

Valerie Burger, RN, MA, MS, OCN®-Associate Editor

## Acknowledging Female Sexual Dysfunction in Women With Cancer

Jennifer Lynne Anderson, ARNP, AOCNP®

Female sexual dysfunction (FSD) is a common side effect of cancer and cancer treatments. Assessing for sexual dysfunctions in women with cancer is a vital component of helping women to have better, more satisfying sexual experiences. FSD is not widely addressed in most healthcare facilities or by healthcare providers, but it is a topic that all providers should be discussing with their female patients.

Jennifer Lynne Anderson, ARNP, AOCNP<sup>®</sup>, is an advanced registered nurse practitioner at the Lakeland Regional Cancer Center in Lakeland, FL. The author takes full responsibility for the content of the article. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Clinical Journal of Oncology Nursing* or the Oncology Nursing Society. Anderson can be reached at janderson227@ hotmail.com, with copy to editor at CJONEditor@ons.org.

Digital Object Identifier: 10.1188/13.CJON.233-235

58-year-old Caucasian female named M.R. had a radical cystectomy for treatment of a recurrent aggressive high-grade carcinoma of the bladder about a year ago. M.R. is selfconscious about her urostomy bag and feels that her husband no longer finds her attractive. The few times she attempted sexual intercourse with her husband, she had to stop because of vaginal dryness and pain with penetration. She feels embarrassed to talk about her sexuality and is resigned to not being able to have sex anymore.

During M.R.'s follow-up appointment, the nurse conducted a typical assessment, but did not ask about M.R.'s sexuality. The nurse reported to the physician that the patient was doing well with the urostomy and had no complaints at this time. The physician proceeded to ask the patient about the urostomy, her bowels, and her overall health status. The visit was concluded and the physician told the patient he would see her back in six months for a checkup. Neither the nurse nor the physician asked M.R. about her sexual health.

## Female Sexual Dysfunction

Unfortunately, M.R.'s experience is common for women treated for cancer. Female sexual dysfunction (FSD) is a side effect of cancer and cancer treatments including surgery, chemotherapy, radiation, and the use of other medications. Although all cancers have the potential to affect sexual functioning, the following cancers pose the greatest risk for sexual side effects: bladder, breast, cervical, colon, ovarian, rectal, uterine, and vaginal (Mayo Clinic, 2011). The alterations that occur may be physical, emotional, or hormonal in nature (Mayo Clinic, 2010). FSD can be categorized into four broad disorders: orgasm disorder, sexual arousal disorder, sexual desire disorder, and sexual pain disorder (American Psychiatric Association, 2000). Each disorder is described in more detail in Table 1.

## Treatments

Various treatment options for FSD are available, including medications, devices, education, counseling, and support groups. Newer therapies such as Internet- and telephone-based support groups offer a wider range of patient access to interventions for treating FSD (Reese, Porter, Somers, & Keefe, 2012; Wiljer et al., 2011). Some of the medications used are vaginal moisturizers such as Replens<sup>®</sup>, KY® liquibeads, and vitamin E gel caps, which can be used to address issues of vaginal dryness (American Cancer Society, 2011); estrogen or androgen therapy for hormonal imbalances (Mayo Clinic, 2010); and testosterone and Viagra® for low libido (Jordan, Hallam, Molinoff, & Spana, 2011). In addition, topical estrogen can help improve vaginal blood flow, increasing lubrication and effecting vaginal tone and elasticity (Mayo Clinic, 2010), and antidepressants, such as Wellbutrin® (bupropion) and dehydroepiandrosterone have been shown to increase sexual desire (Kingberg, 2011). Vaginal dilators, instruments that gradually increase in size to help stretch the vagina to allow for finger or penile insertion, can be used for vaginal narrowing (Basson et al., 2003).

Education and counseling also can be beneficial in treating the emotional distress that leads to FSD. A study evaluating the effectiveness of sexual health counseling on adolescents and young adults with cancer demonstrated that counseling can provide benefits including more cancerrelated sexual knowledge, an increase in confidence, an improvement in perception of body image, and a decrease in concerns about expressing affection and feeling attractive to one's partner (Canada, Schover, & Li, 2007).

## Assessment

Assessing for sexual dysfunctions in women with cancer is vital to help