

COSY coPD and Sexuality

Objective:

It is time to start communication about sexuality in COPD care. Data shows that sexuality and intimacy are important contributing factors in quality of life and well-being. People with COPD have a proven need to talk about sex. Many health professionals have misconceptions about this issue and are uncomfortable talking about sexuality.

'COSY' should support you to hold a relaxed, two-way dialogue about sexuality and intimacy. Where individuals do not experience a fulfilling sex life, it is particularly important to gain a joint understanding of the level of limitation (1-4) they currently experience.

IMPORTANT!

The primary purpose is to START A CONVERSATION. You do not need in-depth knowledge about sexology nor should you expect to resolve individual difficulties right away.

If it becomes apparent in the course of the discussion that the reason for the limitation is not **level 1, COPD**, and that it can be attributed to a different level, then this is a useful outcome. The subsequent approach and course of action should be agreed with the individual concerned, taking account of their degree of motivation. It is important to outline the services available and the potential support offered by other providers (referral, self-referral).

Approach:

A respectful and emphatic approach forms the basis of an effective, trusting relationship between the professional and the individual concerned. The ability to listen actively is an important therapeutic skill: "Talking is good for your health".

Your own notes

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Framework:

Summary of tools available

- [COSY: Communication leaflet](#)
- [COSY: Communication leaflet guidance](#)
- [Holistic understanding of individuals with COPD](#)
- [Visual language of sexuality](#)
- [Factsheet Sexuality and COPD](#)

-  Schedule at least 15 minutes during which you will not be interrupted.
-  The initial conversation should take place without the partner present.
-  Do not sit facing the individual. If possible sit at a 45° angle at eye level.
-  Do not carry out other tasks at the same time. Focus and pay full attention.
-  Ensure you have the 'Holistic understanding of individuals with COPD' summary and the 'Visual language of sexuality' leaflet to hand.

Getting started:

Ask the opening question (e.g. after outlining the separate elements using the [Holistic understanding of individuals with COPD](#) summary leaflet).

IMPORTANT!

It is important to WAIT and LISTEN. Giving the individual time to speak and listening actively will encourage communication.

Plan B

If it is still difficult to establish a dialogue, it may help to define the word 'sexuality' by means of visual language.

"It is not easy to find the words to cover the broad spectrum of what we mean by 'sexuality'. May I show you some different ways in which sexuality can be understood as the expression and manifestation of intimacy and care rather than simply as the physical act?"

Use the [Visual language of sexuality](#) leaflet to explore and identify individual perceptions/needs and the discrepancy between their current and desired sex life.

The aim is to understand which of the 4 levels best describes the individual's current situation. This understanding is vital for a targeted, person-centred approach. The extent of limitation and motivation is recorded using a scale of 0-10.

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Key question

“Do you think there is a link between COPD and the limitations you experience in your sex life?”

If the answer is yes, level 1 is the relevant level. Record the extent of the limitation using the scale 0-10 and, if the level of motivation based on the traffic-light system is 7 or above, instigate a more in-depth discussion immediately.

If the individual **hesitates** or answers with an outright **no**

“At present, COPD is NOT the main reason for the limitations experienced in your sex life.”



REMEMBER!

It is important to WAIT and LISTEN. Giving the individual time to speak and listening actively will encourage communication.

“It is also possible that there are reasons other than COPD, such as other physical limitations, external stress factors or even your self-image.”

Show the 4 levels on the [COSY: communication leaflet, page 1](#)

If the degree of limitation experienced by the individual is 4 or above, record the extent of their motivation to change and/or give them the opportunity to distance themselves from the topic of sexuality. Accept their decision and give them the option to revisit the topic again at a later date.

“The levels shown here do not currently relate to you and/or you do not wish to take this further at this time. Do you agree that we should move away from the topic of sexuality for now/for today?”

Your own notes



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Recommended approach for level 2, 3 and 4 limitations

-  Active listening, let the individual speak
-  Establish the degree of limitation and motivation to change the situation
-  If the degree of limitation experienced by the individual is 4 or above, record their motivation to change on a scale of 0-10 next to the relevant level.

IMPORTANT!

It is important that you evaluate your own skills accurately and realistically.

Act in accordance with your professional expertise.

Triage/refer/collaborate with other providers and appropriate specialists (see network list on page 5).

Level 2 / General physical limitations

e.g. musculoskeletal pain, decompensated cardio-vascular disease, incontinence.

Also address sexual limitations, such as erectile dysfunction, pain during or after sex, arousal issues for women, orgasm issues, lack of interest.

Level 3 / External stress factors

Stress in the individual's personal life and/or workplace, financial problems, fear and worries.

Level 4 / Self-image

Attractiveness, shame, inhibitions, taboos around the body and physicality (upbringing, religion, culture, defence mechanism against negative experiences).

Your own notes

Version 1.0_2021/authors: Dalla Lana Kaba¹ and Steurer-Stey Claudia¹,

Borgmann Michèle², Brun del Re Ursina³, Burri Andrea⁴, Gonin-Spahn Stefanie², Haas Sebastian⁵, Sarasin Eliane⁶, ¹EBPI University of Zurich; Department of Health Psychology and Behavioural Medicine, Institute of Psychology, University of Bern; ³Zurich Institute for Clinical Sexology & Sexual Therapy ZISS; ⁴Institute for Sexual Counselling and Sexology; ⁵Clinic for Psychiatry, Psychotherapy and Psychosomatics, Hohenegg; ⁶Breast Centre Zurich and Swiss Breast Care, Clinic for Reproductive Endocrinology, University Hospital of Zurich

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National associations and selected clinical services

Contact:

University of Zurich
 Epidemiology, Biostatistics and Prevention Institute (EBPI)
 Hirschengraben 84
 8001 Zurich
 Professor Dr. med. Claudia Steurer-Stey
claudia.steurer-stey@uzh.ch

Version 1.0_2021/authors: Dalla Lana Kaba¹ and Steurer-Stey Claudia¹, Borgmann Michèle², Brun del Re Ursina³, Burri Andrea⁴, Gonin-Spahni Stefanie² Haas Sebastian⁵, Sarasin Eliane⁶, ¹EBPI University of Zurich; Department of Health Psychology and Behavioural Medicine, Institute of Psychology, University of Bern; ²Zurich Institute for Clinical Sexology & Sexual Therapy ZISS; ³Institute for Sexual Counselling and Sexology; ⁴Clinic for Psychiatry, Psychotherapy and Psychosomatics, Hohenegg; ⁵Breast Centre Zurich and Swiss Breast Care, Clinic for Reproductive Endocrinology, University Hospital of Zurich

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