

CONTINUING EDUCATION

Libido as Part of Sexuality in Female Cancer Survivors

Debra Barton, RN, PhD, AOCN®, MaryBeth Wilwerding, RN, MS,
Lisa Carpenter, RN, BSN, and Charles Loprinzi, MD

Purpose/Objectives: To present the state of knowledge and a suggested program of research related to one part of sexual functioning in female cancer survivors: libido.

Data Sources: Journal articles, monographs, and book chapters.

Data Synthesis: Sexuality is a broadly defined term with many components. Libido is a component of sexuality and is reviewed with respect to definition, physiology, and measurement. Evidence-based interventions also are discussed.

Conclusions: Most of the evidence related to enhancing libido involves testosterone, but this has not been tested in cancer survivors. Several clinical questions are yet to be answered regarding physiology as well as nonpharmacologic and pharmacologic interventions for enhancing libido.

Implications for Nursing: Nurse researchers could add much to the evidence base on interventions for improving libido and, subsequently, sexual health. Implementing behavioral interventions to enhance libido would be an appropriate nursing function.

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.

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).

Debra Barton, RN, PhD, AOCN®, is a nurse scientific coordinator, North Central Cancer Treatment Group (NCCTG), at the Mayo Clinic Cancer Center in Rochester, MN; MaryBeth Wilwerding, RN, MS, is executive director at the Missouri Valley Cancer Consortium in Omaha, NE; and Lisa Carpenter, RN, BSN, is a research nurse and Charles Loprinzi, MD, is scientific coordinator of cancer control, NCCTG, both at the Mayo Clinic Cancer Center. (Submitted September 2003. Accepted for publication October 29, 2003.)

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