

Partner status influences sexual problems and self-efficacy in survivors of breast cancer

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Vaginal dryness and painful intercourse are some of the more common adverse events of post-breast cancer treatment therapies and often lead to sexual dissatisfaction and an overall lower quality of life (QOL). However, a new study finds that partnered women may fare better than those without a partner. Study results are published online today in *Menopause*, the journal of The North American Menopause Society (NAMS).

Breast cancer is the leading cancer diagnosis in women, with more than 266,000 new cases estimated in 2018. More than 70% of these cases occur in women aged older than 50 years. Adjuvant endocrine therapy (AET), such as tamoxifen, is often recommended for [postmenopausal women](#) for as long as 10 years after completion of [breast cancer](#) treatment as a means to limit the risk of cancer recurrence. Unfortunately, AET has many adverse effects, including sexual problems in the form of [vaginal dryness](#), painful intercourse, and [low sexual desire](#).

Previous studies have associated sexual problems with poor QOL, whereas others have shown that partnered survivors of breast cancer have better QOL than unpartnered survivors. However, this new study is the first known to examine how partner status influences the relationships between sexual problems and self-efficacy for managing sexual problems and QOL domains for postmenopausal survivors of breast cancer taking AET. Its findings suggest that unpartnered postmenopausal women with greater sexual problems or lower self-efficacy may be at a greater risk to experience decreased QOL than partnered women.

Study results appear in the article, "Partner status moderates the relationship between sexual problems and self-efficacy for managing sexual

problems and psychosocial quality-of-life for postmenopausal breast cancer survivors taking adjuvant endocrine therapy."

"Survivors of breast cancer, particularly those on aromatase inhibitors, often have unaddressed sexual concerns, and healthcare providers aren't asking about them," says Dr. JoAnn Pinkerton, NAMS executive director. "In this study, postmenopausal, unpartnered women were the most vulnerable to having quality-of-life issues and also sense-of-self affected by unaddressed [sexual problems](#)."

Provided by The North American Menopause Society

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