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Factors affecting women's sexual life after oncological treatment of breast cancer

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Abstract

Introduction and purpose: Breast cancer is the most common malignant tumor among Polish women. However, with the development of medicine, new methods of treating and detecting breast cancer are accessible. In consequence, there is a significant decrease in mortality and an increase in the number of detected cases. Therefore, the needs and difficulties faced by women with breast cancer, including those related to their sexuality, require a different approach. This paper aims to present the impact of breast cancer treatment on women's sexuality based on a review of the available literature.

Description of the state of knowledge: There are many methods of treating breast cancer, but mastectomy, one of the most radical therapies, is performed in almost half of the patients. There is a high percentage of psychological complications associated with this procedure, among others, since female breasts are perceived as attributes of femininity. Women diagnosed with breast cancer face concerns about self-esteem and body image. Breast cancer has a notable impact on sexuality, and cancer diagnosis and oncological cancer treatment are associated with several physical and psychosocial uncertainties. The lack of a native breast can cause a sense of imperfection, shame, and fear of rejection by the partner.

Summary: Health professionals should concentrate on the sexual health of women with breast cancer because it is frequently overlooked and assigned less priority. The return of sexual satisfaction and acceptance of the new body appearance should be a component of successful breast cancer treatment.

Keywords: breast cancer, sexuality, mastectomy, self-acceptance

Streszczenie

Wprowadzenie i cel: Rak piersi jest najczęstszym nowotworem złośliwym wśród Polek. Wraz z rozwojem medycyny dostępne są nowe metody leczenia i wykrywania raka piersi. W konsekwencji następuje znaczny spadek śmiertelności i wzrost liczby wykrytych przypadków. Dlatego potrzeby i trudności, z jakimi borykają się kobiety z rakiem piersi, w tym związane z ich seksualnością, wymagają innego podejścia. Celem pracy jest przedstawienie wpływu leczenia raka piersi na seksualność kobiet na podstawie przeglądu dostępnego piśmiennictwa.

Opis stanu wiedzy: Istnieje wiele metod leczenia raka piersi, jednak mastektomię, czyli jedną z najbardziej radykalnych metod leczenia, wykonuje się u prawie połowy pacjentek. Z zabiegiem tym wiąże się wysoki odsetek powikłań psychologicznych, między innymi związane z postrzeganiem kobiecych piersi jako atrybutu kobiecości. Kobiety, u których zdiagnozowano raka piersi, mają obawy dotyczące poczucia własnej wartości i obrazu własnego ciała. Rak piersi ma znaczący wpływ na seksualność, a diagnoza raka i jego onkologiczne leczenie wiąże się z kilkoma fizycznymi i psychospołecznymi niepewnościami. Brak rodzimej piersi może powodować poczucie niedoskonałości, wstydu i lęku przed odrzuceniem przez partnera.

Podsumowanie: Pracownicy ochrony zdrowia powinni koncentrować się na zdrowiu seksualnym kobiet z rakiem piersi, ponieważ jest ono często pomijane i przypisuje się mu mniejszy priorytet. Powrót satysfakcji seksualnej i akceptacja nowego wyglądu ciała powinny być składową skutecznego leczenia raka piersi.

Słowa kluczowe: rak piersi, seksualność, mastektomia, samoakceptacja

Introduction

Breast cancer is the most common global malignancy and the leading cause of cancer deaths [1]. According to the World Health Organization, 2.3 million women received a breast cancer diagnosis, and 685 000 women died from breast cancer worldwide in 2020 [2]. Breast cancer is the most prevalent cancer among Polish women and is characterized by the second-highest cancer mortality [3]. Breast cancer is most common in women between 55 and 65 and is significantly less common in younger women. On the other hand, patients in the younger age group tend to be larger, in more advanced stages, have positive lymph nodes, and have a weaker prognosis [4].

Breast Cancer arises from the cells of the breast gland, develops locally in the breast, and can spread to lymph nodes and internal organs (lungs, liver, bones, and brain) [5]. In the glandular tissue of the breast, breast cancer develops in the epithelium of the ducts (85%) or lobules (15%) [6]. Numerous factors can affect the development of breast cancer. Scientific studies indicate that significant risk factors can give rise to cancerous processes in the breast area. Mentioned are obesity, lack of physical activity, genetic predisposition, and age [7]. It is worth noting that the methods of treating and detecting breast cancer have improved significantly in recent years. There is a marked decrease in mortality and an increase in the number of detected cases [8]. The prognosis is generally favorable when breast cancer is revealed early and treated effectively. Awareness of these changes inclines reflection on women's needs and difficulties with breast cancer. Radiation therapy, chemotherapy, and hormone therapy are possible treatments [9]. Despite the availability of conservative treatment, mastectomy, one of the most radical treatment methods, is performed in almost half of the patients [10]. There is a high rate of psychological complications associated with this procedure as it remarkably affects self-esteem, femininity, and body image. It can be even more traumatizing for some women than the cancer diagnosis [11].

Description of the state of knowledge

Sexual Health

A breast cancer diagnosis can be a potentially life-threatening event for a woman as it is highly stressful. In the face of adaptation and hesitation about health, issues related to the quality of sexual life should not be a priority area of interest. However, it is essential to note that physical and mental health are closely related to sexual health, and sexuality is an integral aspect of human functioning. Sexual health includes the issues of body image, and breast cancer changes the perception of one's appearance in a particular way, thus significantly affecting the sexual sphere [12]. From the moment of diagnosis, women's breasts, which are a very intimate sphere of the body, are constantly assessed. They are the focus of the interest of the medical personnel, family, and partner. Women diagnosed with breast cancer face concerns about self-esteem and body image. Oncological treatment of breast cancer is associated with several physical and psychosocial uncertainties that can harm women's sexuality [13]. Due to the detrimental consequences on quality of life, the impact on self-esteem and interpersonal relationships, and the association with recurrent emotional disorders, the World Health Organization (WHO) recognizes sexual dysfunction as a public health problem [14]. Oncological patients must overcome many challenges that will allow them to return to total sexual health: reduced self-attractiveness, decreased libido, sexual dysfunction, a sense of imperfection, and fear of rejection [15]. As already mentioned, there are various treatment options for breast cancer, and choosing a specific therapy will have several consequences. Surgical tumor excision is often performed, usually combined with systemic treatment - chemotherapy and hormone therapy [16]. Women undergoing chemotherapy often experience severe side effects that significantly affect their sense of attractiveness - hair loss, weight gain, nausea, vomiting, and chronic fatigue. Chemotherapy can cause vaginal dryness, irritation, and painful intercourse (dyspareunia) [17]. In one study, approximately 38% of breast cancer patients were diagnosed with depression and 32% with anxiety [18]. These patients felt less attractive, had significant stress concerning hair loss, and many had lost interest in sexual life. Even if the patient's sexual life was satisfying before the condition, elements like stress, pain, exhaustion, injury to one's body image, and low self-esteem as a result of the therapies might change how the affected woman behaves sexually [19].

Breast cancer in younger patients

Younger patients are particularly concerned about the quality of their sexual life, in whom, as already mentioned, the course of the cancer is often more aggressive. The potential problems are family responsibilities, childcare concerns, relationships, changes in one's body image, marital conflict, and exclusion from healthy peers [20]. Younger women are more likely to experience sexual dysfunction because their sexual identity and self-esteem correlate more closely with their sexual desire. Chemotherapy and its endocrine side effects lead to premature menopause, diminished sexual function, and hormonal changes due to menopause [21,22]. Kedde et al., in their study of young women struggling with breast cancer, describe that 64% of patients who were still receiving treatment and 45% of patients who had finished treatment reported having a sexual dysfunction. It is worth noting that only half of the women were informed about the possible complications of oncological treatment related to sexuality [23]. Champion et al. make similar conclusions. About 41% of the young women surveyed said their sexual relationships had deteriorated, and about 40% said their sexual satisfaction had decreased. It suggests that young cancer survivors are more likely to experience long-term quality-of-life problems than survivors diagnosed later [24]. The results of a multicenter study involving more than 800 women, evaluating the association between the extent of surgery (breast-conserving surgery, unilateral mastectomy, and bilateral mastectomy) and psychosocial and quality of life outcomes, show that sexuality and body image scores were significantly lower in women who underwent bilateral mastectomy compared to those who underwent breast-conserving surgery. The authors also clearly emphasize the importance of guaranteeing those young women are informed about surgery's immediate and long-term repercussions and given support when making treatment decisions [25].

Half-woman complex

In public opinion, women's breasts are perceived as attributes of sexuality and motherhood, a symbol of femininity and sensuality. Because breasts are associated with femininity or physical attractiveness, their loss (partial or complete) becomes, for many patients, not only the loss of one of the organs but also a disturbance in perceiving themselves as a full-fledged woman. In the literature, this is referred to as the “half-woman complex” [26]. Women's quality of life has decreased due to breast cancer treatment and its effects. However, satisfaction with sex life will imply various things to distinct women. Measurements of quality of life should be examined and form an essential component of the treatment and recovery process [27]. Mastectomy is a significant source of tension, uncertainty, embarrassment, and dread for breast cancer patients who fear losing their appearance.

The complicated situation of women after a mastectomy is influenced by one more factor - the modern culture that promotes the perfect appearance of women on social media [28].

Impact of mastectomy

Patients who have undergone amputation of one or both breasts are in a challenging situation. The lack of a native breast can cause a sense of imperfection, shame, and fear of rejection by the partner. The results of the nationwide project "Sexuality of women after mastectomy" show that breast cancer negatively affects the sexuality and quality of life of women up to 18 months after mastectomy and 5 years after breast removal [29]. It is natural that, in the face of illness, various questions are asked, including existential ones; there are reflections on the value and meaning of life - involving sexual life. Mastectomy can negatively affect women on many levels, extensively impairing their sex life, their desire or arousal, sexual satisfaction, and ability to achieve orgasm, or manifested by vaginal dryness. Following a mastectomy, one's self-esteem and perspective of their body change. Women fear returning to their everyday lives because they feel inadequate and incomplete. Patients still require expert assistance years after their treatment has ended to lessen the adverse effects of mastectomy [30]. Studies have shown that six months after mastectomy, 67.9% of patients did not feel in the fullness of their femininity, and in 79%, the frequency of sexual intercourse decreased; three years after surgery, 61.7% of patients were still married, while 38.3% were divorced or separated [31]. Mathias et al. showed that 25% of women, after radical mastectomy and systemic therapy, developed depression of varying severity and sexual problems associated with decreased libido. [32]. The analyzed data show that the most satisfied with the procedure and the cosmetic result are patients who underwent breast-conserving treatment and the least satisfied after mastectomy, who are also the most convinced of the negative impact of breast amputation on their personal lives. Patients declared the highest quality of life after mastectomy with simultaneous breast reconstruction [33].

Reconstruction after mastectomy

Breast reconstruction following mastectomy has developed into a crucial component of all-encompassing care for patients with breast cancer. Breast reconstruction was initially formed to lessen chest wall abnormalities and mastectomy-related problems. However, it is now understood that reconstruction can enhance breast cancer patients' mental well-being and general quality of life [34]. Breast reconstruction is a medically safe treatment that increases a patient's self-confidence without raising the risk of relapse or delaying identifying a local recurrence. Breast reconstruction after mastectomy positively affects the perception of the body and makes the recovery process and oncological therapy a less traumatic experience for a woman. As a result of breast reconstruction, women can regain their pre-cancer body, which is extremely valuable from a psychological point of view. Compared to women without breast reconstruction, those who underwent breast reconstruction had significantly higher life satisfaction and less stress [35]. In a study that compared the FSFI (Female Sexual Function Index) between women who underwent mastectomy alone and those who underwent mastectomy reconstruction, it was found that sexual function improved in the second group of women. This improvement is likely due to improved body image and self-esteem. The feeling of being mutilated and the desire to re-accept their appearance are why women decide to have breast reconstruction. They intend to regain the body image they had before the diagnosis. The primary motivation was the rediscovery of their attractiveness, which gave women more self-confidence in social and everyday contact and intimate relationships [36]. A sensation of mutilation and a desire to once again accept one's look is why women decided to have breast reconstruction. Women strive to increase their attention to themselves to counteract the detrimental effects of having a mastectomy. They intend to regain the body image they had before their diagnosis. A significant motivation was rediscovering one's attractiveness, which offered women more self-assurance in social and everyday interactions and intimate relationships [28]. The general quality of life of women is considerably improved by the breast reconstruction procedure. The procedure enhances physical attractiveness and boosts self-acceptance and self-esteem. Restructuring enhances sex life satisfaction and relationships with partners. [37]

The role of the healthcare professionals

It is essential to consider a woman's sexuality on an individual level. Regaining acceptance of appearance is crucial. Even though sexuality is an integral part of human life, the issue of sexual health is often marginalized by healthcare professionals and treated leniently. Issues of sexuality are rarely addressed in communication between patients and physicians. Women do not receive enough information about possible sexual health complications [38]. Regardless of the type of treatment chosen or its stage, women who experience sexual problems should receive appropriate support and professional help. Early recognition of sexual dysfunctions will help avoid their long-term effects and protect women from severe consequences [30]. The surgery's consequences should be emphasized before the mastectomy so that the woman can express her expectations about her appearance [39]. What is important, women with breast cancer anticipate more assistance

from their physicians, which may be the impetus for making adjustments to medical students' education and implementing postgraduate training in this field. [40]

Conclusions

Breast cancer can significantly impair women's sexual functioning. Satisfaction with sex life and acceptance of the new physical appearance is, for many women, an essential component of completing breast cancer treatment [19]. Unfortunately, after the cancer diagnosis, the patient is not always informed about the consequences and possible sexual disorders during therapy. It occurs that medical staff does not ask about sex life and its changes during treatment. Although sexual difficulties should have been addressed, most patients believed their healthcare practitioners did not mention them [41]. All women should be aware of the potential adverse effects on sexuality, fertility, and body image when breast cancer treatment is planned.

It is worth noting that sexuality can be an embarrassing topic for women. During the hardships and sufferings associated with cancer therapy, women may treat their sexual health as secondary, less important. Therefore, healthcare professionals should raise the topic of sexual health for all patients with breast cancer, especially since they are one of the few categories of people who can make a real contribution to improving the quality of women's sex lives.

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