

The Longitudinal Effects of Cancer Treatment on Sexuality in Individuals With Lung Cancer

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Purpose/Objectives: To examine changes in sexual functioning during treatment for lung cancer and the extent to which age, gender, social support, and mood status affect sexual dysfunction.

Design: Prospective, exploratory.

Setting: Outpatient cancer clinic.

Sample: 59 of 84 eligible patients diagnosed with small cell or non-small cell lung cancer.

Methods: The Derogatis Interview for Sexual Function, Self-Report, to measure sexual functioning; the Social Provisions Scale to measure social support; and the Derogatis Affects Balance Scale to measure mood status were administered at diagnosis and at two and four months during treatment.

Main Research Variables: Level of sexual function, treatment, age, gender, social support, and mood status.

Findings: Results indicate a decrease in sexual function but no significant change in sexual function between the two treatment groups. Age was a significant factor affecting sexual function. Gender significantly affected sexual function at time 2 only. Between times 1 and 2, mood status had a significant relationship with sexual function. Social support did not affect sexual function directly; social support was found to significantly affect mood status.

Conclusions: Most patients reported below-normal sexual function at baseline. Sexual function worsened over time. Further research is warranted to examine time, place, and type of intervention needed.

Implications for Nursing: New data encourage assessment, intervention, and research related to the sexual function of patients with lung cancer.

Key Points . . .

- Sexual function of patients with lung cancer over time has been understudied.
- Sexual function can worsen over time as patients with lung cancer undergo treatment, and some evidence suggests that sexual function may be less than optimal at baseline for many patients.
- A short, reliable, and valid instrument to assess sexual functioning is needed.
- Research to evaluate counseling and medication regimens to improve or maintain sexual functioning during and following treatment needs to be conducted.

Literature Review

Human sexuality underlies the complete range of human experience and contributes to people's lives in many ways. Changes in sexual functioning are among the multitudes of quality-of-life changes that can occur in response to a cancer diagnosis and treatment. Most psychosocial studies that examine sexuality exclusively, or as a variable, usually involve patients with genital cancers (e.g. breast, gynecologic, prostate, testicular) (Anderson, 1996; Andersen & Elliot, 1994; Fransson

Lung cancer ranks second in cancer incidence and first in cancer mortality for men and women (American Cancer Society, 2007). Although death often is the first fear, the potential exists for other stressors that may necessitate many lifestyle adjustments (Ryan, 1996; Schover, Montague, & Lakin, 1997), including multimodality treatments, potential for metastatic spread, psychosocial and emotional distress, and uncertain prognosis (Ginsburg, Quirt, Ginsburg, & MacKillop, 1995; Schwartz & Plawecki, 2002).

The crisis of lung cancer is intensified by its invasive nature, societal reactions, and the effects of treatment on the patients' sexuality and body image even when no outward change in appearance may be obvious or visible. Changes in role function caused by the inability to continue working or caring for family, fatigue, and a loss in physical sexual functioning can threaten patients with lung cancer with a loss of feelings of femininity or masculinity (Bernhard & Ganz, 1991a, 1991b; Schwartz & Plawecki, 2002; Thaler-DeMers, 2001).

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