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Screening for Sexual Dysfunction by Medical Students

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ABSTRACT

Introduction: Despite the widespread effects of sexual dysfunction on health, sexual problems are not routinely addressed by physicians. Attitudes toward sexual dysfunction screening have not yet been evaluated in medical students.

Aim: To evaluate the frequency of screening for sexual dysfunction by medical students, their attitudes toward screening, and factors that influence whether medical students discuss sexual problems with patients.

Methods: A cross-sectional study was conducted by online questionnaire. Participants were U.S. medical student members of the American Medical Student Association.

Main Outcome Measures: Demographic information, frequency of screening for sexual problems at annual examinations, importance of screening, and screening practices of role models were assessed.

Results: In total 369 participants completed demographic information and additional questions (mean age = 26.5 ± 4.3 years, range = 21−52). Most students believed it was important to screen for sexual dysfunction (mean = 7.8 ± 2.0); however, 16.1% never screened patients. Importance and frequency of screening were correlated with how often the student's role model screened ($r = 0.400$, $P < .001$; $r = 0.582$, $P < .001$, respectively). Other significant relationships with screening importance were students interested in obstetrics and gynecology or urology ($t = -2.166$, $P = .031$), students earlier in their training ($F = 3.608$, $P = .014$), those who had observed a preceptor screen a patient ($t = -2.298$, $P = .022$), and those screened by their own clinician ($t = -2.446$, $P = .015$). Students reported increased screening frequency if they had observed any preceptor screen a patient ($t = -7.678$, $P < .001$), believed that their medical school curriculum provided enough training in screening techniques ($t = -3.281$, $P = .001$), and had themselves been screened by a clinician ($t = -4.557$, $P < .001$). There were no differences by age, sex, or religion.

Conclusion: Medical students do not routinely screen patients for sexual dysfunction despite believing it is in the physician's scope of practice. These results highlight the importance of role modeling and curriculum in increasing screening practices.

Key Words: Sexual Dysfunction; Sexual Problems; Medical Students; Role Model; Curriculum; Sexual Health

INTRODUCTION

Sexuality is a key aspect of physical and mental health. The prevalence of sexual dysfunction in the general population is as high as 31% in men and 43% in women.[1] Approximately one third of young and middle-aged women and approximately one half of older women experience sexual problems such as low desire, difficulty lubricating, pain during intercourse, lack of pleasure, or inability to orgasm.[1,2] In addition, sexual dysfunction has been correlated with low physical and emotional satisfaction and has been associated with poor quality of life, depression, and non-adherence to medication.[1,3,4]

Despite the widespread effects of sexual dysfunction on health, sexual problems are not routinely addressed by clinicians. In one study, only 39% of internal medicine physicians asked about sexual activity at annual examinations.[5] Even smaller percentages asked about sexual orientation, sexual abuse, and types of sexual practices. Similarly, only 40% of obstetricians and gynecologists (OBGYNs) routinely asked about sexual problems, and even fewer asked about sexual satisfaction (28.5%), sexual orientation or identity (27.7%), or pleasure with sexual activity (13.8%).[6] Owing to their extensive knowledge of reproductive health, OBGYNs are well placed to address sexual concerns. However, despite this knowledge, OBGYNs do not routinely screen for sexual dysfunction.

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In addition, patients might be hesitant to initiate a discussion about their sexual problems at clinical visits. Research has shown that patients regard sexual function as relevant for health and would like to discuss sex-related issues with their physicians; however, a recent study found that 68% of patients were afraid that discussing sexual dysfunction would embarrass their physician and 71% believed their doctor would dismiss their concerns.[7] Of women who survived vaginal and cervical cancers, 62% reported that no doctor had ever initiated a conversation about the effects of cancer or treatments on sexuality.[8] Several studies have shown that women and men of all ages and states of health are unlikely to discuss sexual problems with their physician unless asked.[9–13]

Multiple barriers inhibit physicians from starting the conversation about sexual problems. Commonly cited barriers include fear of causing patient distress, believing it is not the physician's responsibility, "opening up a can of worms," lack of time, lack of knowledge, personal discomfort, and the belief that patients will or should raise these issues if they have concerns.[14–16]

Attitudes toward taking a sexual history and screening for sexual dysfunction have not been evaluated in medical students. To become effective doctors, it is important for students to know about the prevalence and causes of sexual dysfunction, the screening questions, and comfort in asking them.

AIMS

The purpose of this study was to evaluate whether medical students routinely screen for sexual dysfunction in their patients, their attitudes toward screening, and to identify demographic and social factors associated with screening.

METHODS

This study was approved by the institutional review board of the University of Connecticut School of Medicine and was completed in November 2015. In March 2015, it was piloted with 67 University of Connecticut medical students. Several changes were made to the questionnaire based on the pilot study.

Study Population

Participants were members of the American Medical Student Association (AMSA). Inclusion criteria were students attending medical school in the United States who were at least 18 years of age. Permission was obtained from AMSA administrators to E-mail their 18,219 U.S. members with a study description and instructions to complete the questionnaire online. The study description stated that the goal of the study was "to understand the attitudes of medical students toward taking a sexual history."

Survey Instrument

The questionnaire contained demographic information including age, sex, class year, specialty of interest, and religious beliefs. School characteristics included region, religious affiliation, public or private status, and amount of educational time allocated to a clinical setting during the student's current year.

"Asking about sexual concerns" was defined to ensure students understood that the questionnaire was asking about screening for sexual dysfunction, not just taking a general sexual history. This was defined as "specifically asking whether a patient has any problems during sexual intercourse, issues with sexual function, or experiences any symptoms of sexual dysfunction such as low libido, erectile dysfunction, vaginal dryness, painful intercourse, or inability to orgasm." Participants were specifically asked to respond about patients presenting for well visits or annual examinations to ensure contextual consistency.

MAIN OUTCOME MEASURES

For all questions (aside from yes or no and multiple-choice questions), students were asked how frequently they performed activities and how frequently their role models and primary preceptors performed screening on a 10-point continuous scale (1 = never, 10 = every single patient who presents for an annual examination). Importance of screening and frequency of participant screening for sexual dysfunction using this scale were the study's primary outcome measurements. Phrasing of these and other questions from the survey are presented in Table 1.

Students also were asked about role modeling of taking a sexual dysfunction history by clinical faculty. The primary preceptor (with the most contact with the student, usually in a continuity setting)[17] and role model were distinguished. The role model physician was defined as "the physician that you have looked up to the most during your medical school career to date." Reasons for selecting a role model physician also were explored, as was whether students had ever been screened for sexual concerns by any health care provider.

Other components of the survey included a case scenario of a middle-aged married woman who states that she "hasn't had sex in years," comfort in talking about sex with parents and friends, whether students had ever been sexually active, and the primary barriers to screening. Students also were asked to rank the order in which health care providers were best equipped to screen for sexual dysfunction. For this question, primary care physicians were defined as "physicians practicing in the fields of internal medicine, family medicine, pediatrics, or gynecology."

Data Analysis

Data were analyzed using IBM SPSS Statistics 22.0 for Windows (IBM Corp, Armonk, NY, USA). A P value less than .05 was considered statistically significant. Demographic characteristics were evaluated using descriptive statistics. Independent t-tests were used to examine differences in reported frequency and importance of screening as a function of dichotomous variables such as sex, type of medical school, and whether the student had ever seen a clinical preceptor screen for sexual dysfunction. One-way analysis of variance was performed to