Evidence-Based Practice for Symptom Management in Adults With Cancer: Sexual Dysfunction

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Purpose/Objectives: To provide a systematic review in relation to evidence-based practice for the management of sexual dysfunction in adults with cancer and to define the current state of knowledge about intervention for this symptom, the gaps and barriers in the current state of knowledge, and recommendations for public education and future research direction.

Data Sources: Articles published from 1980-2000, books, and practice standards.

Data Synthesis: Few tested interventions are available to treat sexual dysfunction in patients with cancer. Those dysfunctions investigated include hot flashes, vaginal dryness, bladder control, and sexual functioning in two breast cancer populations, and psychosocial issues in a remaining few. Many diverse interventions have been reported based on expert opinion and case study.

Conclusions: Although an abundance of literature exists related to the provision of interventions for sexual dysfunction in patients with cancer, few results are from randomized controlled clinical trials. Sexual dysfunction has been addressed extensively in the literature in relation to patients with cancer, but information is needed to ascertain the best assessment strategy and the best intervention, along with appropriate outcome criteria and research design. Description and control of the disease and treatment variables as outcome moderators are needed.

Implications for Nursing Practice: Reliable and valid interventions to promote sexual function are necessary as nurses intervene with patients and their partners. Practice guidelines are available but must begin to be based on research as well as expert opinion. As more research-based intervention information becomes available, clinicians will be able to provide care with greater confidence and certainty.

A cancer diagnosis can produce biomedical and psychosocial consequences such as the loss or decreased function of body organs, weakness and debilitation, energy reduction, altered body image, social isolation, and unanticipated demands on time and finances. All of these factors can and do affect patients’ sense of self, often leading to an altered or diminished sexual self-concept (Bruner & Boyd, 1999; Spiegel & Diamond, 1998). Because human beings are sexual from the time of birth until their death, we have learned to accept the fact that sexuality is an inherent and important