Changes in Sexual Function on Mood and Quality of Life in Patients Undergoing Radiation Therapy for Prostate Cancer

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Prostate cancer is the most common cancer, excluding skin cancer, in men in the United States. Treatment options for prostate cancer include surgery, brachytherapy, external beam radiation therapy, hormonal therapy, or surveillance. The choice of treatment is determined by the tumor’s stage, Gleason score, level of prostate-specific antigen, patient’s age, and concurrent comorbidities as well as physicians’ and patients’ preferences (Incrocci, 2006; Incrocci et al., 2001). A major factor influencing preferences is treatment-specific side effects (Incrocci; Incrocci, Slob, & Levendag, 2002). The impact of a particular treatment on a patient’s sexual function is an important consideration in the shared decision-making process (van der Wielen, van Putten, & Incrocci, 2007).

Side effects of external beam radiation therapy include urinary incontinence, bowel changes, and sexual dysfunction. Sexual dysfunction is a multifactorial phenomenon. According to Litwin et al. (1999), male sexual function includes the quality and frequency of erections, the strength of libido, and the ability to be physically and sexually intimate. In addition, van der Wielen et al. (2007) suggested that sexual function includes sexual interest, pleasure, and activity. Many studies have found that decreased sexual function in men with prostate cancer is associated with poorer quality of life (QOL) (Bokhour, Clark, Inui, Silliman, & Talcott, 2001; Cooperberg et al., 2003; Incrocci, 2006; Incrocci et al., 2001; Litwin et al., 1999, 2007; Potosky et al., 2004).

Although many longitudinal studies have examined changes in the QOL of men with prostate cancer during and after treatment (Chen et al., 2001; Litwin et al., 1999, 2007; Symon et al., 2006; Turner, Adams, Bull, & Berry, 1999; van der Wielen et al., 2007), none has evaluated the effect of changes in sexual function on the various domains of QOL (e.g., physical, social, psychological, spiritual). In addition, only one study was found that examined the relationships between depression and anxiety.