

Original research article

Assessing psychosexual disturbances in survivors of breast cancer-post mastectomy females and their male sexual partners

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Abstract

Introduction: Breast cancer remains the most prevalent cancer among women, with its incidence rising globally. Post-mastectomy survivors often face significant psychosexual challenges impacting their quality of life. This study investigates the psychosexual disturbances experienced by post-mastectomy women and their male partners, aiming to highlight these issues and propose suitable interventions.

Methods: This cross-sectional, open-ended questionnaire study was conducted over two months with 50 post-mastectomy women and their male partners from a hospital-based setting. Participants were assessed for psychological effects, sexual disturbances, and emotional involvement through detailed questionnaires. Data were analyzed using SPSS software and represented through numerical and graphical formats.

Results: The study revealed that 70% of women experienced significant psychological disturbances, including disturbed sleep patterns, depression, and a loss of self-worth. Sexual dysfunction was prominent, with reduced sexual desire, lubrication issues, and dyspareunia reported by 70% of participants. Psychological distress was more pronounced in women under 45 years. Male partners exhibited fewer disturbances, but some reported issues with sexual desire and comfort, particularly in younger age groups. Emotional involvement decreased in younger women, with increased domestic friction noted.

Discussion: The findings underscore a high prevalence of psychosexual issues among post-mastectomy women and their partners, with significant age-related variations. Psychological and sexual problems are considerable and multifaceted, impacting overall quality of life. The need for comprehensive pre-and post-surgery counseling is emphasized to address these challenges effectively.

Conclusion: Psychosexual morbidity is prevalent among breast cancer survivors and their partners, with notable impacts on sexual function and emotional well-being. Effective intervention strategies, including multidisciplinary sexual counseling, are essential to improve the quality of life for these individuals.

Keywords: Breast cancer, mastectomy, psychosexual disturbances, sexual dysfunction, quality of life, psychological effects

Introduction

Breast cancer is the most frequent cancer among women with an estimated 1.38 million new cases diagnosed in 2008 (about 23% of all cancers), its incidence is on the increasing trend. A significant proportion of the women treated (i.e., mastectomy) for carcinoma breast survive their cancer but the quality of life among them is an important issue since they suffer from various psychosexual problems.

Mastectomy devastates the women with worries about-life and death, beauty (body image change), bothering about sexual partner and the consequences in their sexual relationships.

Sexual aspects in post mastectomy women in terms of desire, arousal, lubrication, satisfaction are affected leading on to dyspareunia of various degrees. Similar problems are encountered in their male sexual partners also.

Psychosexual morbidity following mastectomy for carcinoma breast is devastating for the couple concerned which affects significantly the quality of life, outcome of the study will give us a clear picture about the prevalence of these symptoms and guide us to plan appropriate interventions to overcome psychosexual disturbances and Quality of life would take the priority after cancer treatment.

In future, a multidisciplinary approach with sexual counselling-pre and post mastectomy would help women to handle such situations in a better way.

Review of Literature

Arndt has reported in their study that breast conserving surgeries were cosmetically more acceptable than mastectomies [2].

Alicikus *et al.* have reported that, of the 112 participants were enrolled for the study, 41% experienced a deterioration in their sexual function after the treatment, mainly due to decreased libido (80%), loss of interest in the partner (54%) and sexual dissatisfaction (59%). Psychosexual and body image aspects of quality of life in Turkish breast cancer patients: a comparison of breast conservation treatment and mastectomy [3].

Engel in their cross-sectional data, reported that mastectomy patients had significantly ($p < 0.01$) lower body image, role, and sexual functioning scores and their lives were more disrupted than Breast conserving surgery patients. Emotional and social functioning and financial and future health worries were significantly ($p < 0.01$) worse for younger patients. There were no differences in body image and lifestyle scores between age groups. There was also no interaction between age and surgery method. Even patients ≥ 70 years of age reported higher body image and lifestyle scores when treated with breast preservation [4].

Memon has reported that literature review reveals depression, physical, psychological stress, fear of loss of fertility are major factors of poor quality of life among young survivors [5].

Aims and Objectives

This study aims at assessing the psychosexual problems in post-mastectomy women and their male partners to suggest appropriate interventions to overcome their problems towards a better quality of life.

Objectives

- 1) To assess the psychological effects in post-mastectomy women for cancer breast (sleep disturbance, depression, loss of self-worth etc.).
- 2) To assess the sexual disturbances in post-mastectomy women following carcinoma breast.
- 3) To know the psychosexual disturbances in their male partners.

Material and Methods

Study Design: Cross-sectional open-ended questionnaire-based study.

Study Setting: Hospital based non interventional study.

Study Period: 2 months.

Study Population: All post mastectomy women for carcinoma breast.

Sample Size: 50 patients.

Study Area: Surgical oncology department in our hospital.

Inclusion Criteria: Women who have undergone mastectomy.

For carcinoma breast in the past 2-5 years and their male partners attending the in-patient and out-patient follow ups and willing to consent for the study.

Exclusion Criteria: Not willing to consent and those who don't come for further follow up.

In the first meeting, personal identification and brief treatment history along with sexual disturbances in both the partners following surgery is recorded in detail. Psychological consequences as a result of sexual impairment are assessed.

Patients are followed up and the observations are tabulated on a master chart. Subsequent visits enabled us to suggest appropriate interventions in the form of counselling and support by trained counsellors.

Observations are then statistically analysed using numericals and percentages using SPSS software, depicted using bar graphs and histograms.

Observations and Results

Of the fifty women included in the study, 9 were below the age of 45 years, 23 belonged to the 45-65 years age group, 18 were above the age of 65 years.

27 male partners were included for the study and the rest were excluded due to death, divorce, morbidity and other causes.

The questionnaire had questions related to three construct areas that were identified using a literature search and expert opinion and included psychological aspects in the woman and her male partner and also sexual aspects and emotional involvement with the other partner.

Psychological Aspects in Women [ca breast survivors]

Questions		Age			Total
		Below 45	46-65	Above 65	
Q1. Is there a disturbed sleep pattern in the past 6 months?	Yes	6	16	5	27
		66.7%	69.6%	27.8%	54.0%
	No	3	7	13	23
		33.3%	30.4%	72.2%	46.0%
Total	9	23	18	50	
		100.0%	100.0%	100.0%	100.0%
Q2. Is there a feeling of being low in the last 6 months?	Yes	8	12	0	20
		88.9%	52.2%	0.0%	40.0%
	No	1	11	18	30
		11.1%	47.8%	100.0%	60.0%
Total	9	23	18	50	
		100.0%	100.0%	100.0%	100.0%
Q3. Is there a loss of feeling of femininity/self-worth?	Yes	9	12	4	25
		100.0%	52.2%	22.2%	50.0%
	No	0	11	14	25
		0.0%	47.8%	77.8%	50.0%
Total	9	23	18	50	
		100.0%	100.0%	100.0%	100.0%
Q4. Is there any increase in anxious levels after mastectomy?	Yes	9	15	7	31
		100.0%	65.2%	38.9%	62.0%
	No	0	8	11	19
		0.0%	34.8%	61.1%	38.0%
Total	9	23	18	50	
		100.0%	100.0%	100.0%	100.0%
Q5. Is there any increase in anger levels after mastectomy?	Yes	3	12	9	24
		33.3%	52.2%	50.0%	48.0%
	No	6	11	9	26
		66.7%	47.8%	50.0%	52.0%
Total	9	23	18	50	
		100.0%	100.0%	100.0%	100.0%

70% of them had disturbed sleep pattern. Anxious levels, feeling of loss of femininity was more in women in the age group less than 45 years of age. Anxious levels were highest in the age group 45- 65 years age group.

Psychological Aspects in Male Partners

Questions	Frequency	Percent	
Q1. Is there a disturbed sleep pattern in the past 6 months?	Yes	14	51.9
	No	13	48.1
	Total	27	100.0
Q2. Is there a feeling of being low in the last 6 months?	Yes	8	29.6
	No	19	70.4
	Total	27	100.0
Q3. Is there a loss of feeling of femininity/self-worth?	Yes	4	14.8
	No	23	85.2
	Total	27	100.0
Q4. Is there any increase in anxious levels after mastectomy?	Yes	5	18.5
	No	22	81.5
	Total	27	100.0
Q5. Is there any increase in anger levels after mastectomy?	Yes	3	11.1
	No	24	88.9
	Total	27	100.0

In the male partners, only a small percentage (1.8%) of men had psychological disturbances due to their female partners illness.

Sexual Aspects in Women [Ca Breast Survivors]

		Age			Total
		Below 45	46-65	Above 65	
Q1. Any sexual activity with your partner in last six months?	Yes	5	17	5	27

		100.0%	100.0%	100.0%	100.0%
	Total	5	17	5	27
		100.0%	100.0%	100.0%	100.0%
Q2. Has the frequency for desire of sex decreased mastectomy?	Yes	5	8	3	16
		100.0%	47.1%	60.0%	59.3%
	No	0	9	2	11
		0.0%	52.9%	40.0%	40.7%
Total	5	17	5	27	
		100.0%	100.0%	100.0%	100.0%
Q3. Is there any decrease in the lubrication for comfortable sexual activity after mastectomy?	Yes	5	8	4	17
		100.0%	47.1%	80.0%	63.0%
	No	0	9	1	10
		0.0%	52.9%	20.0%	37.0%
Total	5	17	5	27	
		100.0%	100.0%	100.0%	100.0%
Q4. Does she experience pain during sex?	Yes	4	6	1	11
		80.0%	35.3%	20.0%	40.7%
	No	1	11	4	16
		20.0%	64.7%	80.0%	59.3%
Total	5	17	5	27	
		100.0%	100.0%	100.0%	100.0%
Q5. Is there decrease in comfort level of sex after mastectomy	Yes	5	9	1	15
		100.0%	52.9%	20.0%	55.6%
	No	0	8	4	12
		0.0%	47.1%	80.0%	44.4%
Total	5	17	5	27	
		100.0%	100.0%	100.0%	100.0%
Q6. Is there any disturbance in the satisfaction of sex after mastectomy?	Yes	2	9	1	12
		40.0%	52.9%	20.0%	44.4%
	No	3	8	4	15
		60.0%	47.1%	80.0%	55.6%
Total	5	17	5	27	
		100.0%	100.0%	100.0%	100.0%
Q7. Has her mastectomy changed her sexual function?	Yes	5	9	1	15
		100.0%	52.9%	20.0%	55.6%
	No	0	8	4	12
		0.0%	47.1%	80.0%	44.4%
Total	5	17	5	27	
		100.0%	100.0%	100.0%	100.0%

In the first years following surgery major adjustments with sexual dysfunction was noted in the form of decreased sexual frequency, desire for sex, dyspareunia and apprehension and pain during sexual activity. About 70% of female survivors faced this problem.

Even cosmetic concerns due to hair loss, loss of skin texture, pain in the breast area, left the lady with a feeling of loss of self-worth, incomplete female and even led to suicidal tendencies. Two women even faced extramarital affairs by their husbands.

27 women were analysed, 9 belonged to category I(<45 years age), 13 belonged to category II(45-65 yrs) and 5 belonged to category III(>65year age).

In category I, 5/9 had decreased sexual frequency, 5/9 had decreased desire for sex, 5/9 faced lubrication problems and dyspareunia. All 9 had discomfort in the post-surgery period due to pain in the breast region.

In category II, 2 were unaware of sex after surgery, 8/13 had lubrication problems and 9/13 had poor satisfaction scores. More frequent arguments were noted in this group, one lady had to live separately to forego the disharmony at home.

In category III, all had less desire for sex and emotional involvement was good in this category of women probably all belonged to age group above 65 years of age.

Sexual Aspects in Male Partners

		Frequency	Percent
Q1. Any sexual activity with your partner in last six months?	Yes	27	100.0
Q2. Has the frequency for desire of sex decreased mastectomy?	Yes	12	44.4
	No	15	55.6
	Total	27	100.0
Q3. Is there decrease comfort level of sex as after mastectomy	Yes	5	18.5

	No	22	81.5
	Total	27	100.0
Q4. Is there any disturbance in the satisfaction of sex after mastectomy?	Yes	5	18.5
	No	22	81.5
	Total	27	100.0
Q5. Has her mastectomy changed his sexual function? [in terms of urge, excitation etc.]	Yes	6	22.2
	No	21	77.8
	Total	27	100.0

Sexual disturbances were no less in men, more so in the category I and II group of women in the form of frequency (44.4%) and sexual function (in terms of urge, excitation etc.). Sexual desire was not attained in 5/9 and 3/13. Comfort during sex was reduced due to pain in the breast area and the visible ugly looking scar in 5/9 and 8/13.

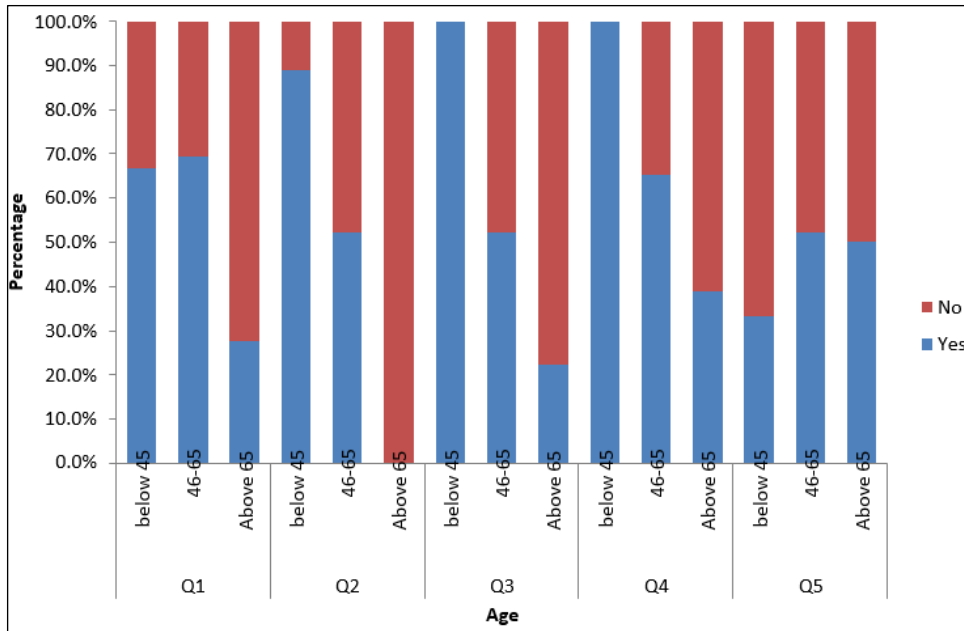
Emotional Involvement with Partner-in Women [Ca Breast Survivors]

		Age			Total
		Below 45	46-65	Above 65	
Q1. Is there any change in your partner currently expressing affection towards you?	Yes	3	10	0	13
		60.0%	58.8%	0.0%	48.1%
	No	2	7	5	14
		40.0%	41.2%	100.0%	51.9%
Total	5	17	5	27	
		100.0%	100.0%	100.0%	100.0%
Q2. Is there any increase in fights or friction between you and your partner?	Yes	3	10	0	13
		60.0%	58.8%	0.0%	48.1%
	No	2	7	5	14
		40.0%	41.2%	100.0%	51.9%
Total	5	17	5	27	
		100.0%	100.0%	100.0%	100.0%
Q3. Is there partner initiation of sex?	Yes	4	13	4	21
		80.0%	76.5%	80.0%	77.8%
	No	1	4	1	6
		20.0%	23.5%	20.0%	22.2%
Total	5	17	5	27	
		100.0%	100.0%	100.0%	100.0%

Emotionally the women in category I followed by category II had already started to feel emotionally deprived (60%) from their partners due to their disease morbidity. More unnecessary arguments at home, frustrations were common. Male partners of younger age group women were more demanding and forceful emotionally and physically.

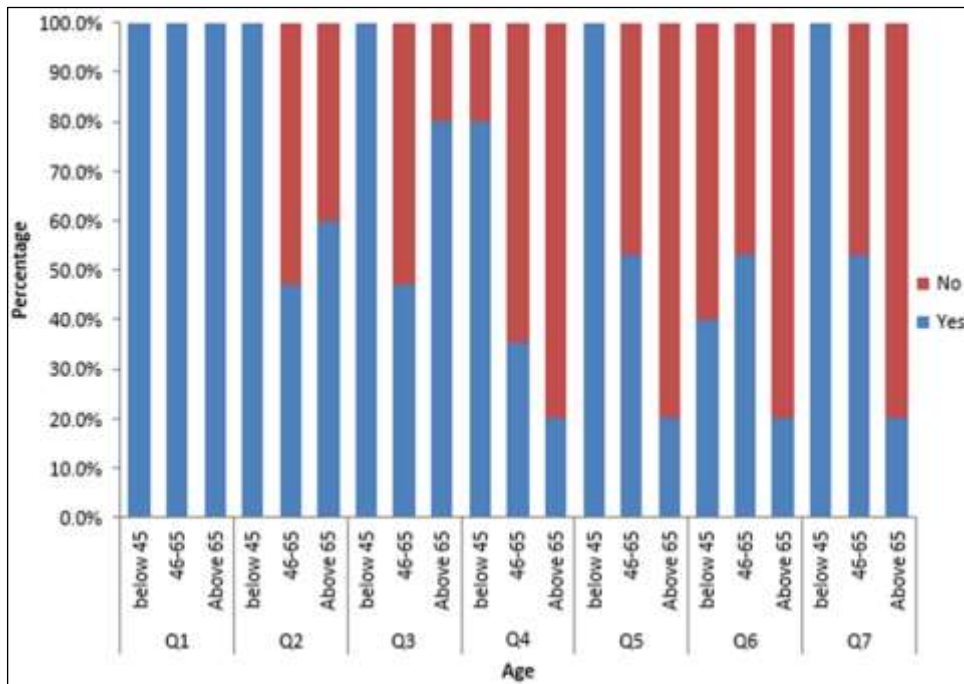
Graphs

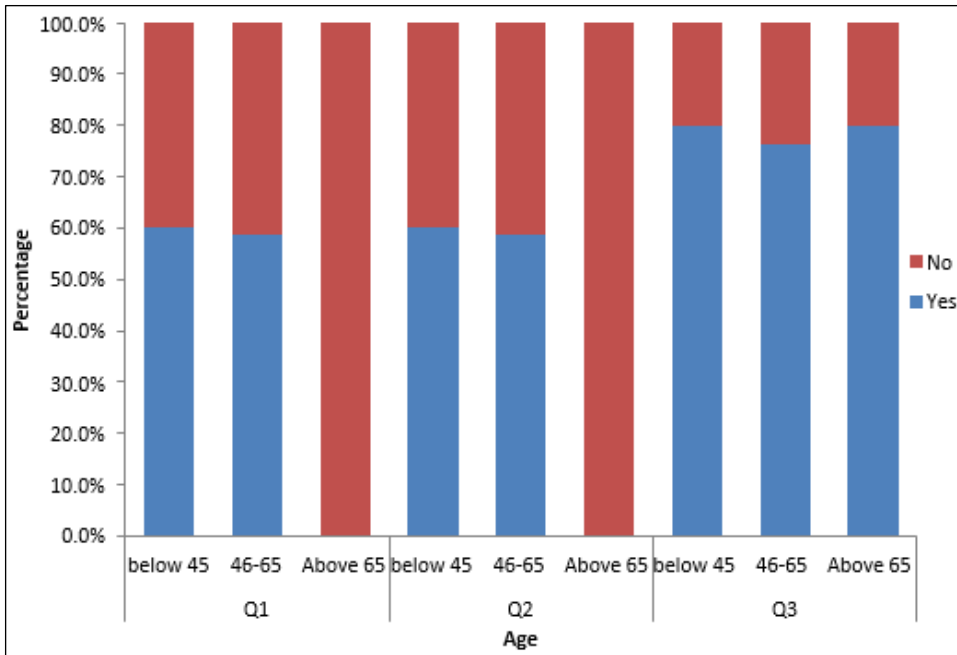
Psychological Aspects in Women [Ca Breast Survivors]



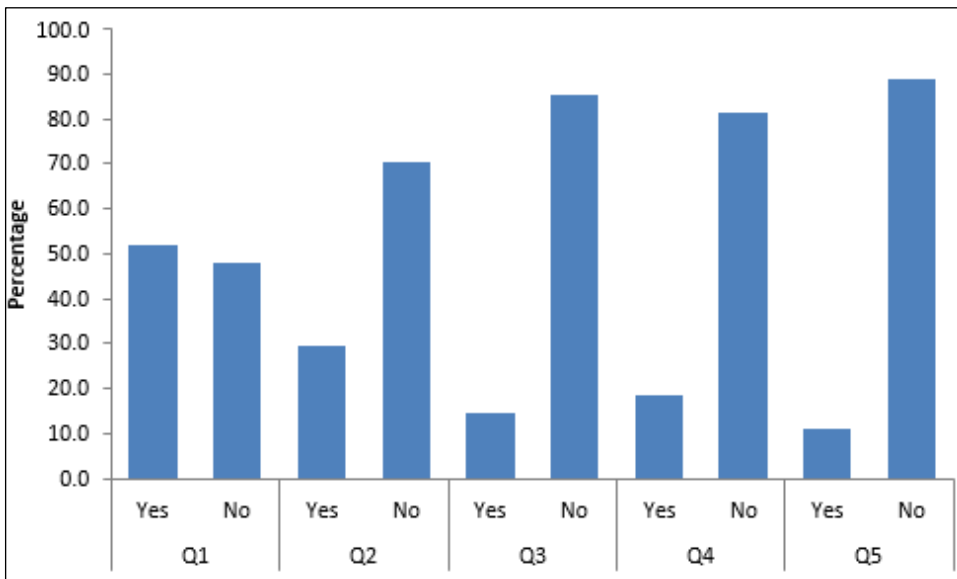
Sexual Aspects in Women [Ca Breast Survivors]

Emotional Involvement with Partner-in Women

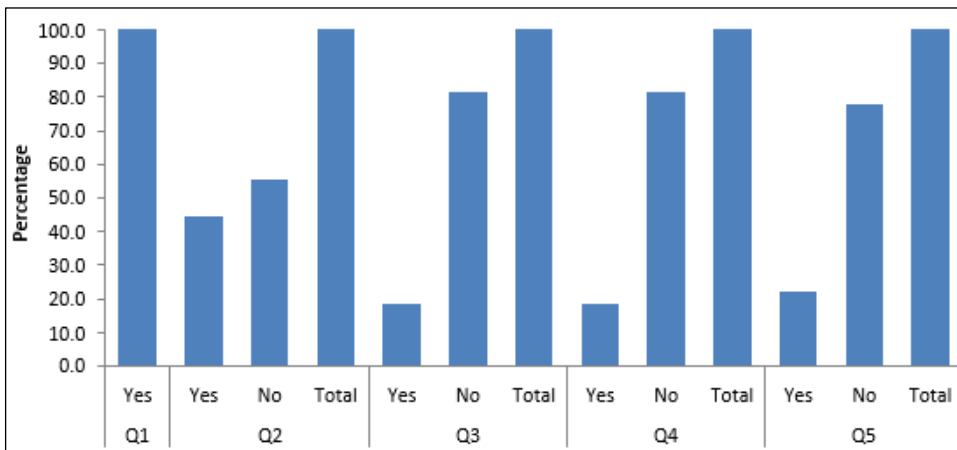




Psychological Aspects in Male Partners



Sexual Aspects in Male Partners



Discussion

Breast cancer incidence is on rise in India and all over the world. The American cancer society estimates that over 2.9 million women survivors of breast cancer are currently alive in the United States.¹ Sexual response in women is based on desire, arousal, lubrication, plateau, orgasm and resolution. Psychological symptoms like depression, physical, emotional factors and sexual dysfunction all contribute to the women's ill health.

Sexual dysfunction could be multifactorial both physical and psychological factors could interplay. In our study more than 50% of the study population experienced psychosexual problems. Ganz *et al.* has also reported a high prevalence of psychosexual problems among breast cancer survivors^[6].

Hill *et al.* have reported a 40% incidence of sexual health which needs to be addressed^[7]. In the present survey of post mastectomised women, 29 (70%) of them presented with significant psychological disturbances that included disturbed sleep pattern (reduction in the number of hours of sleep, insomnia, frequent waking up in the middle of the night). The sleep disturbances were found more in women less than 65 years of age and even more in women less than 45 years of age.

Memon has reported that literature review reveals depression, physical, psychological stress, fear of loss of fertility are major factors contributing for poor quality of life among young survivors^[5].

The feeling of being low (depression) is another problem faced mainly by the women of lesser age group (below 45 years age-90%), probably they are more worried about family arrangements. Feeling of loss of femininity/self-worth was seen in 50 % of women in the study population. Anxious levels was seen highest in the 45-65 years age group, probably the fear of disease, recurrence and death. Similarly anger levels were highest in the same age group, reasons being unexplained. Carpenter *et al.*, in their study have reported that younger age is an established risk factor for worse sexual function change and body changes^[8].

In the male partners, just a small percentage of men (1.8%) had psychological disturbances due to illness in their female partners. Forced sex and disregard to the woman were noted in some of the partners. Two women even faced extramarital affairs by their husbands. Sexual activity was continued in most of the women (11/13) included in this study and it was said that the male partners were more demanding for it. Sreerekha in their analysis have reported male partner dissatisfaction in their study^[9, 10].

Even cosmetic concerns due to hair loss, weight gain, poor physical outlook, loss of skin texture, pain in the breast area, left the lady with a feeling of loss of self-worth, feeling of incomplete female and even led towards suicidal tendencies. Breast conserving surgeries or breast implants in affordable people would benefit the lady in respect to physical appearance. Unattractiveness has been stressed by Ganz, which could be due to disfiguring surgery or chemotherapy^[6]. Alicikus also reported poor body image as a predisposing factor for sexual drive^[3].

The emotional involvement with the partner decreased in the younger age group women survivors as compared to the older age group^[10, 11].

Two women were unaware of sexual activity after surgery either due to lack of information and disease fear and due to good emotional involvement of the male partner they never had sexual activity after the surgery. Sreerekha in their study has stressed the need to remove the misconceptions about sexuality following breast cancer surgery^[9, 12, 13].

Explaining psychosexual and emotional alterations in both the partners in simple understandable language could allay most misconceptions and guide them and create better harmony among the partners^[14].

Health care professionals must realize the impact of sexuality on the quality of life for these women and consequently address their sexual concerns. Sexual problems of the cancer patients are more challenging and difficult to treat. Quality of life assessment is the prime criteria.

Conclusion

Present survey reveals a high psychosexual morbidity in cancer breast survivors and their male partners. In the Indian scenario, women with cancer breast and her male partner are more concerned about the social and financial burden while psychosexual morbidity is never addressed. There is a need for proper counselling of both the partners before and after the surgery. Constant support by health care professionals will improve the psychological and sexual health of these women.

Summary

1. Among post mastectomised women, 29 (70%) of them presented with significant psychological disturbances that included disturbed sleep pattern (reduction in the number of hours of sleep, insomnia, frequent waking up in the middle of the night).
2. The sleep disturbances were found more in women less than 65 years of age and even more in women less than 45 years of age.
3. The feeling of being low (depression) is another problem faced mainly by the women of lesser age group (below 45 years age-90%), probably they are more worried about family arrangements.
4. Feeling of loss of femininity/self-worth was seen in 50% of women in the study population.

5. Anxious levels were seen highest in the 45-65 years age group, probably due to the fear of disease, recurrence and death.
6. Similarly anger levels was highest in the same age group, reasons being unexplained.
7. In the male partners, just a small percentage of men (1.8%) had psychological disturbances due to illness in their female partners.
8. In the first years following surgery major adjustments with sexual dysfunction were noted in the form of decreased sexual frequency, desire for sex, dyspareunia and apprehension and pain during sexual activity. About 70 % of female survivors faced this problem.
9. Even cosmetic concerns due to hair loss, loss of skin texture, pain the breast area, left the lady with a feeling of loss of self-worth, loss of femininity and even led towards suicidal tendencies.
10. Two women even faced extramarital affairs by their husbands.
11. The emotional involvement with the partner decreased in 5 of 9 women in the form of affection, more arguments among the partners and partner initiation of sex.
12. The other 4 women rather good emotional involvement with the partner and sexual disturbances were moderate and presented mainly in terms of poor lubrication (7/13), less arousal, less comfort (4/13) and poor satisfaction (3/13) due to loss of one or both breasts.
13. Two women were unaware of sexual activity after surgery either due to lack of information or disease fear and due to good emotional involvement of the male partner. They never had sexual activity after the surgery.
14. Sexual activity was continued in most of the women (11/13) included in this study and it was said that the male partners were more demanding for it.
15. 4/13 of the female partners opined that there is no change in their sexual function in terms of urge, excitement etc.,
16. In the age group above 65 (5), there was good emotional balance and less sexual problems faced, probably due to the age factor.
17. Sexual disturbances were no less in men, more so in the category I and II group of women in the form of frequency (6/9) and 10/13 respectively.
18. Sexual desire was not attained in 5/9 and 3/13. Comfort during sex was reduced due to pain in the breast area and the visible ugly looking scar in 5/9 and 8/13.
19. Sexual function in the form of excitation, urge for sex etc. changed after mastectomy in 10/13 male partners.
20. Emotionally the women in category I followed by category II had already started to feel emotionally deprived (60%) from their partners due to their disease morbidity.
21. Male partners of younger age group women were more demanding and forceful emotionally and physically.
22. Present survey reveals a high psychosexual morbidity in patients with breast cancer aftermath. Physical, emotional, sexual and financial burden due to illness ultimately lead on to serious problems.
23. Breast being a secondary sexual organ, women feel deprived of sexual function. More than 50% of the women in the present study population faced problems in their sexual relationships.
24. Women need to be encouraged to speak about their sexual needs during follow up sessions.

Suggestions

Psychosexual needs of breast cancer survivors should be addressed with a multidisciplinary approach and it is an ongoing process until the patient survives. Committed clinical psychologists can be involved in the care of such patients. Even nurses can be trained to counsel women during their follow up sessions. In our country, media, pamphlets and internet articles could be utilised as a source of patient information. Quality of life after mastectomy needs to be improved.

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