

## SEXUAL MEDICINE

## Biopsychosocial Management of Female Sexual Dysfunction: A Pilot Study of Patient Perceptions From 2 Multi-Disciplinary Clinics

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## ABSTRACT

**Background:** Sexual dysfunction is often complex and biopsychosocial. Traditional sexual health care management involves individual providers not in a multi-disciplinary setting. A multi-disciplinary team may consist of a medical provider, pelvic floor physical therapist, and sex therapist.

**Aim:** The aim was to explore the patient perceptions of benefit from management of their sexual dysfunction by a biopsychosocial multi-disciplinary team.

**Methods:** A survey was e-mailed to women patients seen by multi-disciplinary teams at 2 different settings: San Diego Sexual Medicine or Mayo Clinic Women's Health Clinic during a 27-month period. Data are reported using summary statistics for age and count for remaining survey responses. Cochran-Armitage tests for trend were used to compare pre- and post-comfort levels.

**Outcomes:** Main outcome measures included perceived benefit of being managed in a team-based model of care, level of benefit and satisfaction from each provider, and difference from pre-conceived level of comfort to actual comfort after each provider visit.

**Results:** 89 of 270 e-mailed surveys were analyzed. Patient populations (mean age 47.6, range 23–77 years) were similar between sites. Overall, 82% of respondents reported moderate/great benefit from the team-based model; 72.1% reported management by all 3 providers valuable/extremely valuable; and 84.3% were somewhat/very satisfied with the model. Women endorsed specific ways in which they benefitted from the team-based model including: improved sexual function (58.1%), feeling validated (72.1%) and listened to (62.8%), that they better understood their health concerns (65.1%), that their partner better understood their health concerns (46.5%), and feeling normal (46.5%). There were no significant differences between the 2 clinics in terms of patient-perceived benefit, value, or satisfaction.

**Conclusions:** The team-based model of care for management of sexual dysfunction in women including a medical provider, physical therapist, and sex therapist is associated with patient-perceived benefit, satisfaction, and value. **Rullo J, Faubion S, Hartzell R, et al. Biopsychosocial Management of Female Sexual Dysfunction: A Pilot Study of Patient Perceptions From 2 Multi-Disciplinary Clinics. Sex Med 2018;XX:XXX–XXX.**

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**Key Words:** Biopsychosocial; Multi-disciplinary; Satisfaction; Benefit

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## INTRODUCTION

The biopsychosocial model of sexual health management is often considered the gold standard because it emphasizes that sexual dysfunctions involve a complex interplay of biological, psychological, interpersonal, and sociocultural factors.<sup>1–3</sup> This model is the foundation for clinical theories and paradigms including the sexual tipping point,<sup>4</sup> the dual-control model,<sup>5</sup> and systemic sex therapy.<sup>6</sup>

Biopsychosocial sexual health care management involves the collaboration of a medical provider, physical therapist (PT), and sex therapist (ST), who coordinate treatment between providers and patient (Figure 1). This multi-disciplinary model is not unique to sexual health care delivery, as it has been shown to be effective in other health care settings, including primary care, obesity management, and cancer survivorship.<sup>3,7</sup> Specifically within the field of sexual health, a number of studies have shown promising results using this multi-disciplinary framework to successfully treat various sexual health concerns, particularly female sexual dysfunction.<sup>8–13</sup> Despite promising clinical outcomes of multi-disciplinary treatment for sexual health, much is unknown about this model. This is, in part, due to the difficulties in integrating multiple sexual health disciplines within 1 clinic and medical record system.<sup>2,14</sup>

The present study is an attempt at elucidating this multi-disciplinary treatment approach for sexual health concerns, with a specific focus on women's sexual health. First, the patient flow of 2 different multi-disciplinary, integrated sexual health clinics is described. Second, patient satisfaction and perceived value and benefit of a multi-disciplinary approach from these 2 independent clinics are reported. These findings explore the benefits of the use of multi-disciplinary management for female sexual dysfunction. This is of particular interest at this time when increasing patient satisfaction is considered relevant to practice management and a determinant of provider compensation.

## METHODS

After approval by the Mayo Clinic Institutional Review Board, an e-mail survey was administered to women patients seen by all 3 provider types (physician, PT, ST) within a 90-day time frame at San Diego Sexual Medicine (SDSM) or Mayo Clinic Women's Health Clinic (MCWHC) between October 1, 2013, and December 31, 2015. The survey addressed such variables as perceived benefit of being managed in a team-based model of care, level of benefit from each provider, level of satisfaction from each provider, and difference in pre-conceived level of comfort and actual level comfort after the visit with each provider. This survey does not include any material from validated questionnaires.

Data are reported using summary statistics such as mean (SD) for age and count (percentage) for the remaining survey responses. Cochran-Armitage tests for trend were used to compare pre- and post-comfort levels for each type of care provider. Comparisons were made between clinics using a *t* test for age;  $\chi^2$  or Fisher exact tests for discrete, nominal questions; and Mantel-Haenszel  $\chi^2$  tests

for ordinal measures. Statistical significance was set at a *P* value  $\leq .05$ . All analyses were conducted using software (SAS, Version 9.4; SAS Institute Inc, Cary, NC).

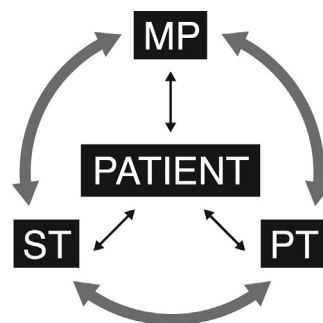
MCWHC is a multi-disciplinary, integrated care clinic within a larger health care organization, providing treatment for women with sexual dysfunction and menopause-related concerns. The clinic is composed of internists/family medicine specialists (MD/DO), ST, and pelvic floor PT. At MCWHC, women presenting with sexual health concerns are seen by a medical provider. If, at the time of the initial consultation, the MD/DO determines the patient would benefit from consultation with a PT and/or ST, the patient is referred, with discussion among the various providers during the episode of care, as well as coordination of care and provision of a treatment plan. Only patients seeing all 3 providers at MCWHC were included in the study.

SDSM is a stand-alone health care facility providing multi-disciplinary, integrated clinical care for men and women with sexual dysfunction. SDSM is composed of sexual medicine physicians (MD), ST, and pelvic floor PT. At SDSM, the model is somewhat different from MCWHC, in that all women patients presenting with sexual health concerns are ideally scheduled to see the MD, PT, and ST (in no specific order) on their initial visit, with discussion among the various providers throughout the visit, and a summary of pertinent findings at the end.

## RESULTS

Of 270 surveys e-mailed, 95 were returned (35.1% response rate); 6 were incomplete. A total of 89 were included in the analysis, 43 from SDSM and 46 from MCWHC. Of the 89 women who completed the survey (mean age, 47.6 years; range 20–77 years), the majority reported being white, not Hispanic (92.1%), post-menopausal (57%), married (76.4%), and employed (43.2%). The patient populations seen at MCWHC and SDSM revealed no significant differences in terms of age, menopausal status, relationship status, race/ethnicity, employment, or education status (Table 1).

Compared to MCWHC, significantly more patients from SDSM reported being previously seen by another provider for a sexual health concern (85.4% SDSM vs 26.1% MCWHC,



**Figure 1.** Multi-disciplinary team-based model of care. MP = medical provider; PT = physical therapist; ST = sex therapist.

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