Problems with sexual functioning are a prevalent issue with regard to the quality of life of female cancer survivors. In a survey study reporting the prevalence of sexual dysfunction in the United States, 1,749 women aged 18–59 were questioned about their interest in sex, ability to achieve orgasm, and experience of pain during sex. Overall, authors concluded that some form of sexual dysfunction was present in 43% of women (Laumann, Paik, & Rosen, 1999). Andersen (1985) reported that, in female cancer survivors, the rate of morbidity related to sexual functioning can be as high as 90%. A long-term study about the quality of life of breast cancer survivors surveyed women who were 5–10 years postdiagnosis. Results indicated that women reported a statistically significant decrease in sexual activity since diagnosis (Ganz et al., 2002). Sixty-five percent were sexually active at baseline, a figure commensurate with the prevalence of sexual activity in the United States, reported at 70% (Greendale, Lee, & Arriola, 1999). However, at follow-up 5–10 years later, survey data indicated that only 55% of the breast cancer survivors were sexually active (Ganz et al., 2002).

Key Points . . .

➤ Sexuality is a broad concept with many possible etiologies that may be difficult to study.
➤ Libido is a subcomponent of sexuality and may be an easier concept to affect through intervention research.
➤ Measurement is an important issue to consider in libido research.
➤ Many potentially effective interventions, pharmacologic and nonpharmacologic, can be studied to enhance libido in female cancer survivors.

Goal for CE Enrollees:
To enhance nurses’ knowledge related to changes in libido in female cancer survivors.

Objectives for CE Enrollees:
On completion of this CE, the participant will be able to
1. Define libido within the context of sexual health.
2. Describe factors that can affect libido in female cancer survivors.
3. Discuss potential pharmacologic and nonpharmacologic interventions for decreased libido.