

The New Sexual Medicine - Integrating Pharmacotherapy, Sexual Therapy and Surgery

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SEXUAL FUNCTIONING IN PEOPLE WITH STABLE CHRONIC DISEASES

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Background

In developed countries people are living longer and the incidence of chronic disease (CD) is increasing. CD and its treatments can have a negative impact on sexual functioning and sexual satisfaction

Objective

To explore and to compare sexual function and sexual satisfaction in people with stable chronic diseases.

MATERIAL AND METHODS:

Participants

603 subjects, 72.5 (%) females, with the following diagnosed chronic disease for more than three years

type 1 diabetes, type 2 diabetes, epilepsy, multiple sclerosis, cancer, and morbid obesity,

After treatment participants returned to the usual life pattern in the community,

Mean age of participants are, 41.19 years; the mean number of school years of 9.87.

Material

Assessment of Sexual Function and Sexual Satisfaction was based on the items, developed for the Multiple Sclerosis Quality of Life Questionnaire 54.

It includes four items assessing function that are different for males and females, and one item assessing satisfaction that is the same for both genders.

Assessment of Sexual Function and Sexual Satisfaction

Instructions: How much of a problem was each of the following for you during the past 4 weeks?

Functional Items for males: 1-Lack of sexual interest ; 2-Difficulty getting or keeping an erection ; 3-Difficulty having orgasm; 4-Ability to satisfy sexual partner

Functional Items for females: 1- Lack of sexual interest; 2- Inadequate lubrication; 3-Difficulty having orgasm; 4-Ability to satisfy sexual partner

Answer in a ordinal scale with four alternatives: "Not a problem", "A Little of a Problem", "Somewhat of a Problem", "Very Much a Problem"

Assessment of Sexual Function and Sexual Satisfaction

One item: the same for **MEN AND WOMEN**

Instruction

“Overall, how satisfied were you with your sexual function during the past 4 weeks ? “

Answer in a Likert type scale

"Very satisfied“, “Somewhat satisfied“, “Neither satisfied nor dissatisfied“, “Somewhat dissatisfied“, "Very dissatisfied"

Procedures

Research follows all the ethical procedures in the Helsinki declaration, national laws and hospital rules.

RESULTS:

Dominant values for **Sexual Function** suggest "**a little problem**" to "**somewhat a problem**", with the worst results for type 2 diabetes for males, and the worst results for cancer for females.

For **Sexual Satisfaction** results show "**somewhat satisfied**" to "**neither satisfied nor dissatisfied**" for all:

Type 2 diabetes report "**somewhat dissatisfied**".

RESULTS (cont.)

One-way analysis of variance (ANOVA) is used to determine whether there are any significant differences between the means of two or more independent (unrelated) groups.

For sexual satisfaction, ANOVA shows a $Z=2.24$, $p<0.05$, suggesting that there are statistical significant differences between diseases.

For sexual function, ANOVA shows statistical significant differences between diseases for males ($Z=2.23$, $p<0.05$) but not for females.

RESULTS (cont.)

Analyses shows, for all group, negative statistical significant correlation between **Sexual Satisfaction** and school level and positive correlation with age.

For **Sexual Function**, we found, for *males*, positive statistical significant correlations with, number of years of diagnosis, and with age, and negative statistical significant correlation, with years of schooling. Identically, for *females*, we found statistical positive significant correlation, with age, and with number of years of diagnosis, and negative with number of school years.

Conclusions

Results suggests that people living with chronic diseases can have a poor sexual life, probably resulting from living with a disease.

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