

Psychological and Sexual problems in Breast Cancer Survivors

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Abstract

Background: The word cancer in itself consider to be synonymous for something very dangerous or even death sentence; it is often associated with disruption of physical, psychological and sexual wellbeing of individual and near and dear ones especially the spouse. We carried out a survey to know the associated morbidity other than physical wellbeing and try to find out what people often consider the causes for such dysfunctions. **Objectives:** This cross sectional study was planned to know about aspects of life and problems faced by patient and spouse other than cancer itself. **Subjects and methods:** 100 female patients along with their husbands interviewed using open ended questionnaire. Questionnaires were prepared after literature review, expert consultations and patient's usual concerns and finally 7 constraint areas were identified which include cosmetics, physical barriers, psychological factors, daily activities, social aspects, physiological sexual factors and religion. **Results:** Survey included 100 women of ages 28 to 74 years along with their spouses (husbands). Out of these 62 were sexually active while interviewed. All of them completed their treatment in form of surgery, chemotherapy and radiotherapy. 17 females underwent breast conservation surgeries while 83 received mastectomy; 71 patient underwent radiotherapy while all of them received chemotherapy. Out of 62 females who were sexually active 14 females were less than 40 years and 39 patients between 40-50 years and all were premenopausal before initiation of treatment while 9 patients were above 50 and postmenopausal. The physiological reasons, spouse related factors and personal stress were found to be most common problems. Only 5 patients and their spouses reported no issues with their sexual life and all of them were post breast conservation surgeries. **Conclusion:** Present survey results shows very high psychosexual and behavioural changes in patients and spouses of breast cancer. The reason for such problems ranged from physiological barriers to personal stress and financial constraints. Loss of cosmesis and physical pain also found to be affecting sexual functions. A need is seen to emphasize on patient's spouse and treating doctor communication which may help improve the sexual issues.

Introduction

Cancer diagnosis and its management rattles all facets of patient and it's family life. Other than physical ailments, psychological issues confronted by such patients are also supremely important. Disruptions in quality of life and activity of daily living occur early and are well investigated and explored. Psycho-sexual problems and internal representation of partner related issues are also being eminently perceived. Our work was

centralized on the patients of breast cancers where post operated physical and other form of treatment related sequels physically impedes sexual activities. Lately, it has been found that body dysmorphity, loss of womanity, anxiety for intimate relations, and depression have also been found to effect sexuality [1]. This has been found to be even higher in patients who have also been sexually abused [2]. This study was done to address the psychosexual issues faced by the breast cancer patients and to quantify the magnitude of these problems

Materials and methods

Between June 2022 and March 2023 an open ended survey was carried out to find out and gain understanding of the sexual dysfunctions and related psychological issues faced by breast cancer patients undergoing treatment with curative intent and their spouses. To determine the extent to which sexual activity is affected and what is extent of communication in this regard with their partners and doctors.

An interview was carried out using an open ended questionnaire with 100 breast cancer patients and their spouses. Using the information from experts as well as literature, 7 construct areas were identified where the cancer patients are likely to face problems. These 7 construct areas namely cosmetics, physical barriers, psychological factors, daily activities, social aspects, physiological sexual factors and religion were included in the open ended questionnaire and the patients were asked to rank them.

From the data obtained, the frequency of the problems listed by the patients and the frequency of the ranks given for the 7 construct areas were calculated.

Results

The survey consisted of 100 women with breast cancer and their spouses. Out of these 14 were below 40 years,39 were between 40-50 years and 47 were above 50 years and in total 62 were sexually active till the time of interview while 38 were not. (Table 1).

Type of treatment received by these patients includes surgery (radical and breast conservative),chemotherapy and radiotherapy in different combinations. (Table 2).

The physiological reasons, spouse related factors, fatigue, old age, lack of privacy and pain were found to be the common problems faced by the patients.Many patients also reported financial problems as the cause of sexual dysfunction (Table 3).

Only 5 patients (1st rank) reported that there were no sexual issues that they faced.

The spouses of the patients reported diminishing of the sexual drive and arousal, disruption of climax cycle due to partner experiencing pain or not showing any interest (non participation in sexual act or being passive).

Table-1 Patients Demography-

Age			Sexual Activity	
<40	40-50	>50	Active	Inactive
14	39	47	62	38

Table-2 Type of Treatment Recieved

Chemotherapy	Surgery		Radiotherapy
100	Conservative	Radical	76
	17	83	

Table-3 Frequency of Problems

Problem	First rank	Second rank	Third rank	Fourth rank
Fatigue	13	22	15	40
Old age	25	08	04	01
Psychological factors	11	19	26	17
Spouse related	09	13	10	07
Lack of privacy	03	06	05	-
financial	27	18	22	29
Pain	07	13	18	06
No issues	05	01	-	-

Discussion

The results of the present survey shows that almost all cancer patients and their spouses face psychosexual problems only the magnitude and communication in this regards differ. Physiological problems faced by the patients due to disease and treatment sequel are the foremost. Some of these are unavoidable while others can be dealt with proper treatment delivery and counselling.

Alder et al (2008) [3] looked at the effect of androgen deprivation on sexual dysfunction in premenopausal patients with breast cancer and found sexual dysfunction in 68% of their patients, this was attributed to the menopause attained due to cancer chemotherapy and hormonal therapy. Both high dose as well as conventional chemotherapy has been found to be associated with sexual dysfunction [4]. Vaginal lubricants, and moisturizers may help to reduce vaginal dryness and dysperunia in this subset of patients [5].

It has been thought that the body image disturbances and sexual dysfunction will be more in patients undergoing mastectomy compared breast conservation, however, recent study in 112 Turkish patients showed no difference in terms of sexual dysfunction irrespective of type of surgical procedure [6].

They also identified that the sexual dysfunction occurred early and hence a need for proper counseling before the start of the treatment could not be understated [6]. Similar results have been reported by other authors [7]. This was in contrast to the earlier study of avis et al (2004)[8] and Gorisek et al 2009 [9], who found higher sexual dysfunction in patients undergoing mastectomy. The problem was attributed to lack of interest in sex to a greater extent while the effect of body image was found to be moderate. Similar results in premenopausal patients have been reported by Burwell in 2006 [10].

Though not enough data is available the testosterone therapy appears to be one alternative that may help the patients in improving vaginal dryness, dysperunia, loss of libido, and help in overcoming difficulties with orgasm [11]. However, its use cannot be universally recommended due to limited data on its safety [12]. Limited data is available in women with bilateral mastectomy (prophylactic), and this suggest even a lower body image and sexual interest that become apparent within first year of surgery in nearly half of the patients [13]. Sexual problems have also been studied in special populations with breast cancer; worse sexual functioning has been found in Hispanic women, despite nearly same body image [14]. positive cognitive restructuring, wishful thinking, emotional expression, disease acceptance, increased religious practice, family and social support, and yoga and exercise are found to be the common coping strategies in women with breast cancer [15].

A number of our patients reported having psychological problems as has been seen in the literature. Christie et al compared the sexual adjustment in Hispanic and non Hispanic women and found that Hispanic women had significantly less sexual desire, greater difficulty relaxing and enjoying sex, and greater difficulty becoming sexually aroused and having orgasms than non-Hispanic White women [17]. Presence of distress has been found to adversely affect the sexual functioning [18,19].

High levels of mutual constructive communication between Patients and partners leads to greater marital adjustment, regardless of their own sexual satisfaction, while marital adjustment leads to sexual dissatisfaction at low levels of mutual constructive communication [16], thus suggesting that communication is an important factor in psycho-sexual dysfunction as has been observed in the present study. Park et al too found the communication to be an important factor and suggested that patient-physician communication too is important factor in predicting sexual morbidity [20]. Interpersonal sensitivity refers to the predisposition to perceive and elicit criticism and rejection from others; lack of sociability refers to chronic difficulties taking the initiative in interpersonal situations, Siegel et al., showed that the interpersonal sensitivity is related to sexual dysfunction and not the sociability [21]. Rowland et al., [22] showed in a randomized control trial using a group education intervention improve the communication and partner adjustment thus reducing the sexual morbidity

Conclusions

This study demonstrate high rate of psychosexual problems in Indian breast cancer patients, and suggests that interventions including counselling may help some of these patients and their partners to overcome such problems and live a happy life.

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