

PEYRONIE'S DISEASE

Female Partners of Men With Peyronie's Disease Have Impaired Sexual Function, Satisfaction, and Mood, While Degree of Sexual Interference Is Associated With Worse Outcomes



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ABSTRACT

Introduction: Peyronie's disease (PD) causes penile deformity and can result in sexual dysfunction and psychological distress. Currently, nothing is known about the psychosexual impact on the partners of men with PD. Research carried out on the partners of men with other chronic illnesses suggests that the partners of men with PD might have increased rates of sexual dysfunction and decreased sexual satisfaction.

Aims: To examine (i) sexual functioning, sexual satisfaction, negative affect, and relationship satisfaction of men with PD and their female partners and (ii) the effect of male-perceived sexual interference on partners' outcomes.

Methods: Forty-four men diagnosed with PD and their female partners completed a questionnaire package.

Main Outcome Measures: Each partner filled out the Revised Dyadic Adjustment Scale, the Positive and Negative Affect Scale, the Global Measure of Sexual Satisfaction, and the Female Sexual Function Index (women) or the International Index of Erectile Function (men).

Results: Overall, partners of men with PD were found to have decreased sexual function, sexual satisfaction, and mood compared with population-based norms. Men and their partners showed non-distressed levels of relationship satisfaction. The degree to which PD interfered with sexual activity was an important correlate of outcomes. Increased sexual interference was associated with lower sexual function and satisfaction for the person experiencing interference. Sexual interference also was associated with negative affect and relationship satisfaction in partners and the person experiencing interference.

Conclusion: PD is associated with negative psychosexual and psychosocial effects on those with the disease and their partners. As a result, assessment and intervention should include the two members of the couple.

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Key Words: Peyronie's Disease; Partners; Sexual Dysfunction

INTRODUCTION

Peyronie's disease (PD) is caused by idiopathic fibrotic plaque formation on the tunica albuginea of the penis. These changes can cause the penis to bend sufficiently so that penetrative sex is prevented. Several quantitative studies have found that PD has a significant impact on psychosocial and relationship functioning

of men with PD.¹⁶ Indeed, these studies have found increased levels of depression,⁷ distress, and sexual dysfunction.^{2,4} Furthermore, qualitative research has highlighted themes of poor body image, lowered sexual confidence, performance anxiety, and worry about satisfying partners.³ One study in particular reported that 54% of men with PD attributed their relationship problems to their illness.⁶ One significant problem for approximately one third of men with PD is the inability to have penetrative intercourse⁸ despite the ability to have erections. Other men cannot have erections presumably as a result of PD and cannot engage in penetrative intercourse.⁹ Understanding the different factors involved in penetration difficulties is important because this problem has been proposed as a criterion for surgical treatment.⁸

Despite a growing literature on the negative psychosocial impact of PD on patients, no research has examined potential

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effects on their partners. There is good reason to believe that such effects exist. In fact, previous research has shown that female partners of men with various sexual dysfunctions have impaired sexual function, decreased sexual satisfaction, and increased depression. In fact, the available research has found that after the onset of erectile dysfunction (ED), female partners engage in intercourse less frequently and have lower levels of desire, arousal, orgasm, and sexual satisfaction than before the onset of their partners' ED.^{10–12} Furthermore, female partners have significantly lower sexual satisfaction than control couples without ED. One study also found that when men with ED are treated and their erectile function improves, the sexual function and satisfaction of their partners also improves.¹¹ In addition, female partners of men with chronic pelvic pain have been found to have significantly more genital pain and depressive symptoms than controls.¹³

Interpersonal models of chronic illness have suggested that investigation of the effects of PD should not be limited to physical measurements, such as penile curvature or deformity.^{14,15} Indeed, coping styles and communication processes can dramatically affect the impact of physical changes and the experience of pain. There is much support for this approach in the growing literature on vulvodynia, where the nature of the couple interaction has been shown to have positive or negative effects on pain and sexual and relationship satisfaction.^{16–18} For example, levels of assertiveness of women with provoked vestibulodynia (PVD) have been found to mediate the relation between attachment and sexual satisfaction.¹⁹ In addition, negative or punishing responses by male partners to women's pain have been found to have significant negative impacts on women's pain and relationship and sexual satisfaction, whereas more positive facilitative responses have been associated with less pain and depression.^{20,21} Other responses, such as solicitous ones, have been found to have negative associations with pain but positive effects on sexual satisfaction.²² In a daily diary study of couples with vestibulodynia, male partner response style (negative or facilitative) was associated with women's depression, and this was moderated by their relationship satisfaction on the previous day.¹⁸ From an interactional perspective, similar effects can exist in PD couples. This notion is supported by preliminary research associating negative partner reactions with lower relationship and sexual satisfaction in men with PD.²³

Because men have reported that PD has a negative effect on their relationship,⁶ it is important to assess whether their partners share this view and whether the perceived interference is related to relationship outcomes. From a couple-based cognitive-behavioral framework, how one perceives illness can have an effect on how one copes. For example, in research concerning genital pain, catastrophizing thoughts have been associated with increased pain,^{24,25} whereas attributions regarding the cause and fault of the pain have been found to increase or decrease the pain, mood, and relationship function.^{16,26} Furthermore, how one thinks about illness and the attributions one makes regarding

illness can affect the partner's satisfaction with their sexuality and relationship. For example, if a partner perceives PD as a catastrophic event, she might be less likely to be personally satisfied with their sex life and relationship and could react in negative ways toward her partner, thus influencing the sexual and relationship satisfaction of the two partners.

AIMS

The first goal of this study was to describe the sexual functioning, sexual and relationship satisfaction, and mood of the female partners of men with PD. Specifically, we expected the partners to have lower mood, lower sexual and relationship satisfaction, and lower sexual function than population norms.

The second goal was to use a dyadic model to assess the association between male- and female-rated sexual interference with their own and their partner's sexual and relationship function and mood. Specifically, we expected that greater perceived interference of PD would be associated with lower mood, lower sexual and relationship satisfaction, and lower sexual function than population norms for the person rating the sexual interference and his partner.

METHODS

The institutional review board of McGill University (Montreal, Canada) approved the study and all participants gave informed consent. The couples for this study were recruited from a sample of 123 men referred to a urologist or specialist in sexual medicine working at a university teaching hospital. These men participated in a larger study involving the completion of questionnaires on the psychosocial impact of PD. Participants were included if they were at least 18 years old and could communicate in English or French. Exclusion criteria included congenital curvature of the penis or any previous penile surgery, injury, or disease that affected the appearance or function of the genitals. Ninety-four men from the PD study (76.4%) reported being in a stable dating relationship, married, or in a cohabiting relationship with a female partner. All these men were contacted by phone and asked if their partners would be willing to fill out a survey regarding the psychosexual impact of PD on them. Forty-four women (46% response rate) agreed to participate and subsequently received a survey package including a cover letter, a consent form, and a questionnaire package to be returned in pre-stamped self-addressed envelope. Data from 44 women and their male partners were included in the study. All participants were compensated \$50.

MAIN OUTCOME MEASURES

With the exception of the Sexual Interference Scale, which was specifically designed for this study, all self-report measurements used in this study are well-known and validated measurements.

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