



Correlates of quality of sexual life in male and female patients with Parkinson disease and their partners

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ABSTRACT

Introduction: Patients with Parkinson disease (PD) and their partners may experience a worsening of their sexual life.

Aim: To assess quality of sexual life (QoSL) in male and female PD patients and their partners.

Materials and methods: Medical, demographic and clinical data was collected regarding consecutive PD patients, including depression, and motor symptom rating.

Partners' data included the short form-12 health questionnaire (SF-12). All patients and partners filled the 5-item QoSL questionnaire.

Results: Data from 89 PD patients (66 men) and 69 spouses (52 women) was analyzed. Male patients rejected sex significantly less than female patients and their sexual desire was higher, but female patients reported higher sexual satisfaction. Patients and partners similarly perceived their relationship which was averagely good. Analysis within couples demonstrated that better QoSL of patients could be predicted by gender (male), better QoSL of their partners and, motor severity, but not the patient's depression, age or use of L-dopa. The partner's QoSL was explained by younger age, and better motor scores of their parkinsonian partner. Treatment of the PD patient with L-dopa or dopamine agonist was associated with worse partner's QoSL.

Conclusion: Differences in QoSL of male and female PD patients and within couples were found. These findings suggest that focusing on partner's needs may improve QoSL of patients and partners troubled by PD.

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1. Introduction

Studies have indicated that the need for intimacy and sexual expression are important dimensions of quality of life (QoL) for people with Parkinson's disease (PD) [1–3] and their quality of sexual life (QoSL) significantly correlates with their general satisfaction of life [1]. Self-reported questionnaire studies have found that sexual dissatisfaction is common among men and women with PD, and that the major correlates are age, severity of motor symptoms, and depression [2,4–7]. PD patients rate sexual dysfunction (SD), a common non-motor symptom, as the 12th most bothering of 24 symptoms of their disease [8].

Unlike other motor and non-motor symptoms in PD, SD is a couple issue and spouses have been shown to suffer from SD and sexual dissatisfaction [9–11]. Studies have found a correlation between male erectile dysfunction (ED) and the female partners' sexual function [12–13]. Furthermore, a correlation was found between the couple's sexual satisfaction and the overall relationship satisfaction [14–15]. SD should be more thoroughly assessed by instruments addressing non-motor symptoms and/or by questionnaires for QoL in PD. Interestingly, SD is not addressed at all in the most commonly used PD-QoL instrument, the PDQ-39 [16], and the PDQUALIF encloses a single question on the effect of PD on intimate affection [17]. The Non-Motor Symptom assessment scale (NMS-Q) for PD [18] contains only two questions concerning sexual function which address an alteration in sexual interest and presence of problems having sex, but without reference to overall sexual functioning. The SCOPA-AUT that consists of 25 items includes 2 items on SD concerning ED and ejaculation in men and

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vaginal dryness and orgasm in women. The above-mentioned tools do not assess important aspects of sexual function: the patients' sexual satisfaction, the partner's sexual function and satisfaction and the quality of the couple's relationship [19].

This study is designed to assess QoSL as perceived by male and female patients, as well as by partners, encompassing aspects of the quality of the relationship, intimate communication, desire and sexual satisfaction in patients and in couples confronted with PD.

2. Methods

Consecutive patients with idiopathic PD (according to the United Kingdom Brain Bank criteria, Hughes et al., 1992) [20] from the movement disorders and Parkinson's disease clinic at Sheba Medical Center were approached to participate in the study between 2008 and 2010. Patients with dementia were excluded. Current partners of the PD patients were asked to participate as well. Patient's data was collected regarding age, gender, age at PD onset, PD medications type and doses, and co morbidities. Motor symptom severity and PD stage were rated using the Unified Parkinson's Disease Rating Scale (UPDRS) part III and Hoehn and Yahr (H&Y) staging, respectively. Presence or absence of depression was retrieved from the motor UPDRS part 1, depression item (0 = none and 1 or more = present). Data from consenting partners included gender and age.

Patients and partners filled the Quality of Sexual Life questionnaire (QoSL-Q) [1] [Box 1] that consists of 5-multiple choice questions, scoring from 1 (low) to 5 (high), and the QoSL mean score (QoSL-MS) was calculated (in case of missingness in one of the items, the average was calculated based on the other 4 items). The QoSL-Q included questions regarding relationship with the partner, frequency of discussing sexual issues with the partner, sexual desire, sexual satisfaction and frequency of rejecting sexual proposals. Partners also filled the short form-12 (SF-12), a validated self-administrated questionnaire, with scores ranging from 0 to 100, measuring physical and mental health from the person's point of view [21], where scores greater than 50 represent an above-the-average health status. The study was approved by the local institutional review board. All participants signed an informed consent form and most filled the questionnaires in the clinic while a few filled it later at home and sent them by mail.

Box 1

Quality of sexual life Questionnaire (QoSL-Q)

Please relate to the past month:

Q1 **How are you and your partner getting along? Define your relationship.**
1. Very bad 2. Bad 3. Mediocre 4. Good 5. Very good

Q2 **How often do you discuss sex with your partner?**
1. Not at all 2. Seldom 3. Sometimes 4. Usually 5. Very often

Q3 **How would you describe your desire for sexual relations?**
1. No desire 2. Very low desire 3. Low desire 4. Moderate desire 5. Intense desire

Q4 **Are you satisfied from your sexual life with your partner?**
1. Do not have sex 2. Very unsatisfied 3. Fairly satisfied 4. Sometimes satisfied 5. Very satisfied

Q5 **Do you ever reject sexual overtures from your partner?**
1. Always 2. Very often 3. Sometimes 4. Rarely 5. Never

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Statistical analysis: Mann–Whitney and Student's *t*-tests were used to compare QoSL-Q items (ordinal scale) and QoSL-MS (normally distributed continuous variable) between male and female patients and between patients and spouses.

In order to find variables that best predict QoSL-MS among patients and their partners (69 couples), we used a linear regression model selection process. Selection for variables that best predict QoSL-MS was done using 2 methods: backward stepwise regression (AIC criterion) and an exhaustive search for the subset of

variables with highest adjusted R^2 . Both methods suggested the same variables. We verified that our models were robust and did not overfit the data by repeating the model selection processes numerous times with elimination of part of the data at each iteration. Linear regression model assumptions were also verified for each model.

In addition to QoSL-MS, the following variables were possible candidates for the model selection process: gender, patient's age, age at PD onset, PD duration, L-dopa treatment, dopamine agonist treatment, co morbidities, depression, motor UPDRS score, H&Y stage, partner's age, and partner's SF-12 physical and mental component summary.

3. Results

Eighty-nine PD patients (66 men) and 69 partners (52 women) completed the questionnaires, representing a patient response rate of 51%. Table 1 presents the demographic and clinical characteristics of patients and partners. According to the SF-12 the physical and mental health scores of the partners were below the average (30 ± 16.3 , 29.8 ± 16.2 , respectively).

Table 2 presents the scores of the PD patients' responses to the five questions of the QoSL-Q according to gender, along with the QoSL-MS (the individual's mean of items 1–5 of the QoSL-Q). Significant differences between male and female PD patients were found regarding sexual desire, rejecting proposals to have sex and sexual satisfaction. Male PD patients rejected sex less frequently than females ($p < 0.001$), and their sexual desire was higher ($p = 0.039$), but female PD patients were more satisfied with sexual life ($p = 0.027$).

Table 3 presents the QoSL scores in patients and their partners according to gender. In couples that the PD patient was a male, the patient reported significantly higher sexual desire ($p = 0.002$), reduced frequency of rejecting sexual proposals ($p < 0.001$) and significantly higher QoSL-MS ($p = 0.001$). In couples when the PD patient was a woman, there was a trend towards higher desire and lower satisfaction in the male partners, but the values did not reach a level of significance due to the small group ($n = 17$).

Table 1
Characteristics of PD patients and partners.

	All patients	Patients in Couples ^a	Partners
	N = 89	N = 69	N = 69
Gender: male, N (%)	66 (74.2)	52 (75.4)	17 (24.6)
Age, mean \pm SD, years	64.4 \pm 9.8	64.6 \pm 9.6	62.4 \pm 10.4
Duration of PD, mean \pm SD; range, years	9.4 \pm 5.9; (1–26)	9.8 \pm 6.3; (1–26)	
Age at PD onset, mean \pm SD, years	54.2 \pm 12	53.9 \pm 12.5	
Motor UPDRS, score \pm SD; range	24.1 \pm 11.4; (4–55)	24.7 \pm 11.1; (6–55)	
H & Y stage, median (IQR) ^b	2 (2–3)	2 (2–3)	
Patients on L-dopa treatment, N (%)	70 (82.4)	55 (83.3)	
Patients on dopamine agonist treatment, N (%)	58 (65.9)	43 (63.2)	
Patients treated with DBS, N (%)	25 (28.1)	23 (33.3)	
Depression prevalence, N (%)	12 (15.3)	9 (13)	
Prevalence of other chronic disease, N (%)	57 (66.3)	46 (68.7)	
SF-12:			
Physical component summary			30 \pm 16.3
Mental component summary			29.8 \pm 16.2

PD = Parkinson's disease; N = number; IQR = interquartile range; SD = standard deviation; Motor UPDRS = Unified Parkinson's Disease Rating Scale score of part III; DBS = deep brain stimulation; SF-12: short form-12 health questionnaire.

^a Patients in couples = subset of patients whose partners completed the study questionnaires.

^b evaluated in the on medication state.

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