

ORIGINAL RESEARCH—PSYCHOLOGY

Moderate and Severe Erectile Dysfunction Equally Affects Life Satisfaction

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ABSTRACT

Purpose. To explore the life satisfaction of patients with erectile dysfunction (ED) and to examine the relation between severity of ED and life satisfaction.

Materials and Methods. The study sample was recruited from patients who presented in an andrologic outpatient clinic complaining of ED. All patients underwent the basic clinical evaluation and were assessed by the International Index of Erectile Dysfunction (IIEF) and the Life Satisfaction Inventory (LSI).

Results. The study included 69 patients with ED (age range 22–71 years, mean 49.5, SD 13.7). The LSI appeared to have satisfactory internal consistency (Cronbach's $\alpha = 0.82$). Men with ED had significantly lower satisfaction with their sexual life ($t = -13.756$, d.f. = 68, $P = 0.000$), but also significantly lower total score of satisfaction with their life ($t = -2.793$, d.f. = 68, $P = 0.007$) compared with available normative data from healthy population. However, when compared with controls, men with ED showed significantly higher satisfaction scores on their financial status ($t = 5.075$, d.f. = 68, $P = 0.000$) and on their leisure time activities ($t = 4.029$, d.f. = 68, $P = 0.000$). Regarding ED severity, mild ED affects patients' satisfaction with sexual life less than do moderate and severe ED. Interestingly, no difference was identified between moderate and severe ED groups.

Conclusions. Men who seek help for ED have lower satisfaction with sexual life and lower satisfaction with their overall life compared with healthy people. Severity of ED seems to be an important factor, as men with moderate ED perceive the impact of ED on their life satisfaction equally with those with severe ED. ED patients gain more satisfaction from other domains of their life, provided they adopt coping behaviors that help compensate for their low overall life satisfaction. Furthermore, as ED patients do not differ from healthy people in their expressed subjective rating of quality of life (QoL), life satisfaction may be more sensitive than QoL assessment in the evaluation of the impact of ED on our patients' life. **Mallis D, Moisisdis K, Kirana P-S, Papaharitou S, Simos G, and Hatzichristou D. Moderate and severe erectile dysfunction equally affects life satisfaction. J Sex Med 2006;3:442–449.**

Key Words. Erectile Dysfunction; Quality of Life; Life Satisfaction

Introduction

During the last decade, quality of life (QoL) has become an important parameter in the evaluation of treatment outcomes and clinical assessment of conditions [1,2]. This has been the result of the recognition that health is a multidimensional concept which is not limited to the

absence of illness [3]. Therefore, physicians are concerned not only with the traditionally clinical aspects of the disease, but also with other dimensions such as social, mental, and psychological well-being. QoL instruments include both objective and subjective parameters, while well-being

reflects mainly the subjective patients' perception of feelings. Satisfaction, on the other hand, is a concept that is frequently used to evaluate subjective aspects of QoL [4]. It reflects how the individual perceives different dimensions of his life [5]. Satisfaction is often used as an outcome measure under the assumption that it is dependent on life circumstances and events. For that purpose, life satisfaction questionnaires have been developed in order to measure the subjective aspects of well-being per se.

An interesting aspect of life satisfaction is that individuals are often remarkably stable in their well-being despite changes that may have occurred [6]. Major life events can bring about changes in life satisfaction, but people soon return to the state of well-being that they enjoyed before. Under such circumstances, coping strategies maintain high levels of subjective well-being [7,8].

Erectile dysfunction (ED) is a medical condition related not only to biological parameters, but also to physical and psychosocial health [9]. Several studies have shown that ED has a significant impact on the QoL of both sufferers and their partners and families. Given that ED does not impact directly on measures of morbidity and mortality, QoL assessments do not clearly demonstrate the impact of the condition on the life of the sufferers. Moreover, ED is defined as the inability to attain and maintain an erection sufficient to permit satisfactory sexual performance; Such definition clearly demonstrates that patients' satisfaction should be considered a key parameter in the evaluation of ED's impact on patients' life satisfaction, not only as a measure of a patient's well-being, but also in order to assess treatment outcomes and develop management strategies.

The aim of the present study was to explore life satisfaction of patients with ED and to examine the relation between severity of ED and life satisfaction.

Materials and Methods

The present study used consecutive patients, >18 years of age with stable heterosexual relationship, who attended a sexual and reproductive health outpatient clinic complaining of ED. Patients with comorbidities that may affect and seriously interfere with their everyday life or mental health conditions were excluded from the study. These included two patients with psychiatric comorbidity, one with complicated diabetes mellitus including vision loss during the last

4 months, one with renal failure and uremia, and two with multiple sclerosis and relapse episode during the last 2 months.

ED was defined as the consistent or recurrent inability of a man to attain and/or maintain a penile erection sufficient for sexual performance. All patients underwent the typical basic evaluation including demographics, clinical evaluation, and laboratory exams. Furthermore, they were assessed by the International Index of Erectile Dysfunction (IIEF) [10] and the Life Satisfaction Inventory (LSI). Both of these questionnaires are self-administered, translated, and validated.

The erectile function domain score of the IIEF (IIEF EF domain) and IIEF-5 were used to assess severity of ED according to predefined cutoffs. The IIEF-5 is a shorter version of IIEF, comprising only five questions (questions 2, 4, 5, 7, and 15 of IIEF); however, it includes one question on patients' satisfaction (question 7) which is not included in the IIEF EF domain.

The LSI scale was initially developed by the Psychology Institute of Freiburg as a tool to assess the subjective perceptions of oncology patients of their life and was used afterwards to assess life satisfaction in diverse groups of patients; however, this inventory has never been used previously to assess life satisfaction in ED patients. The LSI comprises 13 questions that concern almost all aspects of a person's life: Item 1—Physical state, Item 2—Mental health, Item 3—Psychological health, Item 4—Occupation, Item 5—Financial status, Item 6—Relationship with the partner, Item 7—Sexual life, Item 8—Family life, Item 9—Role in family, Item 10—Number of friends and acquaintances, Item 11—Hobbies, Item 12—Appearance, Item 13—General QoL. Subjects indicate their satisfaction using a five-level scale; the minimal total score is 13 and the maximum 65. The LSI has been standardized and validated in healthy Greek population. Data on the psychometric validation of the LSI, as well as nomograms based on this population, have been developed and published previously for control purposes [11]. These data were used in the present study in order to compare life satisfaction of ED patients with healthy people from the Greek population and to address the impact of ED severity, as measured by the IIEF EF domain and IIEF-5, on life satisfaction.

Statistical Analysis

In order to examine the reliability of the LSI, we used the Cronbach test. For further examination

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