

## Sigma Theta Tau International's 29th International Nursing Research Congress

### Self-Reported Sexual Problems Predict Higher Levels of Depression, Anxiety, and Distress in Cancer Patients

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#### **Purpose:**

The current study was designed to evaluate the prevalence of sexual problems and the extent to which this impacted mood symptoms in cancer patients. Both the Institute of Medicine and the National Comprehensive Cancer Network (NCCN) identified quality psychologic care as a vital component of comprehensive cancer care (Adler & Page, 2008; Holland & Bultz, 2007). Sexual functioning is a quality of life issue that patients usually do not volunteer information about despite it being a major concern (Goncalves & Groninger, 2015)

#### **Methods:**

Adult patients seen from July 2014-February 2017 in an outpatient psychiatry oncology clinic who provided informed consent were included (N=2,130). Assessment tools include the Patient Health Questionnaire-9 (PHQ-9) to measure depression, the Generalized Anxiety Disorder scale (GAD-7) to measure anxiety, and the NCCN Distress Management Thermometer (DT) and Checklist to measure distress. Demographic variables included age, race/ethnicity, and marital status. Additional categorical variables included cancer diagnosis and psychiatric diagnosis. Data are presented as percentages or Mean±S.D.

#### **Results:**

Overall, more than one quarter (27.5%) of patients endorsed (checked Yes) "sexual problems" on the DT checklist. Patients who endorsed sexual problems were more likely to be male versus female (33.0% vs. 24.6%;  $\chi^2=16.7$ ,  $p<.0001$ ), younger ( $51.2\pm 11.9$  vs.  $53.6\pm 13.6$  years,  $F_{1,2128}=14.6$ ,  $p=.0001$ ), and more likely to be Black or Hispanic as compared to Caucasian (32.8% or 32.6%, vs. 25.8%;  $\chi^2=9.0$ ,  $p=.03$ ). Also, patients who endorsed sexual problems were more likely to be in a committed relationship (married or life partner) as compared to those who were single, separated, divorced or widowed (31.1% vs. 21.1%;  $\chi^2=24.5$ ,  $p<.0001$ ). Importantly, patients who endorsed sexual problems had significantly higher levels of depression ( $12.4\pm 5.8$  vs.  $9.8\pm 5.8$ ,  $F_{1,2128}=85.1$ ,  $p<.0001$ ), anxiety ( $11.0\pm 5.9$  vs.  $8.6\pm 5.7$ ,  $F_{1,2128}=74.2$ ,  $p<.0001$ ) and distress ( $6.1\pm 2.7$  vs.  $5.2\pm 2.9$ ,  $F_{1,2128}=44.4$ ,  $p<.0001$ ), but none of the demographic variables moderated these effects.

#### **Conclusion:**

The data indicate that one quarter of all patients seen at an outpatient psychiatric oncology clinic endorsed sexual problems and that these individuals exhibit significantly greater levels of depression, anxiety and distress. Patients who reported sexual problems tended to be male, younger and in a committed relationship. Since sexuality is a quality of life issue, it often does not surface until treatments are complete and the patient is in the survivorship stage of cancer. If a patient complains of depression or anxiety, it is important to also assess for sexual dysfunction. Conversely, if a patient reports sexual problems, he/she should be assessed for depression and anxiety. Funding: provided by the Hackett Family

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**Title:**

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**Keywords:**

distress, oncology patients and sexual dysfunction

**References:**

- Adler, N.E., & Page, S.E., (Eds.). (2008). *Cancer care for the whole patient: Meeting psychosocial health needs*. Washington, D.C: National Academies Press.
- Baughman, A., Clark, M.A., & Boehmer U. (2017). Experiences and concerns of lesbian, gay or bisexual survivors of colorectal cancer. *Oncology Nursing Forum*, 44(3), 350-357. doi: 10.1188/17.ONF.350-357.
- Donovan, K.A., Gonzalez, B.D., Nelson, A.M., Fishman, M.N., Zachariah, B., Jacobsen, P.B. (2017). Effect of androgen deprivation therapy on sexual function and bother in men with prostate cancer: A controlled comparison. *Psycho-Oncology*. 1-9. doi: 10.1002/pon.4463.
- Goncalves, P., & Groninger, H. (2015). Sexual dysfunction in cancer patients and survivors #293. *Journal of Palliative Medicine*, 18, 714-715. <https://doi.org/10.1089/jpm.2015.0207>.
- Holland, J.C., & Bultz B.D. (2007). The NCCN guideline for distress management: A case for making distress the sixth vital sign. *Journal of the National Comprehensive Cancer Network*, 5(1), 3-7.
- Reese, J.B., & Haythornthwaite, J.A. (2016). Importance of sexuality in colorectal cancer: Predictors, changes, and response to an intimacy enhancement intervention. *Support Care Cancer* (24), 4309-4317. doi: 10.1007/s00520-016-3265-4

Rhoten, B.A. (2016). Head and neck cancer and sexuality. *Cancer Nursing*, 39(4), 313-320. doi: 10.1097/NCC.0000000000000289.

Weinstein Dunn, M. (2015). Bladder cancer: A focus on sexuality. *Clinical Journal of Oncology Nursing*, 19(1), 68-73. doi: 10.1188/15.CJON.68-73.

### **Abstract Summary:**

In this study about 25% of oncology patients seen in an outpatient psychiatric oncology clinic endorsed sexual problems on the Distress Thermometer checklist. They were more likely to be younger Black or Hispanic males in a committed relationship and with higher levels of depression, anxiety and distress.

### **Content Outline:**

#### I. Introduction

A. Psycho-oncologic care - vital component of comprehensive cancer care

B. Sexual function- Quality of Life Issue

#### II. Body

A. 2130 patients assessed

B. Assessment tools

1. NCCN- DT

2. PHQ-9

3. GAD-7

#### III. Conclusion

A. 27.5% endorsed sexual problems

B. Males- younger, Black or Hispanic

C. In a committed relationship

D. Endorsed higher levels of depression, anxiety, and distress

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**Professional Experience:** I worked for 2 years at Planned Parenthood where I learned to do sexual assessments and interviews as well as teaching about reproductive health and contraceptive options. For 27 years I have worked as a clinical nurse specialist assessing and treating both inpatient and outpatient patients for quality of life changes which include sexuality changes. I also teach each semester about sexuality issues of medically ill patients to undergraduate nursing students at Texas Woman's University. I have written several book chapters and articles on sexuality changes in the oncology patient and have presented numerous lectures both nationally and internationally on the subject.

**Author Summary:** Mary K. Hughes earned both Bachelor's and Master's degrees from Texas Woman's University and has been a clinical nurse specialist in the Psychiatry Department at The University of Texas M. D. Anderson Cancer Center since 1990. She has won awards from the Oncology Nursing Society, UTMDACC and the Sword of Hope from the American Cancer Society. She lectures internationally and nationally about sexuality issues of cancer patients and has published on this subjects.