

Psychological Impact and Sexual Dysfunction in Men with and without Spinal Cord Injury

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ABSTRACT

Introduction. The World Health Organization recognizes sexual health as a fundamental right that should be guaranteed to all individuals. Sexual dysfunction affects various aspects in the lives (physical, psychic, and social) of affected persons.

Aims. To assess the different types of sexual dysfunction, the quality of life (QOL), depression, anxiety, and levels of self-esteem observed in 165 men with sexual dysfunction, both with and without spinal cord injury (SCI).

Methods. Case control study of 85 men with SCI and sexual dysfunction, and 80 men without SCI that have sexual dysfunction.

Main Outcomes Measures. The Sexual Health Evaluation Scale, the Fugl-Meyer Life Satisfaction Questionnaire scale, the Hospital Anxiety and Depression Scale, the Evaluation of the Sexual Health Scale, and Rosenberg's Self-esteem Scale were all used for data collection.

Results. Of the members in group A (with SCI), 89.4% (76) showed erectile dysfunction, and 75.2% (64) reported anejaculation. In group B (without SCI), 75 (96.8%) showed erectile dysfunction, and 58.7% (47) had disorders of sexual desire. In group A, 16.47 % (14) showed signs of depression, and 35.3% (30) had signs of anxiety. In group B, 30% (24) had elevated scores regarding depression, and 48.75% (39) had high scores for anxiety. All of the participants reported a high general QOL and a high satisfaction with their QOL but reported that their satisfaction with their sexual lives was only at the acceptable level. Social QOL is significantly higher in the SCI group (t Student $P = 0.031$). The QOL, self-esteem, and anxiety and depression levels are significantly correlated.

Conclusions. Men with sexual dysfunction strive to adapt to their situations, with the relationship between the type of sexual dysfunction and the QOL, mood (depression), and self-esteem all being important considerations. Sexuality and employment status are the areas where men with spinal cord injuries report less satisfaction. **Cobo Cuenca AI, Sampietro-Crespo A, Virseda-Chamorro M, and Martín-Espinosa N. Psychological impact and sexual dysfunction in men with and without spinal cord injury. J Sex Med 2015;12:436–444.**

Key Words. Quality of Life; Spinal Cord Injury; Sexual Dysfunction; Self-Esteem; Anxiety; Erectile Dysfunction; Depression

Introduction

In the year 2000, the World Health Organization recognized sexual health as a fundamental right to be guaranteed to all individuals, defining it as the experience of a continual state of physical, psychological, and sociocultural well-being in terms of sexuality [1]. Sexual dysfunction (SD)

refers to a problem occurring during any phase of the sexual response cycle. In men, the main types of SD are as follows: a decrease in sex drive, or the occurrence of erectile dysfunction (ED), ejaculation disorders (anejaculation, retrograde ejaculation, and premature ejaculation [PE]), and dyspareunia or painful ejaculation [2]. It is estimated that approximately 100 million men world-

wide suffer from ED. In Spain, approximately 2 million men between the ages of 25 and 70 suffer from erectile dysfunction [3]. ED is associated with depression, anxiety, a loss of self-esteem [4–8], and a lower quality of life (QOL) [9,10].

Spinal cord injury (SCI) is the pathological process that affects the spinal cord, potentially altering sensory or autonomous motor functions below the level of the injury [11]. Its effects (physical, functional, psychological, familiar, social) are extremely significant and require a great deal of adaptation. It is estimated that the incidence of traumatic SCI in developed countries ranges from 12.1 and 57.8 new cases per million inhabitants [12,13]. In Spain, the estimated number of spinal cord injuries is 16–25 cases per million inhabitants per year. The most frequent age group is 16–40 years of age. Of the affected individuals, three-quarters (3/4) are male, and 70% of the injuries are traumatic. Tetraplegia is more common than paraplegia [14].

A higher prevalence of depression and anxiety disorders has been found among people suffering from SCIs, ranging from 20% to 48%. Neither depression nor anxiety is related to the degree of the injury, severity, or functional independence, and individuals vary extensively in terms of these factors [15–18]. Generally, people who have SCIs have a lower QOL than do people without SCIs [19,20]. A lower QOL exists for individuals who experience urinary infections [19], urinary and/or intestinal dysfunction, motor dysfunction, pain, pressure ulcers, and SD [20].

Males with spinal cord injuries can experience problems with sexual performance that lead to changes in the sexual conduct of the patient [21–25]. The degree of SD depends on the extent of the injury, the level of the injury, and the period of time that has passed since the SCI itself [21–29].

The following types of SD tend to occur in males suffering from spinal cord injuries: a decrease in sex drive, ED, anejaculation or retrograde ejaculation, anorgasmia, and, in some cases, dyspareunia or intracoital pain [21–29].

Recent studies have shown that between 25% and 89.5% of males suffering from SCI require treatment to be able to maintain an adequate erection [21–29]. The type of erection one has depends on the extent of the SCI. In most cases, patients are not able to maintain an adequate erection.

Sexual performance is recognized as an area that has not been sufficiently addressed. Individuals with SCIs reported dissatisfaction with their sex lives [30,31]. Few studies have investigated the

relationship between QOL, self-esteem, and sexuality in individuals with and without spinal cord injuries, as well as how these specifically relate to SD.

For this reason, the aims of this study are as follows:

1. To understand the different types of SD that can be experienced by men with and without SCIs.
2. To assess the QOL of men who report having experienced SD with and without SCI.
3. To assess their current affective states of mind (anxiety and depression) and their levels of self-esteem.
4. To assess the relationship between QOL and levels of anxiety, depression, and self-esteem in men suffering from SD with and without SCI.

Methods

Between January 2009 and December 2012, a case-control, multicenter study was conducted on 165 men with SD.

Group A (SCI): There were 85 men with SCI and SD that participated in this study. This was a sample from the Urology Unit of the National Hospital of Paraplegics, and the sample was representative of all individuals who met the criteria for the study.

Group B (control) (NSCI): Group B consisted of 80 men with SD without SCI (NSCI). This was a representative sample from the Urology Unit at “Virgen de la Salud” Hospital in Toledo.

The inclusion criteria applied to the groups were as follows: (i) males between 18 and 65 years of age, (ii) Spanish speakers, and (iii) not suffering from any mental illness. For group A (SCI), the criteria also included (i) men suffering from chronic SCI, the onset of which began more than 1 year prior to the study and (ii) from C6 level injury to the cauda equina.

In order to calculate the sample size, it was determined that a minimum sample size of 46 patients was required in order to extrapolate a reliable value from the Fugl-Meyer Life Satisfaction Questionnaire (LISAT-8) test for the sample population of patients with ED (estimating a 5% alpha error and a statistical power of 80%) [9].

Procedures

The participants in group A were men with chronic spinal cord injuries who attend the National Hospital for Paraplegics of Toledo for

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