

Author(s): Ribeiro, S.¹, Alarcão, V.¹, Leão Miranda, F.¹, Almeida, A.¹, Carreira, M.¹, & Galvão-Teles, A.²

Affiliation/University/Address: ¹Institute of Preventive Medicine, Faculty of Medicine, University of Lisbon, Portugal; ²Endocrinology, Diabetes and Obesity Unit, Portugal

Email address: valarcao@fm.ul.pt

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Abstract title: General Practitioners' Knowledge, Perceptions and Barriers in the Management of Sexual Dysfunction

Introduction: Evidence shows that sexual dysfunctions (SD) are very prevalent in both sexes, but the role of the general practitioner (GP) and the potential barriers in the discussion and treatment of SD is relatively unexplored.

Aims: This study aims to characterize GPs' barriers in the management of SD encountered on daily practice, the use of guidelines and the adequacy of sources of training for SD sexual history-taking.

Methods: Cross-sectional study, part of the Portuguese Sexual Observational Study, using structured questionnaires applied to GPs between February-May 2011. Barriers were measured by 11 items in a 10-point Likert scale, a barriers' score was calculated by summing the number of potential barriers, and a multiple linear regression analysis evaluated the individual contributions of each barrier as a function of GPs characteristics, self-perceived competences in the management of SD and perceived need of training.

Results: In average, the 50 participants (30 females) were 52 ± 8.6 years old, had 21 ± 8.2 years of family practice and followed 1613 ± 364 patients. The average of patients that GPs actively asked about sexual problems was 16 ± 16.7 compared to 14 ± 13.2 of patients who took the initiative. 76% of the GPs hadn't consulted any guidelines of SD during the previous year, and 91% considered that there was a need of further training on this topic. "Personal attitudes and beliefs" and "lack of time to deal with sexual issues" or "to obtain relevant information to clinical practice" were pointed by GPs as major barriers in the dialogue about sexual health.

"Consultation of guidelines about SD diagnosis and treatment" was found as a predictor of barriers to initiating dialogue about sexual health. Although GPs consider their medical specialty training in elaborating clinical sexual history of female patients as adequate, this factor also represents a potential barrier in starting a dialog with a patient about this subject, especially when their opinion is that sexual health is not a priority issue and when they feel some discomfort in dealing with sexual health issues. GPs sex is not a barrier predictor to initiating dialogue about sexual health and "years of practice", "self-perceived competence in treating male patient's sexual problems" and "number of medical appointments in one week in which SD problems are approached" are protective factors.

Conclusions: There is a strong need of training on SD management, which may positively influence GPs' attitudes and beliefs that were considered the most important barrier when dealing with SD.

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