

Sexual Dysfunction Related to the Treatment of Young Women With Breast Cancer

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Breast cancer is the most common nonskin cancer in women in the United States; during their lifetime, women have a 13.4% chance of developing breast cancer (American Cancer Society, 2005). Breast cancer typically occurs in women older than 50 years and the incidence increases as women age, but women who are younger than 50 also can be diagnosed with breast cancer. In 2005, an estimated 60,000 women aged 20–50 will develop breast cancer (American Cancer Society). Fortunately, many viable options for treatment exist, and women are living much longer after diagnosis. However, many breast cancer survivors experience lasting side effects and changes in quality of life related to the diagnosis and treatment of cancer (Graf & Geller, 2003; Wilmoth & Ross, 1997). In particular, sexual dysfunction is an overlooked quality-of-life issue; indeed, a breast cancer diagnosis “has a unique, often complex impact that raises concerns related to femininity, sexuality, body image, self-esteem, and mortality” (Kunkel & Chen, 2003, p. 714).

Younger women with breast cancer are especially vulnerable to sexual dysfunction because they typically do not experience a natural menopause during this time in their lives (Ganz, Greendale, Petersen, Kahn, & Bower, 2003). Younger women are more likely to experience premature menopause related to chemotherapy given to treat breast cancer. Premature menopause can elicit a multitude of emotional and physical changes that have the potential to result in sexual dysfunction (Berglund, Nystedt,

Women have a 13.4% chance of developing breast cancer over their lifetime, and an estimated 60,000 women aged 20–50 will develop breast cancer in 2005. Surgical, radiologic, and chemotherapeutic treatments used to treat breast cancer can alter women’s body image and menopausal status, ultimately affecting sexual health. A diagnosis of breast cancer is more traumatic for young women because of psychosocial concerns, side effects of treatment, and a potentially shortened life expectancy. Alterations in sexual health interfere with intimate relationships. Nurses can play a pivotal role in improving the sexual health of young women with breast cancer. This article explores the potential side effects of treatment that can affect sexual health, the unique needs of young women, and nursing interventions that systematically address sexual health concerns.

Bolund, Sjoden, & Rutquist, 2001; Ganz et al., 2003; Knobf, 2001; Rogers & Kristjanson, 2002; Schover, 1994). Other treatment effects from surgery, radiation therapy, hormonal therapy, and biologic therapy also may impact sexuality. Oncology nurses who care for younger women with breast cancer must be well versed in the impact of the disease and treatment on sexual function. Therefore, the purpose of this article is to describe the basis for potential sexual dysfunction and clinical care management of younger women who are diagnosed with breast cancer.

Sexuality and the Impact of Treatment

Sexuality is multifaceted and involves the integration of personality, culture, intel-

lect, and body image (Hordern, 2000). Sexuality also has emotional, physical, and social aspects (Wilmoth & Ross, 1997). Sexual health is the ability to enjoy sexual activity without emotional or physical discomfort (Bruner & Boyd, 1999; Mick & Cohen, 2003). The diagnosis and treatment of breast cancer may have a detrimental effect on sexual health because of changes in body image, fertility, physical well-being resulting in emotional distress, and sexual dysfunction (Wilmoth, Coleman, Smith, & Davis, 2004). Morbidity related to sexual dysfunction in people with breast cancer is extremely high (Stead, 2003; Thors, Broeckel, & Jacobsen, 2001). The main-

tenance of sexual health is an important quality-of-life issue for people with cancer.

Surgery

Regardless of whether a woman undergoes lumpectomy, mastectomy, and/or reconstruction, breast cancer surgery has the potential to alter body image because it results in disfigurement. Early publications on sexual dysfunction related to breast cancer treatment focused on the amount of breast

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