

Cancer of Any Type Can Cause Prolonged Sexual Dysfunction

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(PhysOrg.com) -- Cancer often leads to significant and long-term disruption in sexual function and intimacy, regardless of the type of cancer or how far along the patient is in the treatment plan, according to a new study from Duke Clinical Research Institute (DCRI) appearing in the journal *Psycho-Oncology*.

While most previous studies have focused on patients with cancer in sex-related organs, like breast, prostate, or gynecological cancer, the current research included patients with all types of cancer.

“We discovered that having cancer -- any kind of cancer -- can alter a patient’s sex life,” said Kathryn Flynn, PhD, an assistant professor at the DCRI and the first author of the study. Researchers found that in some patients problems persisted long after treatment was over.

But researchers also found that changes in sexual function were not necessarily correlated with a decline in [sexual satisfaction](#). “That’s an important distinction we feel needs to be recognized by researchers who are working on better ways to measure quality of life among people with cancer,” Flynn added.

Flynn says the study is one of the most comprehensive in the field, involving information gathered from 16 focus groups of 109 men and women with many different types of cancers in all stages of treatment who agreed to let investigators in on some of the most private aspects of their lives.

“There are multiple questionnaires that have been used to measure sexual function and intimacy, but none appears to cover the rich depth and breadth that patients with cancer experience,” says Flynn. “We hope these results from our work with these focus groups will be useful in designing something better.”

As part of an NIH network called PROMIS -- Patient-Reported Outcomes Measurement Information System -- a panel of oncologists, sex experts, mental health professionals, and outcomes researchers reached out to patients directly to better understand the nature, scope, and importance of sexual functioning in their everyday lives.

"We found that the most commonly discussed cancer treatment-related impediments to sex were fatigue and weight gain," Flynn said. "For women, hair loss was another impediment. Other barriers were specific to cancer type: Lung cancer patients, for example, reported that shortness of breath was a problem. Incontinence was an issue for patients with prostate cancers, and patients who had colon cancer said ostomy bags got in the way of sexual activity."

There were some notable differences between men's and women's views about sex. The authors found that feeling sexually attractive was more important than frequency of sexual activity for women. On the other hand, men viewed decreased frequency of sex more negatively than women did.

Both men and women reported that loss of sexual desire was a problem. And while some patients in post-treatment groups reported that that sexual desire had returned, it never did for others.

Flynn says that one of the most interesting findings that may improve how sexual function is measured came from participants' revelations about the complex relationships between sexual function and intimacy

and satisfaction with their sex life.

Their experiences tended to fall into one of four categories:

- Intimacy declined when sexual activity declined. Men and women both reported feeling isolated and sometimes pushing a partner away when sexual intercourse was not possible.
- Intimacy became an alternative to sexual activity. Some participants found that emotional intimacy was an acceptable substitute for sexual activity and were satisfied with the closeness it brought about.
- Intimacy became sexual activity. A minority of participants redefined sex so that the activities they could participate in (e.g., holding hands) were what they considered their sex life.
- Increased intimacy led to improvement in [sexual activity](#). A number of patients let changes in sexual function provide an opportunity to find additional means of sexual expression that actually expanded their pleasure with each other.

“There is no doubt that sexual function and intimacy are important aspects of quality of life for people with cancer and their partners,” says Flynn. “The next step will be to use the information we gleaned from our patients to create new survey questions about [sexual function](#) that better represent the experiences that [cancer](#) patients have.”

Provided by Duke University

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