



Addressing Intimacy & Sexuality in Women with Breast Cancer

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Introduction

- Breast cancer is one of the most common cancers with one of the largest proportions of survivorship. A common issue faced by women following diagnosis is related to their sexual health (Boswell & Dizon, 2015), but it is often neglected by healthcare providers (Katz et al., 2022).
- Sexual activity is an important activity of daily living and issues in this area can negatively impact self-esteem and quality of life (Mohammad, 2017).
- Purpose:** To explore the experiences of women with a history of breast cancer regarding potential challenges and education relating to intimacy and sexuality.

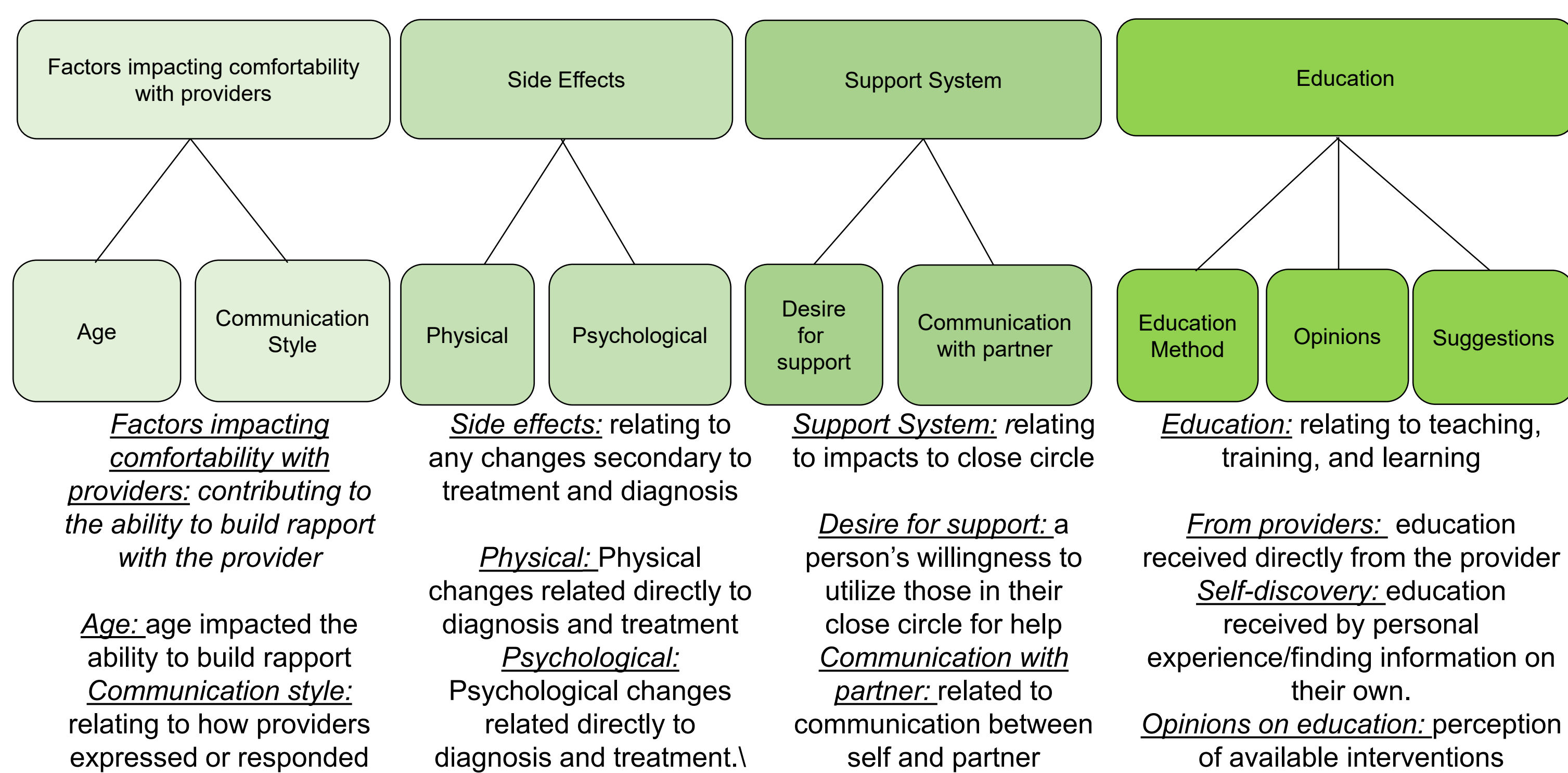
Methods

- Design: Phenomenological qualitative study
- Participants: Women with a history of breast cancer contacted via telephone from a previous research study and flyer
- Data Collection and Analysis:
 - Informed consent signed by all participants.
 - Female Sexual Distress Scale – Revised (FSDS-R) was administered during screening.
 - Semi-structured Zoom interviews with eight open-ended questions were conducted and coded using thematic analysis to identify patterns in their experience since the diagnosis.

Results

- 10 participants were included in the research study and had an average age of 56.3 years (range, 43–66 years); 80% were White and 90% were married (Table 1)
- Around 80% of the women had an FSDS-R score over or equal to 11, which is indicative of sexual distress, with the overall average score being 25.5.
- Four themes and nine subthemes were identified from the results: comfortability, side effects, support system, and education (Figure 1).

Figure 1. Thematic analysis of the interviews



Results (cont.)

Table 1. Demographics of the participants

Sample Characteristics	n	%	Mean (range)
Average age (range)	-	-	56.3 (43-66)
Race			
AA or Black (N/%)	2	20	-
White	8	80	-
Marital Status			
Married	9	90	-
Divorced or separated	1	10	-
Sexual Orientation			
Heterosexual (N/%)	10	100	-
Time since diagnosis			
2-3 years	2	20	-
3-4 years	8	80	-
Course of treatment*			
Hormone therapy and or medications	6	60	-
Surgery	7	70	-
Radiation	6	60	-
Chemotherapy	7	70	-
Type of surgery*			
Mastectomy	5	50	-
Breast Construction	2	20	-
Lumpectomy	4	40	-
Lymphadenectomy	1	10	-
Double reduction and lift	1	10	-
Treatment status			
In remission	8	80	-
Actively in treatment	2	20	-
Sexually active			
Yes	8	80	-
No	2	20	-
FSDS-R score			25.5 (7-45)

Note. N = 10. *Women reported multiple courses of treatment and types of surgery, therefore, percentages as a collective will not equal 100%.

Discussion

- Side effects reported by participants in the current study are consistent with previous research regarding changes in women following a diagnosis of breast cancer (Vegunta et al., 2022).
- Lack of preparation for side effects was consistent for most participants in this study.
- Communication between patients and providers impacted education. Contextual and personal factors played a role in communication.
- Changes begin with the patient but can also alter relationships surrounding them due to the psychological impact of treatment and caring for an individual in treatment.
- Addressing intimacy and sexuality requires education from a psychological and physical standpoint for both patients and their partners.

Discussion (cont.)

- There is a disconnect between patients and the healthcare system that required many women in this study to utilize self-discovery as a mode of education during their journey.
- There is a need to further investigate where the disconnect lies and how to enhance access to sexual healthcare for BCS.

Limitations & Future Research Design

- Small sample size
- Lack of diversity (marital status, sexual orientation, and race)
- Results included experiences of women who reported having no difficulty in intimacy and sexuality.
- Other ideas include research on the perspective of spouses during survivorship or the experiences of health care providers when addressing intimacy and sexuality.

Conclusion

- Many changes secondary to diagnosis and treatment directly affect breast cancer survivors when participating in valued occupations.
- Breast cancer survivors (BCS) have trouble with sexual activity and intimacy and have reported having limited interventions to remediate challenges.
- Future investigators should attempt to gain further insight into four areas: (1) rapport building between patients and providers, (2) BCS preparation for side effects, (3) effects on the BCS support system, and (4) how to improve education for BCS.

References

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Acknowledgement & Contact information

Special thanks to the 10 survivors who shared their experiences with me.
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