Sexual dysfunction among breast cancer survivors in adjuvant endocrine treatment

Andersen, M. F.; Højgaard, Astrid Ditte; Rotbøl, Charlotte Birkmose; Jensen, A. B.

Publication date: 2019

Document Version
Publisher's PDF, also known as Version of record

Link to publication from Aalborg University

Citation for published version (APA):
ABSTRACT

The prevalence of sexual dysfunction among breast cancer survivors (BCS) is inadequately described and is often under-recognized by clinicians at follow up visits of BCS independent of their age. Low libido, Anorgasmia, Vaginal dryness and Dyspareunia are important impairments in sexual function causing personal distress, and are inadequately addressed among BCS on adjuvant endocrine therapy (AET). Hence sexual health is an important topic for BCS and should be addressed before and during their cancer treatment. We conducted a cross-sectional survey among 333 BCS who were currently treated with AET for breast cancer and completed all primary treatment (surgery, radiation therapy, CT) for BC stages 0-III, ≥18 years of age, female gender, no previous cancer diagnosis, except non-melanoma skin cancer, were not pregnant or breastfeeding, had no recurrent disease and no previous cancer diagnosis. The study was supported by a grant from the Danish Cancer Society. The participants filled in the following questionnaires: The Beck Depression Inventory (BDI) was used to measure depression symptoms. The International Consultation on Incontinence Modular Questionnaire- Female Sexual Matters (ICIQ-FLUTS-Female) was used to assess lower urinary tract symptoms. The Female Sexual Function Index (FSFI) measured female sexual function. The Sexual Complaint Screener – Women (SCS-W) assessed symptoms of sexual distress and the International Consultation on Incontinence Modular Questionnaire - Female Sexual Matters associated with Lower Urinary Tract Symptoms (ICIQ-FLUTSsex) was used to measure symptoms of sexual distress. The Beck Depression Inventory (BDI) was used to assess depression symptoms. The International Consultation on Incontinence Modular Questionnaire - Female Sexual Matters associated with Lower Urinary Tract Symptoms (ICIQ-FLUTSsex) was used to measure symptoms of sexual distress. The Beck Depression Inventory (BDI) was used to assess depression symptoms. The International Consultation on Incontinence Modular Questionnaire - Female Sexual Matters associated with Lower Urinary Tract Symptoms (ICIQ-FLUTSsex) was used to measure symptoms of sexual distress. The Beck Depression Inventory (BDI) was used to assess depression symptoms. The International Consultation on Incontinence Modular Questionnaire - Female Sexual Matters associated with Lower Urinary Tract Symptoms (ICIQ-FLUTSsex) was used to measure symptoms of sexual distress. The Beck Depression Inventory (BDI) was used to assess depression symptoms. The International Consultation on Incontinence Modular Questionnaire - Female Sexual Matters associated with Lower Urinary Tract Symptoms (ICIQ-FLUTSsex) was used to measure symptoms of sexual distress.

N=333, Mean age: 58.74 ± 10.13 years. 227 women were sexually active, of which 134 (59%) qualified for having sexual dysfunction (SD). Of the 134 sexually active BCS with SD, 114 experienced their sexual life as worse or much worse after BC, and 78 BCS believed the change to be due to the cancer treatment. The study was supported by a grant from the Danish Cancer Society.

METHODS

A survey-based, cross-sectional cohort study

Conducted from April 2018 to May 2019 at Aarhus University Hospital and Aalborg University Hospital, Denmark.

Inclusion criteria:
- female gender
- ≥18 years of age
- current treatment with AET for ≥3 months.
- completion of all primary treatment (surgery, radiation therapy, CT) for BC stages 0-III,
- currently no clinical evidence of recurrent disease.

Exclusion criteria:
- other cancer diagnosis, except non-melanoma skin cancer,
- vaginal bleeding of unknown etiology <12 months prior to inclusion,
- current treatment with antidepressants,
- history of radiation to the vaginal area.

The participants filled in the following questionnaires:
The Female Sexual Function Index (FSFI)
The Sexual Complaint Screener – Women (SCS-W)
The International Consultation on Incontinence Modular Questionnaire - Female Sexual Matters associated with Lower Urinary Tract Symptoms (ICIQ-FLUTSsex)
The Beck Depression Inventory (BDI)
Subscales of the Cancer Rehabilitation Evaluation System (CARES)
Sexual dysfunction (SD) was defined in accordance with the DSM-V and ICD-11 as a persistent impairment in sexual function (≥6 months) causing personal distress [ref].

RESULTS

N=333, Mean age: 58.74 ± 10.13 years. 227 women were sexually active, of which 134 (59%) qualified for having SD:

Table 1. Distress related to individual impairments

<table>
<thead>
<tr>
<th>Symptom</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low libido</td>
<td>154</td>
<td>54%</td>
</tr>
<tr>
<td>Anorgasmia</td>
<td>80</td>
<td>26%</td>
</tr>
<tr>
<td>Lack of arousal</td>
<td>83</td>
<td>25%</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>70</td>
<td>21%</td>
</tr>
</tbody>
</table>

CONCLUSIONS

- SD was highly prevalent among sexually active BCS on AET
- SD was perceived as a long-term side effect of BC treatment by two thirds of BCS with SD.
- Vaginal dryness was the strongest predictor of SD.
- Low libido was the most common impairment in sexual function.
- Dyspareunia was the most distressing.
- Age was not related to neither prevalence of SD nor the degree of distress caused by the impairments.

Sexual health is an important topic for BCS and should be addressed by the clinicians at follow up visits of BCS independent of their age.

REFERENCES