

Do Gynecologists Talk About Sexual Dysfunction With Their Patients?

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DOI: 10.1111/jsm.12603

ABSTRACT

Introduction. Female sexual problems and dysfunctions have a high prevalence, ranging from 12% to 80%, depending on the definition being used, underlying comorbidities, and age. Despite the high prevalence, there are only scarce data about the approach gynecologists use to address female sexual dysfunction.

Aim. The aim of this study is to evaluate the approach of Swiss gynecologists to addressing sexual problems among their outpatients.

Methods. After a pilot study including 56 physicians, a modified 19-item self-administered questionnaire was sent to 856 Swiss gynecologists to evaluate their methods of management of patients with sexual issues and their attitudes regarding the integration of sexual health issues into the gynecological consultation.

Main Outcome Measures. Besides demographic information, the self-administered questionnaire included questions about addressing sexual health as part of consultation routine, estimated frequency of symptoms, reasons for not addressing sexuality, clinical conditions in which sexuality was addressed, and methods of management of sexual problems.

Results. Of the 341 responding gynecologists (39.8% response rate), 40.4% reported having at least brief (at least 1–2 days) of training in sexual medicine, 7.9% of the respondents routinely explored sexual issues with more than 80% of their patients, 28.2% of the respondents offered appointments specifically for sexual issues, and 85% proposed referrals to specialized colleagues. Lack of motivation for therapy on the part of the patient was mentioned as the most common cause for persisting symptoms (63.3%). Dyspareunia was quoted as the most/second most prevalent type of female sexual dysfunction by 77.1% of the respondents.

Conclusion. We conclude that among Swiss gynecologists, sexual problems are regarded as an important issue in gynecological outpatient care, but addressing patients' sexuality is not yet part of routine practice. Swiss gynecologists seem to be most likely to consider hormonal changes (although not so much those due to oral contraceptives) to necessitate discussion of sexual health issues, while psychosocial transitions or stress seem to be considered less important. **Kottmel A, Ruether-Wolf KV, and Bitzer J. Do gynecologists talk about sexual dysfunction with their patients? J Sex Med 2014;11;2048–2054.**

Key Words. Sexual Medicine; Female Sexual Dysfunction; Gynecologist; Primary Care; Outpatient Care; Self-Administered Questionnaire

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Introduction

There is a high prevalence of sexual problems in women. In the United States, sexual problems with regard to desire, arousal, or orgasm were reported in 27.2% of younger women (aged

18–44 years), 44.6% of middle aged women (aged 45–64), and 80.1% of elderly women (over 65 years of age) [1]. These prevalence rates are consistent with other studies evaluating women in different countries and of different age groups [2–4].

The prevalence of female sexual dysfunction (FSD), defined as persistent lack of sexual desire, lack of arousal, inability to orgasm, or pain during intercourse leading to personal distress, is lower. Shifren et al. found a prevalence of 12.0% in American women for sexually related personal distress caused by the four main FSDs (lack of desire, lack of arousal, inability to orgasm, pain) [1]. Despite this high prevalence of sexual problems causing distress in women, there is nearly no information about how gynecologists deal with these dysfunctions in clinical practice.

A self-administered survey showed that gynecologists in Germany feel responsible for dealing with patients suffering from sexual dysfunction (>94%) but do not feel comfortable in their ability to meet the needs of their patients (>68%) [5]. In a recent study in the United States, 40% of gynecologists declared in a self-administered survey that they ask their patients about sexual problems in their consultation routine [6]. Another self-administered survey inquired about the care provided by urologists and general practitioners (GPs) in Switzerland; 22.8% of urologists and 10.4% of GPs actively asked their patients about sexual problems [7]. None of the GPs and only 20% of urologists considered their competence in treating sexual dysfunction to be very good, and the majority (76–92%) of physicians reported a need for continuing education regarding sexual health issues [7].

The aim of this survey is to evaluate the attitude and practice of gynecologists in Switzerland in regard to the sexual health of and sexual dysfunctions in their patients. Our hypothesis, in consideration of the prevalence data available to date, was that opportunities to evaluate patients regarding sexual problems would be missed a significant percentage of the time.

Materials and Methods

We conducted a pilot study at the Department of Gynecology at the University Hospital of Basel, Switzerland, to evaluate a self-administered questionnaire (SAQ) asking residents and consultants about their current care for patients with sexual dysfunctions and their attitudes regarding the sexual health of their patients. The questionnaire

included items with open answers, multiple-choice answers, and visual analogue scales. Thirty-five of the 56 physicians of the department participated. Oral and written feedback and the answers given were evaluated to adapt the SAQ to improve comprehensibility of the questions and to eliminate open questions. As the SAQ was developed in German, the adapted 19-item questionnaire (see Table 1) was sent only to German-speaking Swiss gynecologists (N = 856). No other exclusion criteria were employed. The final version of the material sent to the gynecologists included an accompanying letter explaining the study aim and the study design, the three-page SAQ, and a post-paid reply envelope. The letters were mailed in December 2010, and the answering period was extended until February 2011. The local ethics board waived the requirement for ethical approval. The descriptive analysis was carried out with SPSS 12.0 (SPSS Inc., Chicago, IL, USA).

Results

Characteristics of Gynecologists

Out of the 856 questionnaires, 341 were returned (39.8% response rate). One letter was returned unopened because of an invalid address.

The general characteristics of the respondents are summarized in Table 2. Of the respondents, 58.9% were male, 69.8% were between 40 and 60 years old, and 88.3% had over 10 years of professional experience. The percentage of the study participants working in private practice was 66.6% (see Table 2). Of the 341 responding gynecologists, 40.4% reported having had at least brief (at least 1–2 days) training in sexual medicine (see Table 2).

Frequency of Addressing Sexual Health

Only 7.9% of the survey participants routinely explored sexual issues in more than 80% of their patients, and 41.6% asked less than 1 in 5 patients about their sexual health (see Figure 1). Nearly three-quarters (72.1%) of the respondents stated that less than 1 in 5 of their patients raised the topic of sexual health on their own. On the other hand, 24.6% of the study participants suspected concealed sexual problems in 21–40% of their patients, and 58.1% did so in up to 20% (see Figure 2).

Physicians with extensive training in sexual medicine were the only subdivision of respondents who showed a significantly higher rate of asking

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