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Sexual Well-Being Among Survivors of Non-Hodgkin Lymphoma

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Purpose/Objectives: To describe sexual well-being among non-Hodgkin lymphoma (NHL) survivors.

Design: Descriptive, correlational, cross-sectional study.

Setting: NHL survivors identified via the Los Angeles County Cancer Surveillance Program.

Sample: 222 NHL survivors two- to five-years postdiagnosis.

Methods: Data were collected via mailed questionnaire. Multivariate models were used to examine sexual well-being.

Main Research Variables: Three indices of sexual well-being were examined in relation to sociodemographic and medical variables: participation in sexual activity, satisfaction with sex life, and sexual function.

Findings: Most NHL survivors were participating in sexual activity; however, more than half were dissatisfied with their sex life. A substantial minority "usually or always" experienced problems with sexual function. Associations between study variables and outcomes differed across indices of sexual well-being and by gender; older age was associated with decreased participation, decreased satisfaction, and impaired sexual function for men as well as with decreased participation for women. Poorer physical functioning was associated with decreased participation for men and women as well as poorer sexual function for women. Finally, poorer mental functioning was associated with less satisfaction and poorer sexual function for men and women; shorter times since diagnosis were associated with poorer sexual function for women.

Conclusions: Most NHL survivors were sexually active, but many reported difficulties with satisfaction and function. Sexual well-being is a multifaceted construct that requires continued attention throughout survivorship.

Implications for Nursing: Oncology nurses are in an excellent position to ensure that survivors' sexual concerns are addressed. Survivorship care plans may help to facilitate communication about survivors' sexual well-being.

Non-Hodgkin lymphoma (NHL) ranks sixth in cancer incidence among women and seventh among men (American Cancer Society, 2011), with rising incidence rates documented since 1973 (Fisher & Fisher, 2004). Adult NHLs are divided into two main groups: indolent (low-grade lymphomas, which grow slowly) and aggressive (intermediate- and high-grade lymphomas, which grow quickly). Without intervention, aggressive NHL can be fatal within months (Johnston, 1999; Sehn & Connors, 2005). Individuals diagnosed with aggressive NHL undergo extensive treatment for the disease, including multi-agent chemotherapy regimens (with or without radiation) and, potentially, bone marrow or stem cell transplantation (Sehn & Connors, 2005). Although advances in NHL treatment have led to a rise in survival rates (Jemal et al., 2004; Mahadevan & Fisher, 2011; Sehn & Connors, 2005; Shipp et al., 1993) by months and even years postdiagnosis, survivors are at risk for significant adverse effects of their treatment, such as second cancers and cardiovascular complications (Andre et al., 2004; Brennan et al., 2005). In this way, aggressive treatment among NHL survivors may result in long-term complications that require both medical and psychosocial interventions. One such area that may be affected is survivors' sexual well-being (Hewitt, Greenfield, & Stovall, 2006; Institute of Medicine, 2008; Monga, 2002; Rowland & Bellizzi, 2008).

Sexual well-being includes factors associated with sexual experience (Taylor & Davis, 2007), such as participation in sexual activity, satisfaction with sexual experiences, and sexual function. Sexual well-being has been identified as a common concern among survivors (Baker, Denniston, Smith, & West, 2005) and as an area in need of continued attention in research (Hewitt et al., 2006). Previous studies have addressed sexual outcomes for cancer survivors, mainly among individuals diagnosed with breast, gynecologic, or prostate cancers (Andersen, Anderson, & deProsse, 1989; Beckjord & Campas, 2007; Can et al., 2008; Carmack Taylor, Basen-Engquist, Shinn, & Bodurka, 2004; Ganz, Desmond, Belin, Meyerowitz, & Rowland, 1999; Henson, 2002; Incrocci, 2006; Kao, Jani,