

The young couple and breast cancer

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Background

Young women affected by breast cancer face a very demanding disease. Their sexuality is threatened in all its dimensions: **sexual identity, sexual function and sexual relationship**. Quality of affective bonds, and specifically of sexual relationships, either homo or heterosexual, is a critical part of human wellbeing and adult satisfaction. Sexuality is a prominent need in young human beings, deeply motivated by the pursuit of physical pleasure and passion. Frustration of sexual needs is therefore more difficult to cope with and to be accepted in young subjects and couples in comparison to elder ones.

Aim

To analyse the impact of breast cancer on young couples.

Method

Literature review and Author's clinical experience, with focus on women's and couple's wording, still under appreciated and reported.

Results

After breast cancer, the couple relationship is affected most by body image concerns, sexual symptoms and infertility related issues. 23 to 25% of women with breast cancer have to face a separation/divorce after the diagnosis, the younger presenting the higher vulnerability, versus 7% of relationships breakdown when men are affected by cancer. On "her" side, body image concerns may affect self-esteem, willingness to play a seductive role, feeling erotically assertive and confident, with changes in quality of foreplay, acceptance of nakedness and confidence in exposing the breast. Loss of sexual desire, arousal disorders with vaginal dryness, dyspareunia, coital anorgasmia and loss of sexual satisfaction are progressively complained of, as sexual function tend to go worse over time. Age (the younger the woman the more serious the impact), lymphedema, side-effects of surgery, radio/chemotherapy, hormonotherapy, and the cosmetic outcome may modulate the impact of breast cancer on the individual woman and couple. The highest vulnerability is reported in women affected by iatrogenic premature menopause with its cohort of symptoms, secondary to the chronic loss of estrogens, on the brain (depression, anxiety, irritability, memory concerns), on the pathophysiology of sexual response and on the function of the pelvic floor. Women on tamoxifen or aromatase inhibitors may complain of more severe menopausal and sexual symptoms. On "his" side, key issues include sexual dysfunction and dissatisfaction, infertility and the "burden" of looking after a family with children. Loss of estrogen may reduce the "scent of woman" and pheromones, which trigger the biological side of sex drive, and make penetration difficult because of vaginal dryness. Partners may

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complain of situational loss of desire, and/or of erectile deficit, when dryness itself challenges the quality of the erection or when he perceives vaginal dryness as a sign of refusal.

Conclusion

The young couple is more vulnerable to the sexual consequences of breast cancer in comparison to older ones. A multidisciplinary and pragmatic approach to sexual complaints of breast cancer survivors should be offered to women and couples who desire to prevent the sexual consequences of the disease and/or get back to a better sexual intimacy. The presentation will review the (scarce) evidence, report women's and couple wording and offer concrete suggestions to address the most frequently reported sexual issues and complaints.