Sexual Dysfunction among Female Patients with Breast Cancer in Middle East in the Last Decade: A Narrative Review November 2019

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Abstract

Objective: To review studies published concerning Sexual Dysfunction among female patients with breast cancer.

Methods: Electronic databases SCIENCE DIRECT, PUBMED, CINAHL, EBSCO, SCOPUS, and UPTODATE have been searched to identify relevant studies, 30 studies identified, only 3 studies from Middle East selected after appraisal.

Results: Sexual Dysfunction among female patients with breast cancer is common and it is not well recognized, the medical staff at breast cancer clinics need to be trained regarding sexual dysfunctional issues.

Keywords: Sexual dysfunction; Breast cancer; Female patients

Introduction

Breast cancer considered as the second common malignancy internationally [1]. Unfortunately (65%) of the patients with breast cancer will suffer from the disease for the next 20 years. I the earliest stage, about most of the women diagnosed with breast cancer will continue with the disease for 5 years or more, compared with 3 in 20 women when the disease is diagnosed at the latest stage [2]. Among women who would survive it should not be underestimated the effect of the cancer on their quality of life, on their marital life and sexuality. Living with breast cancer leads to returning toward familiar things "new normal" . Sexual Dysfunction SD) is a major issue, that seriously impacts females in the survivorship period, it is troublesome to come back to "new normal" life [3-5]. As a result of these they got poorer quality of life at youth age, treatment with chemotherapy, total mastectomy, emotional distress for an unsatisfactory sexual life, and difficulties with mates because of sexual relationships problems [6].

Methods

Electronic databases SCIENCE DIRECT, PUBMED, CINAHL, EBSCO, SCOPUS, and UPTODATE have been searched to identify relevant studies, 30 studies identified, only 3 studies from Middle East selected after appraisal.


Ethical consideration obtained from the ethics committee of Tehran University of Medical Sciences. Informed consent filled by all the participants and they got the right to withdraw at any time.

Unfortunately the published paper didn't mention if the participants got a financial reward or not, but they got the right to withdraw at any time.

Only 216 participants completed the course of the study because some of them didn't like to complete the study and some of them didn't complete the questionnaires (attrition).
Results showed a high prevalence of sexual dysfunction among Iranian ladies underwent treatment of breast cancer at Tehran Cancer Institute, this is related to the younger ages in terms of: poorer quality of life, decreased sexual functioning, menopausal symptom distress, and psychosocial distress related to infertility.

Management of breast cancer treatment side effects (hot flushes for example) is suggested to be of utmost importance by the study.

Limitations of the study including lack of data on women's menopausal status and use of tamoxifien versus Aromatase.

The study concluded that the younger age and the poor sexual function at time of diagnosis are associated with sexual dysfunction among Iranian ladies patients with breast cancer who received their treatment in Cancer institute, Tehran.

The second paper is from Tunisia titled (Sexuality after breast cancer: cultural specificities of Tunisian population) [8], conducted by Mnif et al and published on the Pan African Medical Journal in September 2016.

The survey sample size (50 ladies) is statistically valid but what is the exact number of breast cancer patients in Tunisia? This could affect the validity of the sample size and how much it is representing the study population.

The selected participants should be at remission for at least 3 months period in this study, not on active treatment by any means (chemical or radiographic), and be able to communicate. Patients with metastatic tumors were excluded. All the participants underwent surgery by Department of Gynecology, Sfax university hospital in the period of 2010 to 2013, and received their adjuvant oncology treatment.

The registered patients in Sfax university hospital contacted and only 50 patients were enrolled in the course of the study (15 couldn't be reached, 5 passed away, and 10 refused).

Sexuality and body image was evaluated thought the specific scale of breast cancer QLQ-BR23, An Arabic translation of this questionnaire is already approved by the authors of the instrument. Screening for emotional disorders has been done using the HAD scale (Hospital anxiety and depression scale) 14 items developed by Zigmond and Snaith in 1983 Arabic validated version used. The data were analyzed using the SPSS (Statistical Package for the Social Sciences) in its 11th version.

The marital relationship affected clearly it was good before illness for 43 patients (91.48%) and confrontational for 4 patients (8.52%). Thirty-two patients (68.08%) among 47 married describe a change in their marital relationship after cancer.

It was found that 42% of patients in this study were anxious and 44% were depressive.

The study suggested more educational focus on the issue for the physicians, it is approved that the partners became less interested sexually toward the breast cancer wife.

Although the mean age of participants in this Tunisian study was around 43 years, we cannot ignore its results, but may other studies aiming toward younger patients could be more interesting.

Here comes the 3rd paper [9] and for this time it is from Morocco, the title is: Sexual Dysfunction among female patients with breast cancer is

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common and it is not well recognized, the medical staff at breast cancer clinics need to be trained regarding sexual dysfunctional issues. More studies need to be conducted in Middle East; there are many countries without any published paper regarding this vital topic.

References


