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(180) FEMALE SEXUALITY OF TUNISIAN WOMEN WITH TREATED BREAST CANCER
N. Souayeh1, H. Bettaieb1, H. Rouis1, C. Mbarki1, N. Hsayaoui1
1University of Tunis el Manar, Faculty of Medicine

Introduction: Breast cancer is a major health problem. Several treatment strategies are used to treat it such as lumpectomy or mastectomy surgery, chemotherapy, radiotherapy, and hormone therapy, which leads us to ask the following question: what impact does breast cancer and its treatments have on female sexuality?

Objective: The aims of our study were to assess the sexuality of Tunisian women with breast cancer in remission, and to determine the prevalence and nature of sexual dysfunction in this population.

Methods: We carried out a descriptive cross-sectional study, involving women aged under 60, followed up for treated non-metastatic breast cancer currently in remission, and having a regular sexual partner during the last month. Outpatients in the surgery and radiotherapy department of the "Salah-Azaiez" Institute were interviewed using a questionnaire including a validated Arabic version of FSFI (Female sexual function desire). Our study was carried out throughout a period of 3 months, from January 1st, 2023 to March 31st, 2023, this period allowed us to collect our necessary data.

Results: We included 120 women in our study. The majority were between 40 and 49 years with an average of 46.53. One-third (33.3%) had a university degree and 16.7% were senior executives. More than half of our population (56.7%) were menopausal and 12% were smokers. 85% of the women had children, and only 36% had breastfed their children exclusively. Half of the women had discovered the disease at stage II, and 52% of them had discovered it during breast self-examination. Surgical treatment was radical in 61.7% of women and conservative in 38.3%. Thus, 75% of the population had undergone chemotherapy, 93.3% had undergone radiotherapy and 71.7% were receiving hormone therapy. Only 5% of our study population had a sexual dysfunction prior to the disease and 78% of women had reported a change in their sex life after breast cancer, with the frequency of intercourse as the main parameter affected. Among the most common sexual complaints were decreased or absent sexual desire in 68.1% of cases, lack of sexual initiative (74.4%), vaginal dryness (48.9%), and dyspareunia (42.6%). The majority of interviewed women (83.3%) had presented with global sexual dysfunction, i.e. a total FSFI score ≤26.55 and the areas most affected were pain, lubrication, and orgasm. Radical surgical treatment, chemotherapy, and hormone therapy were significantly associated with impaired female sexuality (respectively p=0.0036; p=0.047 and p=0.001).

Conclusions: Our study highlighted the impact of breast cancer treatment on women’s sex lives. Healthcare providers should acquire the necessary skills in order to explore female sexual disorders and suggest suitable management.

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