

Screening for sexual dysfunction in women diagnosed with breast cancer: systematic review and recommendations

What Was the Aim?

Research shows that breast cancer patients are at increased risk of sexual dysfunction, however, to date, there is currently no sexual dysfunction assessment tool that can be identified as a “gold standard”. This research evaluated 30 different scales (18 specifically designed to measure sexual functioning and 12 subscales) to determine suitability of these scales for measuring sexual dysfunction in woman with breast cancer.

How did we do it?

129 studies met the inclusion criteria and from those 30 scales were identified. The researchers chose sexual dysfunction scales that had been used in previous studies directly related to woman with a breast cancer diagnosis. In addition the scales chosen needed to be self-reporting. The scales chosen were rigorously assessed and a score given based on the use of psychometric properties and coverage of DSM-5/ICD-10 dimensions of sexual dysfunction criteria.

What did we find?

The three scales with the highest overall scores measured against validity, reliability, responsiveness to change, acceptability to participants and coverage of DSM-5/ICD-10 areas of sexual dysfunction (desire, arousal, orgasm, pain, and distress) were: 1) Arizona Sexual Experience Scale (ASEX), 2) Female Sexual Functioning Index (FSFI) and 3) Sexual Problems Scale.

Of the three scales the Sexual Problems Scale demonstrated good internal consistency and evidence of validity in an adequately sized breast-cancer sample. The Sexual Problems Scale and FSFI provided greatest coverage of the DSM-5/ICD-10 dimensions, however, none of the three included measurement for distress.

What does this mean in practice?

Given that no single scale obtained a full score we recommend that clinicians/practitioners decide on a case-by-case basis which of the three scales mentioned (ASEX, FSFI and Sexual Problem Scale) is appropriate for the patient’s needs. For one-off measurements of sexual dysfunction we recommend the Sexual Problems Scale and for repeated measures the ASEX or FSFI may be more useful.

Citation Details

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