



# General Practitioners' Knowledge, Perceptions and Barriers in the Management of Sexual Dysfunction

Sofia Ribeiro<sup>1</sup>, Violeta Alarcão<sup>1</sup>, Augusto Almeida<sup>1</sup>, Filipe Leão Miranda<sup>1</sup>, Mário Carreira<sup>1</sup>, Alberto Galvão-Teles<sup>2</sup>

sofiaribeiro@campus.ul.pt

<sup>1</sup> Institute of Preventive Medicine, Faculty of Medicine, University of Lisbon, Portugal, <sup>2</sup> Endocrinology, Diabetes and Obesity Unit, Lisbon, Portugal



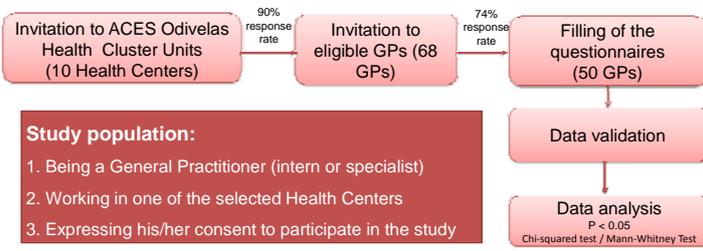
## Background

Frequently, **sexual dysfunctions (SD) are considered as symptoms of pathological processes** that must be correctly identified and treated if possible<sup>1</sup>. A study with general practitioners (GPs) in England indicates that there is a **gap between the provision and use of treatments for sexual problems**<sup>2</sup>. 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 agreement<sup>3</sup>.

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**.

## Materials and Methods

Cross-sectional study part of the SEXOS Study, using structured questionnaires applied to general practitioners working on Lisbon Area Health Cluster Units (ACES Odivelas).



## 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 (Table 2).

Table 1. Socio-demographic characteristics

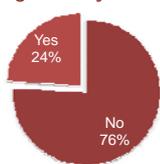
General Practitioners	n (SD)
Sex	
Male	20 (40%)
Female	30 (60%)
Age (years)	51,9 (8,6)
Years since start of GP career, SD	21,0 (8,2)
Size of patients' list (approximately)	1613,4 (363,9)
Number of medical appointments / week (average)	99,2 (29,2)

Table 2. Medical Practices Details

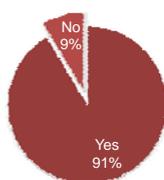
Medical Practice Details	n (SD)
Average number of medical appointments/week in which SD is mentioned	7,4 (7,9)
Average time of medical appointments in which SD is mentioned	24,0 (8,2)
Estimated % of patients GPs actively ask about patient' sexual problems	15,5 (16,7)
Estimated % of patients that actively ask about sexual problems	13,9 (13,2)

The majority (76%) didn't consult clinical recommendations about diagnosis and treatment of SD to support medical practice during the last year (Graphic 1), mostly due to "lack of time" (32%) and "don't know how to access them or do not consider accessible" (24%).

Graphic 1. Consultation of Clinical Recommendations about diagnosis and treatment of SD to support medical practice during the last year



Graphic 2. Need of continuous training



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 (Graphic 3).

Graphic 3. 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?

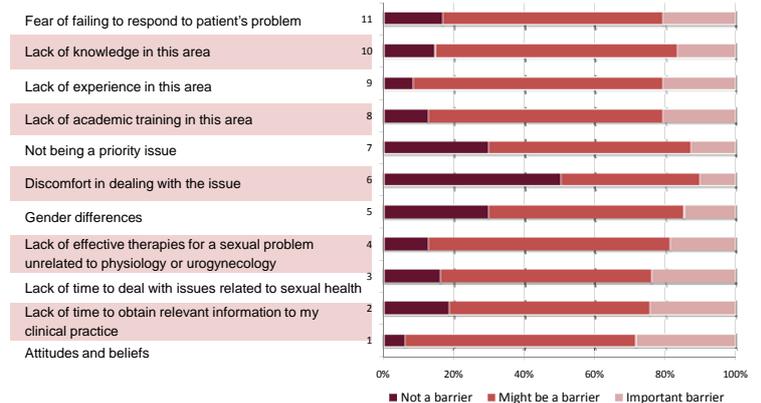


Table 3. Perceived competence in discussing and treating sexual problems

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)

In what concerns the adequacy of sources of training in elaborating the clinical sexual history, we found that the degree in Medicine is never considered as an extremely adequate source of information both for male and female sexual dysfunction.

Table 4. Adequacy of sources of training in elaborating the clinical sexual history

	Degree in Medicine		Specialty		Continuous Training	
	Male	Female	Male	Female	Male	Female
Not adequate (1-2)	54,3 (25)	56,5 (26)	28,6 (12)	25,6 (11)	20,5 (9)	22,7 (10)
Adequate (3-8)	45,7 (21)	43,5 (20)	59,5 (25)	62,8 (27)	61,4 (27)	59,1 (26)
Extremely adequate (9-10)	0 (0)	0 (0)	11,9 (5)	11,6 (5)	18,2 (8)	18,2 (8)

## Discussion and Conclusions

Our study showed that most GPs (76%) haven't consulted any guidelines about diagnosis and treatment of SD during the last year, which is supported by another study in which lack of training/education/knowledge is considered the most important barrier in dealing with SD<sup>4</sup>. 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 study<sup>5</sup>. The need of continuous training in this area (91%) is also concordant with an erectile dysfunction management study<sup>6</sup>. More than 50% of GPs also consider that their degree was not an adequate source of training. However, specialty and continuous training are considered as more adequate sources than the degree itself. Therefore, we can conclude that there is a need of both pre and post-graduate training in this area.

## References

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Acknowledgments: ACES-Odivelas Health Units and SEXOS Study Research Team. Grant: Merck Sharpe and Dohme Foundation and Program "Educação pela Ciência", GAPIC / FMUL.

