



## Sexual Dysfunction among Female Patients with Breast Cancer in Middle East: A Narrative Review

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### Abstract

**Objective:** To review studies published concerning Sexual dysfunction among female patients with breast cancer.

**Methods:** Electronic databases SCIENCE DIRECT, PUBMED, CINHAL, EBSCO, SCOPUS, and UPTODATE have been searched to identify relevant studies, 4 studies selected after appraisal.

**Results:** Sexual dysfunction among female patients with breast cancer is common and it is not well recognized, the medical staff at breast cancer clinics need to be trained regarding sexual dysfunctional issues.

**Keywords:** Sexual dysfunction; Breast cancer; Female patients

### Introduction

Breast cancer considered as the second common malignancy internationally [1]. Unfortunately (65%) of the patients with breast cancer will suffer from the disease for the next 20 years. First the earliest stage, about most of the women diagnosed with breast cancer will continue with the disease for 5 years or more, compared with 3 in 20 women when the disease is diagnosed at the latest stage [2], among women who would survive it should not be underestimated the effect of the cancer on their quality of life, on their marital life and sexuality. Living with breast cancer leads to returning toward familiar things “new normal”. Sexual Dysfunction (SD) is a major issue, that seriously impacts females in the survivorship period, it is troublesome to come back to “new normal” life [3-5]. As a result of these they got poorer quality of life at youth age, treatment with chemotherapy, total mastectomy, emotional distress for an unsatisfactory sexual life, and difficulties with mates because of sexual relationships [6].

### Methods

Electronic databases SCIENCE DIRECT, PUBMED, CINHAL, EBSCO, SCOPUS, and UPTODATE have been searched to identify relevant studies, 30 studies identified, only 3 studies from Middle East selected after appraisal.

### Results

The first paper is from Iran, titled (Sexual function in breast cancer patients: A prospective study from Iran), this study was conducted by Harirchi et al. in 2012 and published on Journal of Experimental & Clinical Cancer Research, it is a prospective study observed changes on 277 breast cancer female patients before and after receiving treatment.

This study observed breast cancer patients attending the Cancer Institute in Tehran, Iran. The inclusion criteria of the study were: A confirmed diagnosis of breast cancer (any stage). A married and sexually active woman.

Assessment of the patient’s occurred twice: Once before the surgical operation and once after surgery and completion of adjuvant therapy (3 months after chemotherapy or radiotherapy at first follow-up visits).

Assessment of sexual function done through the Female Sexual Function Index (FSFI) which is a 19-items questionnaire with six sub-items: Arousal, orgasm, sexual desire, lubrication, satisfaction and pain. The total score of the FSFI ranges from 2 to 36 (the highest is the better). An Iranian version of the questionnaire is used (the cutoff point is 28).

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cited.

Ethical consideration obtained from the ethics committee of Tehran University of Medical Sciences. Informed consent filled by all the participants and they got the right to withdraw at any time.

Unfortunately the published paper didn't mention if the participants got a financial reward or not, but they got the right to withdraw at any time.

Only 216 participants completed the course of the study because some of them didn't like to complete the study and some of them didn't complete the questionnaires (attrition).

Results showed a high prevalence of sexual dysfunction among Iranian ladies underwent treatment of breast cancer at Tehran Cancer Institute, this is related to the younger ages in terms of: poorer quality of life, decreased sexual functioning, menopausal symptom distress, and psychosocial distress related to infertility.

Management of breast cancer treatment side effects (hot flushes for example) is suggested to be of utmost importance by the study.

Limitations of the study including lack of data on women's menopausal status and use of tamoxifen *vs.* aromatase.

The study concluded that the younger age and the poor sexual function at time of diagnosis are associated with sexual dysfunction among Iranian ladies patients with breast cancer who received their treatment in Cancer institute, Tehran.

The second paper is from Tunisia titled (Sexuality after breast cancer: cultural specificities of Tunisian population) conducted by Mnif et al. and published on the Pan African Medical Journal in September 2016.

The small sample size (50 ladies) is statistically valid but what is the exact number of breast cancer patients in Tunisia? This could affect greatly the validity of the sample size and how much it is representing the study population.

The selected participants should be at remission for at least 3 months period in this study, not on active treatment by any means (chemical or radiographic), and be able to communicate. Patients with metastatic tumors were excluded. All the participants underwent surgery by Department of Gynecology, Sfax university hospital in the period of 2010 to 2013, and received their adjuvant oncology treatment.

The registered patients in Sfax university hospital contacted and only 50 patients were enrolled in the course of the study (15 couldn't be reached, 5 passed away, and 10 refused).

Sexuality and body image was evaluated through the specific scale of breast cancer QLQ-BR23, An Arabic translation of this questionnaire is already approved by the authors of the instrument. Screening for emotional disorders has been done using the HAD scale (Hospital anxiety and depression scale) 14 items developed by Zigmond and Snaith in 1983 Arabic validated version used. The data were analyzed using the SPSS in its 11<sup>th</sup> version.

The marital relationship affected clearly it was good before illness for 43 patients (91.48%) and confrontational for 4 patients (8.52%). Thirty-two patients (68.08%) among 47 married describe a change in their marital relationship after cancer.

It was found that 42% of patients in this study were anxious and 44% were depressive.

The study suggested more educational focus on the issue for the physicians, it is approved that the partners became less interested sexually toward the breast cancer wife.

Although the mean age of participants in this Tunisian study was around 43 years, we cannot ignore its results, but may other studies aiming toward younger patients could be more interesting.

Here comes the 3<sup>rd</sup> paper and for this time it is from Morocco, the title is: (Breast cancer treatment and sexual dysfunction: Moroccan women's perception) by Sbitti et al. The BMC Women's Health journal has published it in 2011.

The study population was the ladies who attended oncology department at university military hospital (Rabat, Morocco) from December 2009 to February 2010.

Informed consent filled by 120 ladies who were known to have breast cancer (histological evidence), underwent radical or conserving breast surgery and received medical treatment; those patients who had pelvic surgical operation history were excluded.

Two well recognized tools used to measure the study variables those are the body image scale (BIS designed for the assessment of body image in cancer patients, concerning impact of treatment on self-consciousness, physical and sexual attractiveness, femininity, satisfaction with body and scars, body integrity, and avoidance behavior) and the Female Sexual Function Index (FSFI).

The questionnaires were translated to Arabic language by a team of experts, the participants mean age was 45.3 years, one third of the participants were illiterate, and all of them were married before their wellbeing was disrupted by breast cancer.

Half of the participants experienced one body image problem, one third experienced two, and 17% had a continuous body image problem.

The most common sexual problem was dyspareunia (65%), lubrication difficulties (54%), absence of sexual desire (48%) reduced sexual desire (64%), inhibited female orgasm (40%), lack of satisfaction (37%), brevity of intercourse and arousal (38%).

Almost all these problems were absent before diagnosis and management, mostly before chemotherapy, to a lesser extent before surgery and radiotherapy.

The study found that all the participants hadn't been discussed about their sexual health by healthcare professionals after the variable treatment remedies.

The study recommendations were emphasizing the importance of healthcare provider's role toward sexual problems and body image problems among their breast cancer survivors.

## Discussion

The Iranian study concluded that the younger age and the poor sexual function at time of diagnosis are associated with sexual dysfunction among Iranian ladies patients with breast cancer who received their treatment in Cancer institute, Tehran.

The Tunisian study suggested more educational focus on the issue for the physicians, it is approved that the partners became less interested sexually toward the breast cancer wife; more studies focusing on more younger patients are needed.

The Moroccan study found that half of the participants experienced one body image problem, one third experienced two, and 17% had a continuous body image problem.

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## Results

Sexual Dysfunction among female patients with breast cancer is common and it is not well recognized, the medical staff at breast cancer clinics need to be trained regarding sexual dysfunctional issues.

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