Evaluation of Sexual Function of Turkish Women With Breast Cancer Receiving Systemic Treatment

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According to the research literature, about 50% of patients receiving treatment for breast cancer experience long-term sexual issues attributed to the physical and psychological impact of breast cancer diagnosis and treatment (Huber, Ramnarace, & McCaffrey, 2006). Previous studies about the impact generally focused on the period after treatment was completed, with little or no information reported on sexual issues during treatment. Beckjord and Campas (2007) recently reported that younger women who had received chemotherapy, had mastectomies, and were depressed had decreased sexual quality of life. The focus of the current study is to describe sexuality and factors affecting the sexuality of patients receiving systemic treatment for breast cancer.

Background

Although the prevalence of sexual dysfunction in women with breast cancer receiving treatment is not known, it is estimated to range from 40%–100%. Sexual issues experienced by patients occur as a direct or indirect effect of prior negative attitudes about sexuality and changes in their lives, psychological state, and treatment methods used (Burke, 1997; Ganz, Litwin, & Meyerowitz, 2001; Ganz, Rowland, Desmond, Meyerowitz, & Wyatt, 1998; Knobf, 1998; Lamb, 1996; Schover, 1991; Shell, 2002). Systemic treatment used in patients with breast cancer affects the ovaries, leading to ovarian insufficiency, and the vaginal epithelium, leading to vaginal dryness, causing symptoms similar to menopause, such as hot flashes and pain during sexual intercourse (Goodwin, Ennis, Pritchard, Trudeau, & Hood, 1999; Mortimer et al., 1999; Schag et al., 1993). As a result, patients with sexual desire have difficulty achieving arousal and orgasm (Carpenter, Johnson, Wagner, & Andrykowski, 2002; Shell). A study conducted by Barni and Mondin (1997) found that of 50 patients with breast cancer who had been surgically treated one year previously and were sexually active (96%), 64% had decreased sexual function after treatment. Common complaints were a loss of sexual desire (64%), decreased sexual desire (48%), difficulty in achieving orgasm (44%), vaginal dryness (42%), dyspareunia (38%), and vaginismus (30%). Researchers also reported that patients with breast cancer encounter sexual issues years after treatment, with most resolving after 10 years (Broeckel, Thors, Jacobsen, Small, & Cox, 2002; Ganz et al., 1998; Joly, Espie, Marty, Heron, & Henry-Amar, 2000; Young-McCaughan, 1996). Some studies (Berglund, Nystedt, Bolund, Sjöden, & Rutquist, 2001; Ganz et al., 1998; Onen, Elbi Mete, Noyan, Alper, & Kapkac, 2004; Wilmouth, Coleman, Smith, & Davis, 2004) emphasized individual and illness-related differences in sexual dysfunction, but others reported no significant difference in these variables. Speer et al. (2005) reported that, according to measurements in the Female Sexual Function Index (FSFI), chemotherapy, radiation therapy, mastectomy, lumpectomy, and tamoxifen...