

Evidence-Based Practice for Symptom Management in Adults With Cancer: Sexual Dysfunction

Judith A. Shell, RN, PhDc, AOCN®

Purpose/Objectives: To provide a systematic review in relation to evidence-based practice for the management of sexual dysfunction in adults with cancer and to define the current state of knowledge about intervention for this symptom, the gaps and barriers in the current state of knowledge, and recommendations for public education and future research direction.

Data Sources: Articles published from 1980–2000, books, and practice standards.

Data Synthesis: Few tested interventions are available to treat sexual dysfunction in patients with cancer. Those dysfunctions investigated include hot flashes, vaginal dryness, bladder control, and sexual functioning in two breast cancer populations, and psychosocial issues in a remaining few. Many diverse interventions have been reported based on expert opinion and case study.

Conclusions: Although an abundance of literature exists related to the provision of interventions for sexual dysfunction in patients with cancer, few results are from randomized controlled clinical trials. Sexual dysfunction has been addressed extensively in the literature in relation to patients with cancer, but information is needed to ascertain the best assessment strategy and the best intervention, along with appropriate outcome criteria and research design. Description and control of the disease and treatment variables as outcome moderators are needed.

Implications for Nursing Practice: Reliable and valid interventions to promote sexual function are necessary as nurses intervene with patients and their partners. Practice guidelines are available but must begin to be based on research as well as expert opinion. As more research-based intervention information becomes available, clinicians will be able to provide care with greater confidence and certainty.

A cancer diagnosis can produce biomedical and psychosocial consequences such as the loss or decreased function of body organs, weakness and debilitation, energy reduction, altered body image, social isolation, and unanticipated demands on time and finances. All of these factors can and do affect patients' sense of self, often leading to an altered or diminished sexual self-concept (Bruner & Boyd, 1999; Spiegel & Diamond, 1998). Because human beings are sexual from the time of birth until their death, we have learned to accept the fact that sexuality is an inherent and important

Key Points . . .

- ▶ Background information is provided related to sexuality, and differences are defined between sexuality and physical sexual performance.
- ▶ Sexual assessment and when it should occur are discussed, and two techniques of sexual assessment are provided.
- ▶ Research instruments related to cancer and sexuality are reviewed; two specific instruments are explained, including their reliability and validity; and eight available research-based intervention studies are discussed.
- ▶ Nonresearch-based intervention articles are reviewed for several types of cancer (breast, colon, genitourinary, gynecologic, head and neck), and general sexuality articles are included.
- ▶ Prospective, longitudinal studies are needed to assess interventions for sexual dysfunction in the cancer population.

Goal for CE Enrollees

To enhance nurses' knowledge of studies reviewing evidence-based practice for sexual dysfunction symptom management.

Objectives for CE Enrollees

- On completion of this CE, the participant will be able to
1. Discuss methodologies used in analysis of evidence-based practice for symptom management of sexual dysfunction.
 2. Discuss some limitations acknowledged in the studies reviewed for the analysis.
 3. Discuss current state-of-the-science conclusions about evidence-based practice for symptom management of sexual dysfunction.

Judith A. Shell, RN, PhDc, AOCN®, is a licensed marriage and family therapist who provides medical therapy for patients and families at Osceola Cancer Center in Kissimmee, FL. (Submitted December 2000. Accepted for publication June 18, 2001.) Shell has written this article for the PRISM Assessment Project Team. It is one of a series of articles resulting from PRISM, a project funded through an unrestricted grant from Ortho Biotech Products, L.P. given to the ONS Foundation Center for Leadership, Information and Research.



Digital Object Identifier: 10.1188/02.ONF.53-69