ORIGINAL RESEARCH

Discussing Sexual Dysfunction with Chronic Kidney Disease Patients: Practice Patterns in the Office of the Nephrologist

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ABSTRACT

Introduction. Sexual dysfunction (SD) is a common problem in patients suffering from chronic kidney disease (CKD). Sexual health remains a difficult subject to detect and discuss. Although many studies have been performed on the incidence of SD, little is known about practice patterns when it concerns quality of life (QoL)-related questions such as SD in the nephrologists' practice.

Aim. The aim of this study was to determine to which extent nephrologists, important renal care providers, discuss SD with their patients and their possible barriers toward discussing this subject.

Methods. A 50-item questionnaire was sent to all Dutch nephrologists (n = 312).

Main Outcome Measures. The survey results.

Results. The response rate of the survey was 34.5%. Almost all responders (96.4%) stated to address SD in less than half of their new patients. The most important barrier not to discuss SD was patients not expressing their concern regarding SD spontaneously (70.8%). Other important barriers were: "the lack of a suitable moment to discuss" (61.9%) and "insufficient time" (46.9%). Eighty-five percent of the nephrologists stated that insufficient attention was paid to SD and treatment options during their training. Sixty-five percent of the respondents stated to be in need of extending their knowledge on the discussing of SD.

Conclusions. Dutch nephrologists do not discuss problems with sexual function routinely. The lack of knowledge, suitable education, and insufficient time are factors causing undervaluation of SD in CKD patients. Implementation of competent sexual education and raising awareness among nephrologists on the importance of paying attention to SD could improve care and QoL for patients with CKD. More research should be performed among patients and other renal care providers to develop an adequate method to enhance our current system. **van Ek GF, Krouwel EM, Nicolai MP, Bouwsma H, Ringers J, Putter H, Pelger RCM, and Elzevier HW. Discussing sexual dysfunction with chronic kidney disease patients: Practice patterns in the office of the nephrologist. J Sex Med 2015;12:2350–2363.**

Key Words. Chronic Kidney Diseases; Nephrology; Practice Patterns; Questionnaires; Sexual Dysfunction

Introduction

Chronic kidney disease (CKD) is a great health issue worldwide. The estimated population prevalence exceeds 10% and is still rising [1]. Sexual dysfunction (SD) is a major and common problem in both men and women suffering from CKD [2]. Erectile dysfunction (ED) is present in 70% of the male patients, as well as reduced libido and difficulty in reaching an orgasm [3,4]. Female patients suffer from impaired vaginal lubrication, loss of arousal and desire, dysmenorrhea, and

difficulty in reaching an orgasm [4]. Sexual complaints in female patients are twice as frequent compared with the healthy population [3,5]. Patients undergoing renal dialysis report higher rates of diminished sexual desire and ability. In both types of dialysis, the prevalence of SD measured is around 65% for men and 70% for women [6]. In case of hemodialysis, the prevalence is even higher for women and rises up to 84% [7]. Kidney transplantation is known to cause improvement of sexual complaints; however, the prevalence of SD after kidney transplantation still remains 46% in both men and women [6]. Immunosuppressive therapy needed after transplantation may cause impotence in men and loss of sexual interest in both men and women [8]. The etiology of SD in patients with CKD is caused by multiple underlying conditions including the uremic milieu, anemia, cardiovascular disease, CKD mineral and bone disorders, sex hormone disturbances, autonomic neuropathy, hyperparathyroidism, and hyperprolactinemia. Furthermore, the presence of SD is a result of side effects because of medication, comorbid illness (cardiovascular disease, diabetes mellitus, and malnutrition), and psychosocial factors. Psychosocial factors include depression, anxiety, poor self-esteem, marital discord, social withdrawal, body image issues, and fear of disability and death [2,4,5,9–11]. Several therapies have been used to treat SD in CKD: phosphodiesterase type 5 inhibitors (PDE5), intracavernosal injections, intraurethral suppositories, hormonal therapy, and psychotherapy. However, the safety and efficacy of these interventions are poorly studied [4].

Sexual health is an important factor regarding quality of life (QoL), therefore the presence of SD contributes to the deterioration of QoL [12].This problem has been reported in both male and female patients suffering from CKD [13,14]. Patients with SD may experience higher levels of stress, anxiety, and depressive mood. A quarter of patients with CKD fulfill the diagnostic criteria for depression [15]. Specifically in female patients a high association is present between SD and depression, the prevalence is increased fivefold when SD is present [16,17]. Furthermore, sexual complaints also have their effects on the social and married life. SD not only affects patients with CKD but their partners as well. Decreased partner satisfaction is a common problem [18].

Despite the growing body of evidence that SD diminished patients' health on several levels, only a few studies have been performed in order to examine to which extent renal care providers discuss these issues. Previous studies demonstrated that attention to and knowledge of SD from renal care providers is limited. Seventy-five percent of renal care providers were uncertain to which extent complaints of SD affected their patients. The majority of providers was hardly aware of the physiological and emotional problems patients had to endure [19]. Whether this is due to lack of awareness of the high prevalence and impact of SD on patients or by barriers in discussing sexual issues with the patient remains uncertain.

Due to the high impact of SD on patients' health, early detection is essential. The nephrologist can play an important role in the detection and counseling of SD due to their leading involvement during the whole process of disease. The aim of our study was to determine to which extent the nephrologists discuss the issue of SD with their patients suffering of CKD and the barriers toward discussing this subject.

Methods

Study Design

Data for this cross-sectional survey were collected using a questionnaire. The sample consisted of all practicing Dutch nephrologists (N = 318) who were members of Nefrovisie. This is a national agency of the Dutch Federation of Nephrology responsible for monitoring and supervising the quality of health care provided by nephrology departments. As six addresses obtained from the agency were out of date, a total of 312 questionnaires out of 318 could be sent.

Instrument Design and Development

The questionnaire used for this survey was developed by the author (G.F.v.E.), a co-researcher (E.M.K.), a urologist-sexologist (H.W.E.) and a nephrologist (H.B.). The structure and design of the questionnaire were derived from questionnaires used in previous studies regarding sexuality and health-care providers [20–24], with items based on issues identified by the authors and in literature. The survey was pilot tested by nephrologists and residents from the Leiden University Medical Centre Department of Nephrology (n = 7). The approached representatives were asked to comment on the content of the survey. No remarks were made regarding the content of the questionnaire, therefore no adjustments were made in the final questionnaire.