

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 indicated 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**.

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).



Study population:

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

Results

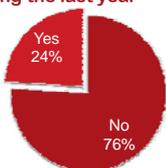
In average, the 50 participants (30 females) from 9 Primary Healthcare Centers are 51.9±8.6 years old, have 21±8.6 years of family practice and follow 1613±363,9 patients. The average of patients that GPs actively ask about sexual problems is 15.5±16.7 compared to 13.9±13.2 of patients who take the initiative (Table 1).

Table 1. Socio-demographic characteristics and medical practice details

	Male GP (N=20)		Female GP (N=30)		Total (N=50)		p-value*
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	
Age (years)	49.8±10.0	53.2±7.5	51.9±8.6	0.275			
Years since start of GP career	19.5±8.7	22.0±7.8	21.0±8.6	0.343			
Approximate size of patients' list	1738.8±256.3	1541.7±399.6	1613.4±363.9	0.013			
Number of medical appointments / week	102.6±27.1	96.9±30.9	99.2±29.2	0.930			
Number of medical appointments / week in which SD is mentioned	5.4±6.8	8.3±8.4	7.4±7.9	0.246			
Time of medical appointments in which SD is mentioned (minutes)	21.4±6.5	25.7±8.8	24.0±8.2	0.049			
Estimated % of patients GPs actively ask about patient's sexual problems	13.2±12.4	17.0±17.0	15.5±16.7	0.688			
Estimated % of patients that actively ask about sexual problems	11.6±9.9	15.4±15.0	13.9±13.2	0.643			

The majority (76%) did not 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



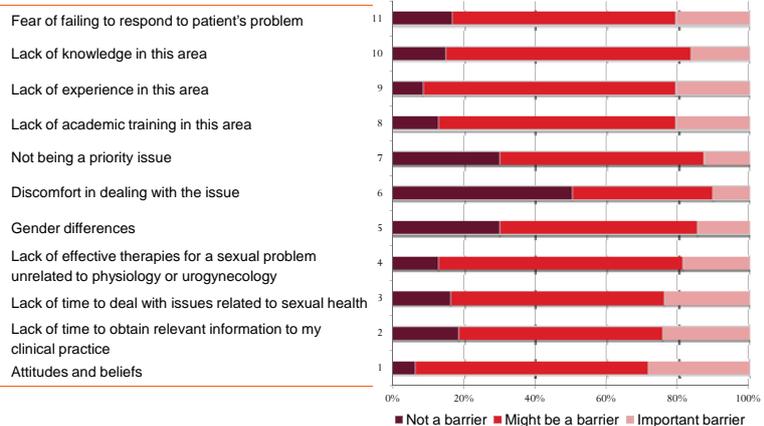
Graphic 2. Need of continuous training



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?



Self-perceived competence in discussing sexual problems was higher than self-perceived competence in their treatment for both male and female patients (Table 2).

Table 2. GPs' perceived competence in discussing and treating sexual problems

Competence in...	...discussing sexual problems				...treating sexual problems			
	with male patients*		with female patients*		with male patients*		with female patients*	
	Male GPs % %, n	Female GPs % %, n	Male GPs % %, n	Female GPs % %, n	Male GPs % %, n	Female GPs % %, n	Male GPs % %, n	Female GPs % %, n
Very Good	0.0 (0)	3.3 (1)	0.0 (0)	10.0 (3)	5.3 (1)	3.3 (1)	0.0 (0)	0.0 (0)
Good	38.9 (7)	13.3 (4)	22.2 (4)	30.0 (9)	21.1 (4)	10.0 (3)	22.2 (4)	17.2 (5)
Moderate	16.7 (3)	30.0 (9)	33.3 (6)	33.3 (10)	26.3 (5)	26.7 (8)	22.2 (4)	24.1 (7)
Enough	27.8 (5)	33.3 (10)	22.2 (4)	10.0 (3)	26.3 (5)	23.3 (7)	22.2 (4)	27.6 (8)
Not enough	16.7 (3)	20.0 (6)	22.2 (4)	16.7 (5)	21.1 (4)	36.7 (11)	33.3 (6)	31.0 (9)
Total responses	100.0 (18)	100.0 (30)	100.0 (18)	100.0 (30)	100.0 (19)	100.0 (30)	100.0 (18)	100.0 (29)

GPs - General Practitioners; * Mann-Whitney Test = 0.05: Male GPs vs. Female GPs.

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 SD (Table 3).

Table 3. Adequacy of sources of training in elaborating the clinical sexual history

	Degree in Medicine		Specialty		Continuous Training	
	Male %, n	Female %, n	Male %, n	Female %, n	Male %, n	Female %, n
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 DS during the last year, which is supported by another study in which lack of training/education/knowledge was considered the most important barrier in dealing with SD⁴. 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 study⁵. The need of continuous training in this area (91%) is also concordant with an erectile dysfunction management study⁶. 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, it seems that there is a need of both pre and post-graduate training in this area.

References

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