6大カテゴリに統合された。すべての治療方法にみられる体験と特定の治療特有の体験がうかがえた。海外の研究で散見される性的親密さを維持するために

勃起補助具や薬を適切に使用することの重要性を認識し取り組んでいる体験は、本研究においてみられなかった。

「前立腺がん治療に伴う性機能障害にまつわる日本人男性のケアニーズ」の調査への参加者は、44名であった。性機能障害にまつわるケアニーズは【性機能障害の悩みに寄り添う医療者の姿勢】 【性機能障害と対処方法について正確な理解を促す治療方法決定時の情報提供】 【個人や各カップルの性機能障害の悩みに対応した専門的なケア】 【性機能障害の悩みを共有できる患者交流の場】 の4大カテゴリに統合された。

**結論：**本研究により得られた前立腺がん治療に伴う性機能障害にまつわる日本人男性の体験とケアニーズを検討した結果、日本人の前立腺がん患者が必要とする性機能障害へのサポートシステムを確立するための取り組み課題として、①性機能障害に関するケアニーズの高い対象を把握するシステムの構築、②性機能障害の問題に寄り添う姿勢を育成する医療従事者への教育の推進、③前立腺がん治療に伴う性機能障害の多様な苦悩に対応できるチーム医療の確立と協働、④性機能障害の悩みを共有できる患者交流の場、⑤性の悩みの表出を促し問題解決を促進する包括的性教育の推進の必要性が示唆された。

**キーワード：**性機能障害、前立腺がん治療、日本人男性、質的研究

## **Sexual dysfunction associated with prostate cancer treatment in Japanese men**

### **A qualitative research study**

#### **ABSTRACT**

**Aim:** We used semi-structured interviews to clarify the experiences and care needs of Japanese men experiencing sexual dysfunction associated with prostate cancer treatment.

**Methods:** This study included 38 Japanese men who underwent radical prostatectomy (n = 10), external-beam radiotherapy (n = 12), brachytherapy (n = 5), or androgen deprivation therapy (n = 11) and asked them to describe and clarify their experiences related to sexual dysfunction. To determine their care needs, six additional participants who underwent external-beam radiation therapy (n = 1), androgen deprivation therapy (n = 1), combination therapy (n = 3), and follow-up (n = 1) as initial treatment for prostate cancer were included. Each participant completed a semi-structured interview on sexual dysfunction associated with prostate cancer treatment and their care needs. Data were analyzed using a content analysis method. To reflect treatment-specific experiences, responses were validated and organized according to treatment method. The category reliability was calculated based on Scott's formula for the matching rate of the classification by three qualitative researchers. The criterion for good reliability was set at 70%.

**Results:** Japanese men with sexual dysfunction associated with prostate cancer treatment experienced the following: a desire to maintain sexual function and conflicted decision-making concerning the initial therapy for prostate cancer; a loss of values related to sexual dysfunction; uncertainty regarding the consequences of sexual dysfunction; a sense of calm with fewer adverse effects related to sexual dysfunction at the early treatment stage; attempts to accept sexual dysfunction; and management of physical changes at later treatment stages. The concordance rates for the categories were 70% and 78%.

We additionally observed experiences common to all treatments and trends in treatment-specific

experiences. Importantly, our participants did not express awareness and commitment to the importance of erectile aid and medication use to maintain sexual intimacy although international studies have observed this factor.

The following themes emerged from the participants' narratives surrounding sexual dysfunction care: empathy on the part of medical staff when expressing fear of sexual dysfunction; need for information that promotes understanding of sexual dysfunction and coping strategies before deciding on treatment; professional care for individuals and couples with sexual dysfunction; and need for an environment that facilitates interaction among patients undergoing prostate cancer treatment to troubleshoot issues related to sexual dysfunction. The concordance rates for the categories were 74% and 76%.

**Conclusion:** Our review of the experiences and care needs of Japanese men with prostate cancer treatment-related sexual dysfunction revealed the following challenges to establishing a sexual dysfunction support system.

- ① It is necessary to design a system to identify individuals experiencing with sexual dysfunction.
- ② Education is necessary to strengthen the attitudes of medical professionals who care for patients with sexual dysfunction.
- ③ It is necessary to build a multidisciplinary medical team to address the physical, psychological, and social effects of sexual dysfunction associated with prostate cancer treatment.
- ④ It is necessary to build peer support group to share issues about sexual dysfunction associated with prostate cancer treatment.
- ⑤ It is necessary to promote comprehensive sexual education to make Japanese men with prostate cancer easy to open their sexual issue and solve the issue.

**Keywords:** sexual dysfunction, prostate cancer treatment, Japanese men, qualitative analysis