

Sexual dysfunction in women with breast cancer: The role of community midwives in early detection

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In recent years, many studies have shown that breast cancer causes significant changes in women's sexuality. Breast cancer is a threat to female sexuality due to the symbolism of the breast in female sexuality, sexual pleasure, and femininity of women^{1,2}.

Women who underwent mastectomy developed depression, body image disorder, and sexual dysfunction², which negatively affected their self-perception³. The physical and emotional effects of cancer on women and their treatment affect their sexuality. Depression, pain, vaginal dryness and sleep disturbance are factors that contribute to the onset of sexual dysfunction^{1,4}.

Women's sexual dysfunction is directly related to body image and sexual expression, which are in turn affected by mastectomy and the side effects of their treatment (chemotherapy, radiotherapy and hormone therapy), not to mention the partner's empathy with the emotional state of the woman⁵⁻⁷. Chemotherapy causes the highest rate of sexual dysfunction compared to other treatments⁸.

In younger women, sexual dysfunction is associated with chemotherapy and premature menopause⁹. Side effects from treatment combined with premature menopause, loss of sexuality and vaginal dryness are major problems for women¹.

Similarly, a study shows that sexual problems stem from psychological factors, such as a negative body image, the feeling that they are not wanted by their partners, the perception of the couple's relationship, etc¹⁰.

The main sexual dysfunctions^{1,7,8,11,12} that women experience after being diagnosed with breast cancer include: dyspareunia, vaginal dryness, decreased pleasure, fear of loss of fertility, negative body image, loss of femininity, loss of attractiveness, decreased sexual arousal, fatigue, decreased desire and sexual interest, lack of empathy in the intimacy of the couple's relationship, anxiety, depression, etc.

In contrast, an interesting study showed opposite results. Women tended to also react quite differently with their sexual behavior; there were positive changes such as increased tenderness and affection. The frequency may be affected but not the quality of their sexual function¹³. In addition, women who underwent breast reconstruction had a better sex life, fewer depressive symptoms and a better body image². The quality of a woman's relationship may be an important predictor of sexual dysfunction^{1,2,14}.

Difficulty in communication, lack of empathy by the partner, difficulty in resolving conflicts, lack of support from the partner, distress, lack of understanding and love, are signs of aggravation of sexual functions¹⁴.

Nevertheless, most women who experience sexual harassment find it difficult to seek care^{12,15}, for fear of not finding the right one. However, a recent study reports that a large percentage of women and their partners have not received any information about sexuality¹⁶.

Women's sexual health is not directly addressed by community midwives and other health professionals. Detecting and treating sexual dysfunction requires deeper understanding, communication and training of community midwives and other health professionals involved^{1,6,17}.

Breast cancer may be a potential threat to female sexuality; however, community midwives and other health professionals do not seem to be sufficiently aware of the impact of breast cancer on women's sexuality¹.

Community midwives and other health professionals are often reluctant to inform women and their partners about sexuality after being diagnosed with cancer¹⁶. Community midwives need to be aware of the subjectivity of women's sexual changes, as well as be

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KEYWORDS

breast cancer, sexuality, sexual dysfunction



Received: 7 May 2022

Revised: 23 November 2022

Accepted: 7 December 2022

properly trained on the topic¹³.

Midwives and other health professionals should evaluate, inform, and cultivate women's sexual health in a climate of trust, intimacy, and active listening so that they can appreciate the women's concerns and difficulties, in order to be able to suggest solutions and act accordingly^{8,17}.

Community midwives in conjunction with an interdisciplinary team should identify the variables that affect sexual function and plan interventions⁷, as well as refer women to the appropriate professionals.

In addition to pharmaceutical and non-pharmaceutical solutions, improvement in sexual function has been observed in women undergoing cognitive-behavioral therapy (CBT)⁶. Psychoeducational interventions, enhanced communication with the woman, counseling for women and couples, group therapy as well as couple therapy, show a significant improvement in sexual mood and a positive body image^{8,17,18}. Finally, midwife-based group education on sexual dysfunction and midwifery sexual counseling have been shown to improve women's sexual health^{19,20}.

Community midwives, who are close to women, need to be well-informed and well-trained on the sexuality of women with breast cancer. Usually, women are willing to report their sexual concerns in an environment in which they feel more comfortable.

REFERENCES

- Gilbert E, Ussher JM, Perz J. Sexuality after breast cancer: a review. *Maturitas*. 2010;66(4):397-407. doi:10.1016/j.maturitas.2010.03.027
- Archangelo SCV, Sabino Neto M, Veiga DF, Garcia EB, Ferreira LM. Sexuality, depression and body image after breast reconstruction. *Clinics (Sao Paulo)*. 2019;74:e883. doi:10.6061/clinics/2019/e883
- Faria BM, Rodrigues IM, Marquez LV, da Silva Pires U, de Oliveira SV. The impact of mastectomy on body image and sexuality in women with breast cancer: a systematic review. *Psicooncologia (Pozuelo de Alarcón)*. 2021;18(1):91-115. doi:10.5209/psic.74534
- Ribi K, Luo W, Walley BA, et al. Treatment-induced symptoms, depression and age as predictors of sexual problems in premenopausal women with early breast cancer receiving adjuvant endocrine therapy. *Breast Cancer Res Treat*. 2020;181(2):347-359. doi:10.1007/s10549-020-05622-5
- Fobair P, Stewart SL, Chang S, D'Onofrio C, Banks PJ, Bloom JR. BODY IMAGE AND SEXUAL PROBLEMS IN YOUNG WOMEN WITH BREAST CANCER. *Psychooncology*. 2006;15(7):579-594. doi:10.1002/pon.991
- Boswell EN, Dizon DS. Breast cancer and sexual function. *Transl Androl Urol*. 2015;4(2):160-168. doi:10.3978/j.issn.2223-4683.2014.12.04
- Cobo-Cuenca AI, Martín-Espinosa NM, Sampietro-Crespo A, Rodríguez-Borrego MA, Carmona-Torres JM. Sexual dysfunction in Spanish women with breast cancer. *PLoS One*. 2018;13(8):e0203151. doi:10.1371/journal.pone.0203151
- Runowicz CD, Leach CR, Henry NL, et al. American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline. *CA Cancer J Clin*. 2016;66(1):43-73. doi:10.3322/caac.21319
- Burwell SR, Case LD, Kaelin C, Avis NE. Sexual problems in younger women after breast cancer surgery. *J Clin Oncol*. 2006;24(18):2815-2821. doi:10.1200/JCO.2005.04.2499
- Brédart A, Dolbeault S, Savignoni A, et al. Prevalence and associated factors of sexual problems after early-stage breast cancer treatment: results of a French exploratory survey. *Psychooncology*. 2011;20(8):841-850. doi:10.1002/pon.1789
- Pinto AC. Sexuality and breast cancer: prime time for young patients. *J Thorac Dis*. 2013;5(Suppl 1):S81-S86. doi:10.3978/j.issn.2072-1439.2013.05.23
- Lopresti M, Rizack T, Dizon DS. Sexuality, fertility and pregnancy following breast cancer treatment. *Gland Surg*. 2018;7(4):404-410. doi:10.21037/gs.2018.01.02
- Cairo Notari S, Favez N, Notari L, Panes-Ruedin B, Antonini T, Delaloye JF. Women's experiences of sexual functioning in the early weeks of breast cancer treatment. *Eur J Cancer Care (Engl)*. 2018;27(1):e12607. doi:10.1111/ecc.12607
- Speer JJ, Hillenberg B, Sugrue DP, et al. Study of sexual functioning determinants in breast cancer survivors. *Breast J*. 2005;11(6):440-447. doi:10.1111/j.1075-122X.2005.00131.x
- Hill EK, Sandbo S, Abramsohn E, et al. Assessing Gynecologic and Breast Cancer Survivors' Sexual Health Care Needs (Sexual Care Needs of Cancer Survivors). *Cancer*. 2011;117(12):2643-2651. doi:10.1002/cncr.25832
- Albers LF, Van Ek GF, Krouwel EM, et al. Sexual Health Needs: How Do Breast Cancer Patients and Their Partners Want Information? *J Sex Marital Ther*. 2020;46(3):205-226. doi:10.1080/0092623X.2019.1676853
- de Almeida NG, Knobf TM, de Oliveira MR, Salvetti MG, Oriá MOB, Fialho AV. A Pilot Intervention Study to Improve Sexuality Outcomes in Breast Cancer Survivors. *Asia Pac J Oncol Nurs*. 2020;7(2):161-166. doi:10.4103/apjon.apjon_56_19
- Taylor S, Harley C, Ziegler L, Brown J, Velikova G. Interventions for sexual problems following treatment for breast cancer: a systematic review. *Breast Cancer Res Treat*. 2011;130(3):711-724. doi:10.1007/s10549-011-1722-9
- Sasanpour M, Azh N, Alipour M. The Effect of a Midwife-Based Group Discussion Education on Sexual Dysfunction Beliefs in Rural Postmenopausal Women. *Int J Womens Health*. 2020;12:393-397. doi:10.2147/IJWH.S242621
- Ören B, Zengin N, Yazıcı S, Akıncı AÇ. Attitudes, beliefs and comfort levels of midwifery students regarding sexual counselling in Turkey. *Midwifery*. 2018;56:152-157. doi:10.1016/j.midw.2017.10.014

CONFLICTS OF INTEREST

The authors have each completed and submitted ICMJE Form for Disclosure of Potential Conflicts of Interest.

FUNDING

There was no source of funding for this research.

ETHICAL APPROVAL AND INFORMED CONSENT

Ethical approval and informed consent were not required for this study.

DATA AVAILABILITY

Data sharing is not applicable to this article as no new data were created.

PROVENANCE AND PEER REVIEW

Not commissioned; internally peer reviewed.

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