

Sexual Function in Breast Cancer Patients with different adjuvant medical treatment

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Introduction/ Objective

This study investigates female sexual function in breast cancer patients. In this regard we describe the effects of different treatments (breast conserving surgery versus mastectomy) and different therapy (chemotherapie, endocrine therapy and no therapy) on female sexual function by testing the FSFI-d.

Methods

The FSFI questionnaire was developed by Rosen et al. (2000)¹. The validity and reliability of the German Female Sexual Function Index (FSFI-d) was approved by Berner et al. (2004)². The FSFI is a 19-item questionnaire which provides scores on sexual function (six domains: *desire, arousal, lubrication, orgasm, satisfaction, pain* and a total score).

A full sample size of one hundred and ninety five female breast cancer patients ($N = 195$, $M_{age} = 52$ years, age range: 33-66 years) receiving chemotherapy, endocrine therapy or no therapy and/or previously obtained chemotherapy, endocrine therapy or no therapy completed the FSFI-d (Female Sexual Function Index) questionnaire.

- In the current therapy group seven woman ($n = 7$, 3.6%) received chemotherapy, one hundred and twelve ($n = 112$, 57.4%) received endocrine therapy and seventy six ($n = 76$, 39.0%) did not receive adjuvant therapy.

- In the previous therapy group forty five ($n = 45$, 23.1%) received chemotherapy, sixty six ($n = 66$, 33.8%) received endocrine therapy and fifty eight ($n = 58$, 29.7%) did not receive adjuvant therapy.

- One hundred and fifty five ($n = 155$, 79.5%) had breast conserving surgery and forty two ($n = 45$, 21.5%) received mastectomy.

Results

- All our participants were evaluated with female sexual dysfunction compared to Rosen's FSFI normal control. The full score of FSFI-d for all ages was $M = 21.18 \pm SD 10.59$ (see Table 1). Female sexual function decrease with increasing age in our patients compared to Rosen's normal control. The cut-off score to be diagnosed with female sexual function was 26.5 according to Wiegel et al. (2005)³

- Comparing the three therapy groups significance could be detected in the domains of desire $F(2,194) = 5.74$, $p = .004$, lubrication $F(2,194) = 4.05$, $p = .019$ and pain $F(2,194) = 5.64$, $p = .004$ (see Figure 1). Especially women who received chemotherapy showed the biggest differences in this domains in comparison to the other two groups.

- The total result of FSFI-d decreases from $M = 24.15 \pm SD 10.51$ in women between thirty three to forty four years of age, to $M = 18.67 \pm SD 10.18$ in women older than fifty nine years of age. The greatest effects could be detected within those two groups in the domains of arousal and lubrication (see Figure 2).

Conclusion

From this research it seems that breast cancer survivors are at increased risk for female sexual dysfunction. Especially the domains of desire, lubrication and pain show statistical significance.

References:

- Rosen, R., Brown, C., Heiman, J., Leiblum, S., Meston, C., Shabsigh, R., Ferguson, D., D'Agostino, JR., R. (2000). The Female Sexual Function Index (FSFI): A Multidimensional Self-Report Instrument for the Assessment of Female Sexual Function. *Journal of Sex & Marital Therapy*, 26,191-208.
- Berner, M., Kriston, L., Zahradnik, H-P., Härter, M., Rohde, A. (2004). Validity and Reliability of the German Female Sexual Function Index (FSFI-d). *Geburts Frauenheilk*, 64, 293-303.
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Table 1
Comparison FSAD patients and normal control from Rosen et al and our study

	Normal Control Rosen et al (2000) N = 131	FSFI-d Our study N = 195
FSFI Domains	M SD	M SD
Desire	6.9 ± 1.89	2.84 ± 1.3
Arousal	16.8 ± 3.62	3.33 ± 1.8
Lubrication	18.6 ± 3.17	3.55 ± 2.2
Orgasm	12.7 ± 3.16	3.47 ± 2.2
Satisfaction	12.8 ± 3.03	3.80 ± 2.3
Pain	13.9 ± 2.79	4.00 ± 1.8
Full score	30.5 ± 5.29	21.18 ± 10.6

Figure 1
Comparison chemotherapy, endocrine therapy, no therapy

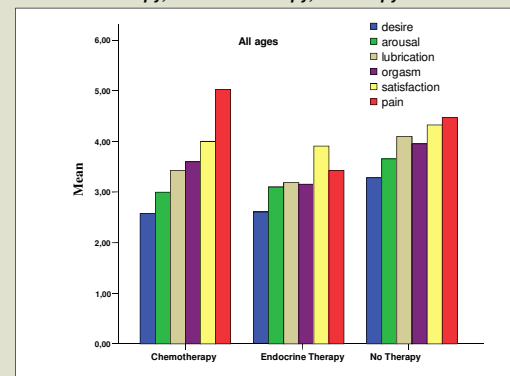


Figure 2
All age cohorts in comparison

