

ORIGINAL RESEARCH—MEN'S SEXUAL HEALTH

An Exploration of Returning Veterans' Sexual Health Issues Using a Brief Self-Report Measure

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ABSTRACT

Introduction. Sexual health is an integral aspect of quality of life with important implications for satisfaction with intimate relationships, emotional well-being, and life as a whole. Veterans returning from Iraq and Afghanistan frequently encounter a wide range of known risk factors for sexual health concerns.

Aim. This article seeks to examine the overall frequency, important covariates associated with sexual difficulties, and the relevant domains of sexual dysfunction among a group of recent US veterans of Iraq and Afghanistan.

Methods. This is a retrospective chart review of 247 veterans of conflicts in Iraq and Afghanistan evaluated for an initial visit at the post-deployment clinic of a large veterans affairs medical center (VAMC). Patient demographic and medical characteristics were calculated using descriptive statistics. The prevalence and burden of sexual health issues in our patient sample were calculated using descriptive statistics from these veterans' responses to a self-report measure of sexual functioning. Item-level regression analyses were then conducted between sexual functioning responses and other patient data.

Main Outcome Measures. The main outcome measures used were the responses to the Arizona Sexual Experience Scale (ASEX).

Results. Almost 18% of veterans screened positive for sexual functioning difficulties. Self-reported sexual dysfunction was most strongly associated with depression, posttraumatic stress disorder, female sex, and service connection rating. Co-occurring characteristics varied with specific areas of sexual functioning.

Conclusions. Screening using an empirically validated self-report instrument indicates that there is a high prevalence of reported sexual dysfunction among recently deployed veterans. Analyses indicated that there are specific characteristics associated with both overall self-reported sexual dysfunction and specific subtypes of sexual dysfunction. Active assessment of specific aspects of sexual dysfunction concerns may allow providers to identify and implement more precise sexual functioning interventions. **Beaulieu GR, Latini DM, Helmer DA, Powers-James C, Houlette C, and Kauth MR. An exploration of returning veterans sexual health issues using a brief self-report measure. Sex Med 2015;3:287–294.**

Key Words. Sexual Dysfunctions; Psychological; Sexual Dysfunction; Physiological; Sexual Behavior; Veterans; ASEX

Introduction

Sexual health is an integral aspect of quality of life. Prior research has established that sexual functioning has important implications for satisfaction with intimate relationships, emotional well-being, and life as a whole [1–3].

Problems with sexual functioning are common. Estimates of problems in sexual functioning of individuals in medical settings range from 25% to 63% of women and 10% to 52% of men [4–6]. Sexual functioning difficulties are most often observed in older adult populations or among those with medical and/or psychological difficulties [7].

One factor that can worsen the impact of sexual dysfunction is the discomfort that both patients and providers have in discussing sexual matters [8,9]. Moreira et al. [9] noted that the individual with whom sexual health was most commonly discussed was a romantic partner in a sample of 27,500 men and women age 40–80. The same study also found that only 9% of patients reported being asked about their sexual health by a provider in the three years prior to the survey. A systematic review of eight qualitative studies of healthcare providers yielded 19 interrelated themes related to providers' avoidance of discussing sexual health. These themes included lack of time, resources, and awareness of sexual issues, as well as providers' own discomfort with discussing sexual health concerns [10].

The underreporting and under-inquiring of sexual health are particularly problematic in light of prior research, which suggests that treatment of sexual health concerns may lead to improvements in well-being that transcend physiological functioning. For example, it was found that men who were successfully treated for erectile dysfunction with phosphodiesterase type 5 (PDE5) inhibitors reported subsequent improvement in self-esteem, confidence, and depressive symptoms [11].

Sexual dysfunction among veterans returning from Iraq and Afghanistan has only recently begun to be the subject of serious study. This population is relatively young, with approximately 74.7% of this cohort born after 1970 [12]. Yet members of this veteran cohort frequently encounter a wide range of known risk factors for sexual health concerns [13]. These risk factors include tobacco use, traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), major depressive disorder, childhood and adult sexual trauma, and use of multiple medications [14,15]. Additionally, one study

reports that approximately 25% of army veterans met criteria for a mental illness under Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition prior to entering military service [16].

Previous research estimates of sexual health concerns among returning veterans range from 5.5% to 25% [17,18]. Importantly, Helmer et al. noted that estimating the frequency of sexual dysfunctions in returning veterans in primary care settings is made difficult by the fact that most issues are documented in the medical records, but not necessarily recorded as diagnosis codes or associated with medication prescriptions.

Aims

This article first examines the overall frequency of sexual dysfunction among a group of recent US veterans of Iraq and Afghanistan receiving initial primary care services at a large VA medical center in Houston, TX. This article then explores factors associated with sexual dysfunction in this cohort. Our goal was (i) to identify the most important covariates associated with sexual difficulties; and (ii) to provide a more nuanced understanding of domains of sexual dysfunction experienced by this sample of veterans by examining the individual items in our sexual dysfunction measure that describe different facets of the sexual experience. We test for associations between sexual dysfunction reported by recent combat veterans and known risk factors.

Methods

Design and Procedures

Setting

All veterans deployed to conflicts in Iraq and Afghanistan who present for an initial visit at the post-deployment clinic of a large veterans affairs (VA) medical center in Houston, TX, receive a variety of physical and mental health assessments. All veterans who attend the post-deployment clinic complete a clinical psychosocial screening that includes a brief self-report measure of sexual function, the Arizona Sexual Experience Scale (ASEX). Following these general assessments, patients' concerns are evaluated in more detail and they are referred for such additional and follow-up services as may be clinically indicated. Such services may include primary, specialty, and mental health care.

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