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

Gulbeyaz Can, RN, PhD, Umran Oskay, RN, PhD, Zehra Durna, RN, PhD, Adnan Aydiner, MD, Pinar Saip, MD, Rian Disci, MD, and Ates Kadioglu, MD

Purpose/Objectives: To describe the sexual lives and factors affecting the sexuality of women with breast cancer receiving systemic treatment.

Design: Descriptive, correlational, cross-sectional study.

Setting: A breast cancer outpatient clinic.

Sample: 40 sexually active patients with breast cancer who received systemic treatment and 40 healthy women.

Methods: Participants completed an individual identification form, the Beck Depression Inventory, and the Female Sexual Function Index. Descriptive statistics and nonparametric tests were used to evaluate data.

Main Research Variables: Factors affecting the sexuality of patients with breast cancer.

Findings: Study participants had great difficulty discussing their sexual lives because of Turkish culture, but patients with breast cancer receiving systemic therapy had poorer sexual lives than healthy women. Depression level was the most significant variable for patients who stopped having sex; as the level of depression increased, so did the negative effect on sexual function. Women with breast cancer also experienced dyspareunia during treatment from decreased vaginal lubrication. As dyspareunia decreased, sexual function improved.

Conclusions: Addressing depression, a significant factor in the sexual lives of patients receiving systemic treatment, will increase the sexual function of patients with breast cancer receiving treatment.

Implications for Nursing: Holistic care should be given to patients diagnosed with breast cancer, including psychological support, an evaluation of patients' previous sexual lives, and information and coping strategies about the effect of the treatment regimen on sexuality.

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, Sjoden, & Rutquist, 2001; Ganz et al., 1998; Onen, Elbi Mete, Noyan, Alper, & Kapkac, 2004; Wilmoth, 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

Gulbeyaz Can, RN, PhD, is an assistant professor in the Department of Medical Nursing, Umran Oskay, RN, PhD, is an assistant professor in the Department of Obstetric and Gynecologic Nursing, and Zehra Durna, RN, PhD, is a professor in the Department of Medical Nursing, all in the Florence Nightingale College of Nursing; Adnan Aydiner, MD, and Pinar Saip, MD, are professors in the Department of Medical Oncology, and Rian Disci, MD, is a professor in the Cancer Epidemiology and Biostatistics Division, all in the Institute of Oncology; and Ates Kadioglu, MD, is a professor in the Department of Andrology with the Istanbul Medical Faculty, all at Istanbul University in Turkey. *(Submitted August 2007. Accepted for publication October 8, 2007.)*

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