

Diagnosing Sexual Dysfunction in Men and Women: Sexual History Taking and the Role of Symptom Scales and Questionnaires



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ABSTRACT

Introduction: A detailed sexual history is the cornerstone for all sexual problem assessments and sexual dysfunction diagnoses. Diagnostic evaluation is based on an in-depth sexual history, including sexual and gender identity and orientation, sexual activity and function, current level of sexual function, overall health and comorbidities, partner relationship and interpersonal factors, and the role of cultural and personal expectations and attitudes.

Aim: To propose key steps in the diagnostic evaluation of sexual dysfunctions, with special focus on the use of symptom scales and questionnaires.

Methods: Critical assessment of the current literature by the International Consultation on Sexual Medicine committee.

Main Outcome Measures: A revised algorithm for the management of sexual dysfunctions, level of evidence, and recommendation for scales and questionnaires.

Results: The International Consultation on Sexual Medicine proposes an updated algorithm for diagnostic evaluation of sexual dysfunction in men and women, with specific recommendations for sexual history taking and diagnostic evaluation. Standardized scales, checklists, and validated questionnaires are additional adjuncts that should be used routinely in sexual problem evaluation. Scales developed for specific patient groups are included. Results of this evaluation are presented with recommendations for clinical and research uses.

Conclusion: Defined principles, an algorithm and a range of scales may provide coherent and evidence based management for sexual dysfunctions.

J Sex Med 2016;13:1166–1182. Copyright © 2016, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

Key Words: Scales; Questionnaires; Diagnosis; Sexual History; Algorithm

INTRODUCTION

Committee 3 of the International Consultation on Sexual Medicine (ICSM) reviewed a large body of relevant publications

Received March 29, 2016. Accepted May 13, 2016.

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<http://dx.doi.org/10.1016/j.jsxm.2016.05.017>

on the diagnostic evaluation of sexual function in men and women, including advances in specialized testing for women and men and the development of scales and questionnaires for evaluating sexual dysfunction (SD) in women and men. We report the findings and recommendations of the committee for the overall diagnostic approach and assessment algorithm for evaluation of male and female SDs and the use of symptom scales and questionnaires in particular to assist in the evaluation. The committee also considered current scientific and regulatory requirements for the development and validation of patient-reported outcomes (PROs) and cultural and clinical considerations when using these assessments.

PART 1. DIAGNOSTIC EVALUATION OF SDS IN MEN AND WOMEN

Principles of Sexual Medicine

The committee endorses three basic principles for clinical evaluation and management of sexual problems in men and women. These are briefly as follows:

RECOMMENDATION	LEVEL OF EVIDENCE/GRADE
Male and female sexual functioning questionnaires	
Female Sexual Function Index (FSFI)	1/A
Sexual Function Questionnaire (SFQ)	3/B
Female Sexual Distress Scale—Revised (FSDS-R)	1/A
Sexual Interest and Desire Inventory (SIDI)	2/B
International Index of Erectile Function (IIEF)	1/A
Male Sexual Health Questionnaire (MSHQ)	2/B
Premature Ejaculation Profile (PEP)	2/B
Index of Premature Ejaculation (IPE)	2/B
Sexual function questionnaires for specific patient groups	
PROMIS Sexual Function and Satisfaction (PROMIS SexFS)	1/A
UCLA Prostate Cancer Index (UCLA-PCI)	1/B
Expanded Prostate Cancer Index Composite (EPIC)	1/B
Sexual Activity Questionnaire	2/C
Sexual Function—Vaginal Changes Questionnaire (SVQ)	3/B
European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30	2/A
Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-19)	1/B
Multiple Sclerosis—Female (SEA-MS-F)	1/C
Pelvic Organ Prolapse Incontinence Sexual Questionnaire (PISQ) and PISQ-IR	2/B
Spinal Cord Injury—Secondary Conditions Scale (SCI-SCS)	3/C
Sexual Function Questionnaire—Medical Impact Scale (SFQ-MIS) for assessing impact of childbirth on sexual function	3/C
Antipsychotics and Sexual Functioning Questionnaire (ASFQ)	1/C
Peyronie’s Disease Questionnaire (PDQ)	1/A
Female Genital Self-Image Scale (FGSIS)	1/A
Penile Dysmorphic Disorder Scale	2/B
Treatment outcome and sexual quality-of-life questionnaires	
Erectile Dysfunction Inventory for Treatment and Satisfaction (EDITS)	1/A
Treatment Satisfaction Scale (TSS)	2/A
Psychological and Interpersonal Relationship Scale (PAIRS)	1/B
Self-Esteem and Relationship Scale (SEAR)	1/A
Sexual Quality of Life—Female (SQOL-F)	2/C
Sexual Quality of Life—Male (SQOL-M)	2/C

Principle 1—adoption of a patient-centered framework, with emphasis on cultural competence in clinical practice

Principle 2—application of evidence-based principles in diagnostic and treatment planning

Principle 3—use of a similar management framework for men and women

When taken together, these three principles provide a balanced and integrated approach to clinical evaluation and treatment of SDs.

Differentiating Sexual Problems Based on Contributing Factors

Previously, SDs were considered organic, psychogenic, or mixed. This committee acknowledges for the first time that

categorizing SDs in one of the three categories is often simplistic and superficial. The committee suggests that all SDs are multifactorial and the result of ongoing interacting relations among biological, cognitive, emotional and behavioral, contextual, and interpersonal contributing factors. Therefore, it is important for all clinicians to adopt a biopsychosocial approach that aims to synthesize rather than categorize etiologic and contributing factors (Figure 1A, B).

Revised ICSM Five-Step Algorithm

The committee revised the five-step algorithm proposed by the previous committee (Third Consultation¹) to provide a revised framework for a similar management approach of all sexual problems in men and women. This algorithm consists of five sequential steps for health care providers (Figure 2).

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