

Consequences of Chemotherapy on the Sexuality of Patients With Lung Cancer

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Lung cancer occurs most frequently in the more developed countries of North America and northern Europe. Each year, it kills about 158,900 Americans (Dest, 2000). Recent demographic information indicates that the incidence of lung cancer has decreased slightly in men but continues to rise in women (Hoffman, Mauer, & Vokes, 2000). Although diagnosis and treatment of lung cancer have become more sophisticated, the overall one-year survival rate is 41% (Bakas, Lewis, & Parsons, 2001).

The two types of lung cancer are non-small cell and small cell carcinoma. Non-small cell lung cancer, the most common type (Cooley, 1998), constitutes 85% of lung cancer cases (John, 2001). Small cell lung cancer usually presents with distant metastasis at the time of diagnosis (John). Bone and brain metastases are common pathologies associated with small cell lung cancer.

Several chemotherapeutic agents are used to treat lung cancer (see Table 1). Paclitaxel and carboplatin are first-line therapy for non-small cell lung cancer. Paclitaxel can cause peripheral neuropathy, myalgia, arthralgia, fatigue, and myelosuppression. Carboplatin can cause nausea, vomiting, alopecia, and fatigue. Many of these side effects, such as fatigue, nausea, vomiting, and myalgia, affect sexual desire and the physical ability to engage in sexual activity. Neutropenia and thrombocytopenia may be significant enough that women with lung cancer must avoid penetration during sexual

Chemotherapy can cause a variety of physical and emotional changes that affect all aspects of patients' lives, including sexuality. Alterations in physical appearance can significantly influence people's perceptions of their sexual identities, attractiveness, and worthiness. Patients with lung cancer receiving chemotherapy may need sexual counseling. Therefore, patients and health-care providers should create an environment that allows adequate time to discreetly discuss the impact that chemotherapy treatment may have on appearance, self-esteem, and sexuality. Nurses and physicians might hesitate to discuss sexuality with patients for various reasons, including time limitations, privacy considerations, readiness, and comfort level. Employers should provide support, educational programs, and professional resources so that healthcare providers can obtain the knowledge, develop the skills, and recognize that counseling patients about sexual issues is an important aspect in providing comprehensive holistic care to patients with lung cancer.

activity (Wilkes, Ingwersen, & Barton-Burke, 2002).

Many healthcare providers have long ignored the impact that these side effects can have on intimate aspects of patients' lives. In addition, scant research and few reports about this topic exist in the biomedical literature. The purpose of this article is threefold. It will

- Describe the consequences that chemotherapy for lung cancer has on sexuality
- Identify the barriers to counseling patients about sexuality
- Make recommendations that may improve the sexual health of patients with lung cancer.

Consequences of Lung Cancer and Chemotherapy

Chemotherapy treatment can have a devastating impact on the quality of patients' lives. A Polish study examined aspects of quality of life (QOL) in patients with lung, gastric, and colorectal cancers (Scieszka, Zielinski, Machalski, & Herman, 2000). These three groups were surveyed before treatment and after 6–9 courses of adjuvant chemotherapy. Patients with lung cancer displayed the most dramatic changes in physical, emotional, and functional well-being as measured by the Functional Assessment of Cancer Therapy questionnaire. These patients experienced increased weakness, nausea, vomiting, and alopecia related to a more aggressive chemotherapy regimen that increased toxicity levels. Patients

with lung cancer had decreased abilities to carry out household tasks, enjoy meals, spend time with family and friends, and maintain daily functional activities. Chemotherapy affected QOL of patients with lung cancer more adversely when compared to QOL of patients with gastrointestinal cancers.

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