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Review

Sexual functioning in young women in the context of breast cancer treatment



Monika Jankowska*

Clinical Psychology Unit, The Greater Poland Cancer Centre, Poznan, Poland

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ABSTRACT

Breast cancer is the most common type of cancer among women worldwide. The number of breast cancer survivors has been growing because of earlier detection and improved treatment. Young women under 50 years of age account for relatively small percentage of all newly diagnosed breast cancer patients. However, their medical and psychosocial context of the disease is unique. Breast cancer is diagnosed at the most productive time in life. Concerns about childbearing, partner rejection, sexual function, body image, sexual attractiveness and career are common. For all these reasons experience of breast cancer diagnosis and treatment among young women requires special attention. Researches indicate that oncological treatment may negatively affect female sexual functioning. Chemotherapy is one of the greatest risk factors of sexual dysfunctions, especially when it results in medication-induced menopause. The duration and severity of sexual problems depend on a wide variety of factors: medical, psychological and interpersonal. These side effects may last for many years after the end of treatment. It is known that breast cancer affects both patients and their partners. The first sexual experience after surgery may be a turning point in sexual adaptation in couples. Communication is crucial in this process. More knowledge about sexual difficulties and sexual adaptation process of young breast cancer survivors (YBCSs) and their partners is needed. Knowing protective and risk factors is necessary to identify couples at risk for sexual dysfunctions in order to professionally support them in the best way and at the right time.

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1. Introduction

Breast cancer is the most common type of cancer in women in the USA and both in the developed and developing countries in Europe. Young women under 50 years of age account for a relatively small percentage of all newly diagnosed breast

cancer patients. For example, in the USA women under the age of 50 constitute approximately 24%,¹ in the United Kingdom – 10%,² in Poland – 18.2% of all women diagnosed with breast cancer. Incidence rates have remained relatively stable over the past 20 years while mortality has decreased. As a result, more young women are becoming long-term survivors.

* Corresponding author. Tel.: +48 61 885 08 82.

E-mail address: monikaajankowska@o2.pl

Earlier diagnosis and advances in breast cancer treatment have led to a growing number of breast cancer survivors. As a result, the quality of life issues have become a matter of great importance and particular attention has been paid to sexuality.

2. Aim

This study reviews the literature to present up-to date research findings on sexual life among YBCSs. Firstly, from individual perspective, it describes side effects of every treatment modality (surgery, radiotherapy, chemotherapy, and hormonal therapy) on female sexuality and short-term and long-term consequences from the very beginning to years after the end of treatment. Secondly, dyadic perspective is used to show the ways by which couples can cope with the challenges of the disease.

Scientific articles were searched via the PubMed and Medline browsers and the web using the phrases: *breast cancer, young women, premenopausal, sexual, and sexual functioning*. References given in the articles were also used.

3. Younger women – the unique experience

The experience of breast cancer diagnosis and treatment in young women requires special attention because of the unique medical and psychosocial context of the disease.

Younger women are diagnosed at more advanced stages than older women.³ Early detection is much more difficult than in postmenopausal women because younger population is not screened as rigorously as the older one and because of lower sensitivity of mammography due to greater breast density in this population. Breast cancer is more likely to be estrogen-receptor-negative, poorly differentiated with lymphovascular invasion.⁴ They have poorer 5-year prognosis and receive more aggressive treatment. Breast conserving surgery, highly desirable, is associated with increased risk for local recurrence in women under age of 35, while young patients treated with mastectomy have a similar recurrence rate as older ones.^{3,4}

What is more, young women are in a development period of the highest productivity, when partners are chosen, families settled, careers started and professional aspirations fulfilled. Young adulthood is a particular time when sexual activity is an important aspect of life. Facing up breast cancer diagnosis and treatment, young women have to cope with multiple role demands as a partner, a mother, an employee and the demands of a life-threatening illness. It is noteworthy to mention that women under the age 50 are mostly premenopausal, married or in committed relationships, many have children at home and many continue childbearing, with higher percentage of single women and women without children in comparison to older women.⁵ This unique context creates special vulnerability. As a result, Young Breast Cancer Survivors (YBCSs) have poorer quality of life and emotional well-being, higher rates of depressive symptoms, more disruptions in body image, more difficulties in relationship, especially in communication, they experience concerns about

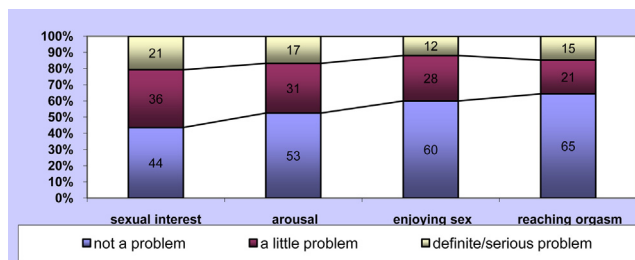


Fig. 1 – The prevalence of sexual problems within 2–7 months after breast cancer diagnosis.⁶

fertility, premature menopause and higher rate of sexual problems than older BCSs.

Numerous studies report that diagnosis and breast cancer treatment may have a detrimental effect on female sexual functioning. In Fobair's study,⁶ about half of women experienced severe or moderate sexual problems in early months after diagnosis. These data show the magnitude of the problem (Fig. 1). In addition, the sexual sphere for young women seems to be indispensable to fulfill their developmental tasks.

4. Female sexuality – M. Basson's model

Neither the linear model proposed by Masters&Johnson, nor Kaplan's model is adequate to describe female sexuality. Both of them stress the importance of vaginal reactions and fit well with male sexual response. Nowadays, we know that female sexual response is highly individual and contextual with the overlapping phases and the circular model is the most appropriate to capture the true essence of female sexual experience (Fig. 2).⁷

Female sexual functioning depends on many factors: medical, psychological, interpersonal and sociocultural. They play an important role in the occurrence and severity of sexual dysfunctions (Table 1).

In the context of breast cancer treatment, a lower level of sex hormones and alteration in body image, poor emotional well-being, and low quality of relationship with a partner may decrease libido, affect subjective arousal and lubrication leading to painful intercourses and anorgasmia. The loss of sexual satisfaction due to pain and disappointment remarkably reduces sexual activity and the quality of relationship both in the affected women and her partner.

5. Sexual functioning versus treatment modalities

5.1. Surgery

The loss or deformation of a breast as a result of mastectomy or breast reconstructive surgery can evoke a lot of negative feelings regarding body image.⁸ It could be especially difficult for younger women because of their youth and high social and cultural expectations of physical beauty. Although the type of surgery – mastectomy versus breast-conserving surgery – has no direct impact on sexual functioning, altered body

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