

Background

Frequently, **sexual dysfunctions (SD) are considered as symptoms of pathological processes** that must be correctly identified and treated if possible¹. A study with general practitioners (GPs) in England indicates that there is a **gap between the provision and use of treatments for sexual problems**². Furthermore, it is known that physicians face several barriers when it comes to following practical guidelines, such as lack of awareness, lack of familiarity and lack of agreement³.

This study **aims** to characterize: a) **GPs' knowledge** about SD (diagnosis and treatment guidelines); b) **practices of SD management**; c) **Barriers encountered on daily practice**; and d) perceived **need of training**.

Results

In average, the 50 participants (30 females) from 9 Primary Health Centers are 52±8,6 years old, have 21±8,2 years of family practice and follow 1613±364 patients (Table 1). The average of patients that GPs actively ask about sexual problems is 16±16,7 compared to 14±13,2 of patients who take the initiative. The majority (76%) didn't consulted clinical recommendations about diagnosis and treatment of SD during the last year mostly due to "lack of time" (32%) and "don't know how to access them or do not consider accessible" (24%) (data not shown).

Table 1. Socio-demographic characteristics

General Practitioners	n (SD)
Sex	
Male	20 (40%)
Female	30 (60%)
Age (years)	51.9 (8,6)
Years since start of GP career, SD	21.0 (8,2)
Size of patients' list (approximately)	1613.4 (363,9)
Number of medical appointments / week (average)	99.2 (29,2)

Table 2. Perceived competence in discussing and treating sexual problems

Perceived competence in...	Discussing sexual problems		Treating sexual problems	
	With Male Patients (% N)	With Female Patients (% N)	With Male Patients (% N)	With Female Patients (% N)
Very Good	2.1 (1)	6.3 (3)	4.1 (2)	0 (0)
Good	22.9 (11)	27.1 (13)	14.3 (7)	19.1 (9)
Moderate	25.0 (12)	33.3 (16)	26.5 (13)	23.4 (11)
Enough	31.3 (15)	14.6 (7)	24.5 (12)	25.5 (12)
Not enough	18.8 (9)	18.8 (9)	30.6 (15)	31.9 (15)

The self-perceived competence in discussing sexual problems is higher than for treating them for both male and female patients as shown in Table 2. In what concerns female patients, 66.7% of the GPs self-rate their competences in discussing SD as "moderate to very good", compared to 42.5% in treating SD with female patients. For male patients similar results were found.

Barriers to initiating dialogue about sexual health were measured by 11 items in a 10-point Likert scale as illustrated in Figure 1. Lack of time to obtain relevant information to clinical practice, to deal with sexual health issues is also perceived as an important barrier to the initiation of a discussion about sexual health with the patient, as well as lack of academic training and experience in this area.

Discussion and Conclusions

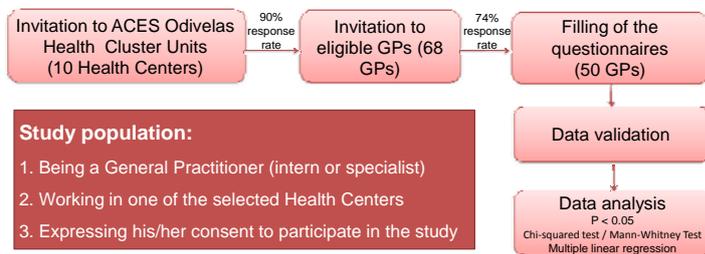
Self-assessment of competences both in discussing and treating SD in male and female patients has shown no significant differences between sexes and these results are similar to another recent study⁴. Despite reporting having an average of 99.2 ±29.2 medical appointments per week, the average number of appointments/week in which SD is mentioned are only 7.4±7.9. These results are concerning since SD are very prevalent in both sexes, and frequently are symptoms of other diseases that must be correctly identified and treated, such as cardiovascular diseases^{5,6}. Attitudes and beliefs, closely followed by lack of time were considered the most important barriers when dealing with SD. In fact, a healthcare setting is a place in which people interact, and this interaction is influenced by the cultural background of the healthcare professionals, which in turn plays a crucial role in the way in which the disease is treated.

References

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Materials and Methods

Cross-sectional study part of the SEXOS Study, using structured questionnaires.

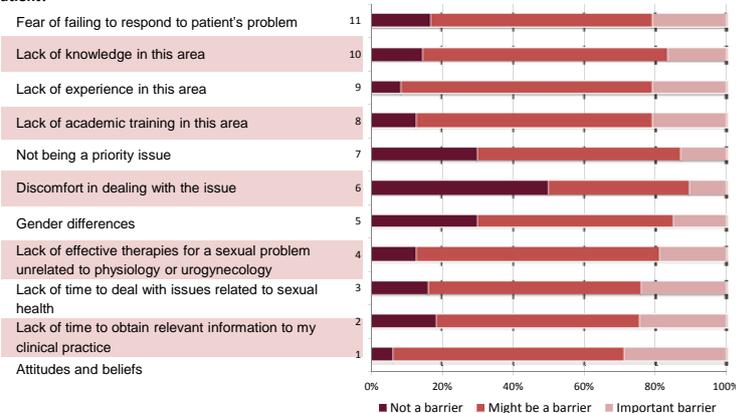


Study population:

- Being a General Practitioner (intern or specialist)
- Working in one of the selected Health Centers
- Expressing his/her consent to participate in the study

Figure 1. Barriers to initiate a conversation of sexual health with a patient

How do you classify the following potential barriers in the initiation of sexual health discussion with a patient?



Multiple linear regression analysis evaluated the individual contributions of potential barriers in starting a dialog with a patient about sexual health and results are summarized in Table 3.

Table 3. Potential barriers in starting a dialog with a patient about sexual health (from 10 [No barriers] to 100 [Important barriers])

	B	p-value
Constant (B ₀)	78.468	<0.001
Predictors		
GPs' sex	0.561	0.906
Years of practice	-0.595	0.047
Consultation of guidelines about sexual dysfunction diagnosis and treatment	14.097	0.023
Self-perceived competence in treating male patient's sexual problems (from 1 to 5)	-8.570	0.001
Adequacy of medical specialty training in elaborating the clinical sexual history of female patients (from 1 to 10)	1.917	0.056
Number of medical appointments in one week in which sexual dysfunction problems are approached (average)	-0.881	0.006

GP – General Practitioner; R² – 0.506; Model's p-value: 0.001; Number of GPs included in the model: 39.

"Consultation of guidelines about sexual dysfunction diagnosis and treatment" was found as a predictor of barriers to initiating dialogue about sexual health. GPs sex is not a barrier predictor to initiating dialogue about sexual health. On the other hand "years of practice", "self-perceived competence in treating male patient's sexual problems" and "number of medical appointments in one week in which sexual dysfunction problems are approached" are protective factors of the discussion of SD in primary health care.

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