

How to Evaluate Sexual (Dys)Function

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Outline

- History Taking
 - Medical
 - Sexual
- Questionnaires
- Physical Examination
- (Diagnostic tests)



3rd ICSM

International Consultation on Sexual Medicine

Organized under the auspices of the International Consultation on Urological Diseases (ICUD)
and the International Society for Sexual Medicine (ISSM)



July 10 - 13, 2009

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How to Take a Sexual History

- Physician has to be sensitive to cultural, ethnic, religious factors, and respective of patient expectations
 - Take the time!
- Knowledge of anatomy of the genitalia and physiology of sexual function is essential
- Patient-centered approach

How to Take a Sexual History (cont'd)

- Start with non-threatening demographics (age, marital status, education)
- Involve the patient's partner
- Relationships conflicts reported in about 30% of the pts; up to 40% of the partners have sexual dysfunctions

Hartman & Burkart. J Sex Med 2007

Medical history

- Comorbidities
- Vascular disease
- Medications/recreational drugs
- Life style (smoking)
- Surgery, pelvic/perineal trauma
- Depressive symptoms

Sexual history

- Erectile problems
- Altered patient (or partner) sexual desire
- Ejaculation
- Dyspareunia
- Orgasm
- Partner sexual function
- Sexually induced genital pain

- **Goal:** define nature, chronology, psychosexual context, severity of the problem
- The interview should be structured, evt use of leaflets, letters
- Validated questionnaires: useful in obtaining a structured sexual history, NOT a substitute for the patient-physician dialogue

Validated Questionnaires

- International Index of Erectile Function (IIEF), Female Sexual Function Inventory (FSFI)
- Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS)
- Brief Male Sexual Function Inventory for Urology (BMSFI)
- EORTC QLQ-PR25
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Rosen et al. Urol 1997

Althof et al. Urol 1999

O'Leary et al. Urol 1995

Van Andel et al. Eur J Cancer 2008

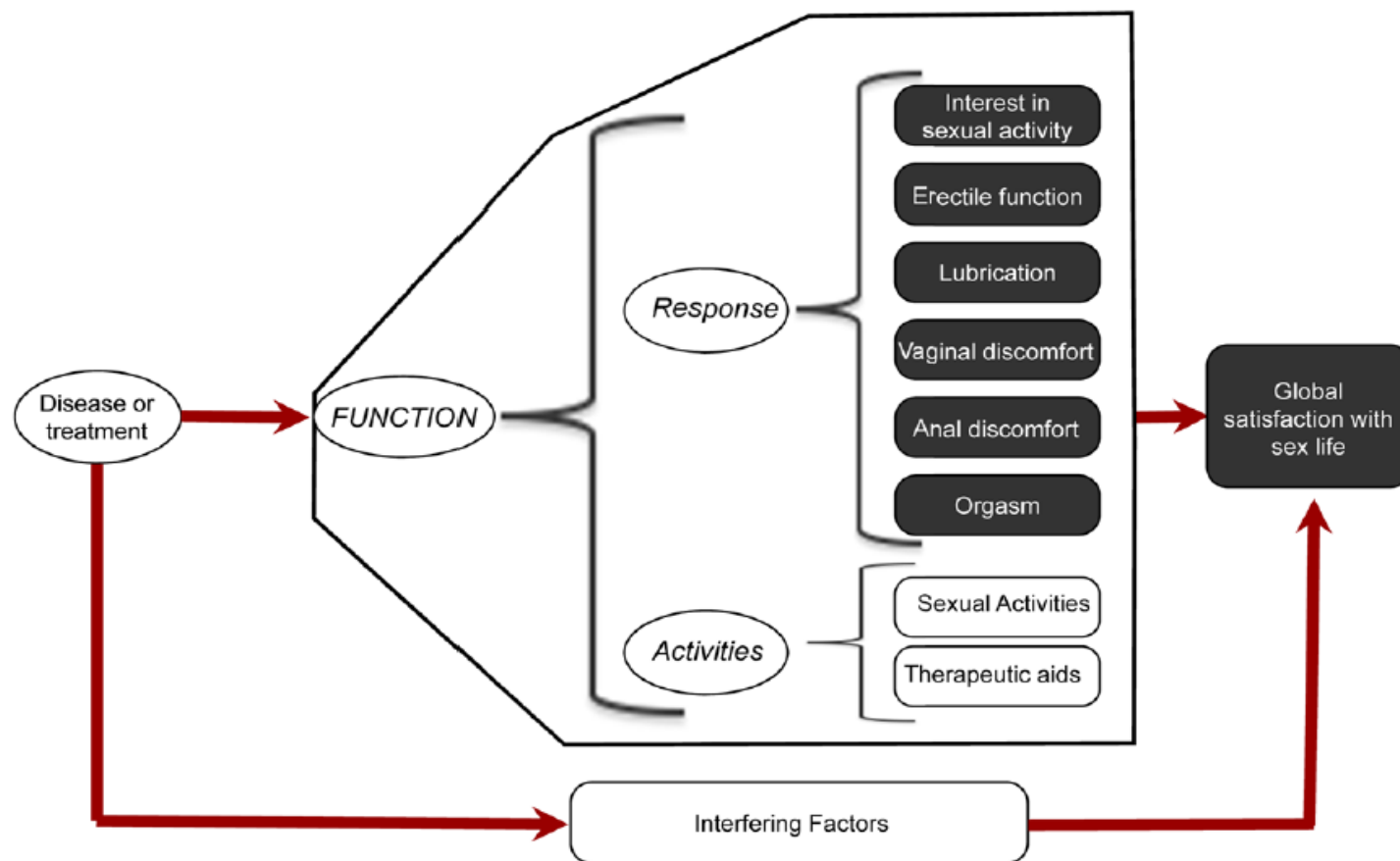


Figure. Conceptual Measurement Model of Sexual Function And Related Domains

Development of the NIH PROMIS® Sexual Function and Satisfaction Measures in Patients with Cancer

Cancer Institute

J Sex Med. 2013 February ; 10(0 1): 43–52.

The PROMIS SexFS measures version 1.0 offer researchers a reliable and valid tool to measure self-reported sexual function and satisfaction among diverse men and women with cancer. The measure is customizable in that researchers can select the relevant SexFS domains and items comprising those domains for their study. The measures are comprehensive in scope, covering both physical and psychological components. They are broadly applicable with respect to age, gender, sexual orientation, partner status, and literacy level. Finally, they are disease-neutral yet also able to capture relevant symptoms of cancer and its treatment that interfere with sexual satisfaction. These features should enhance our ability to describe and intervene on specific aspects of the sexual function and satisfaction of patients with cancer.

Conclusions—The PROMIS SexFS offers researchers a reliable and valid set of tools to measure self-reported sexual function and satisfaction among diverse men and women. The measures are customizable; researchers can select the relevant domains and items comprising those domains for their study.

Psychometric Validation of the Female Sexual Function Index (FSFI) in Cancer Survivors

Raymond E. Baser, MS¹; Yuelin Li, PhD^{1,2}; and Jeanne Carter, PhD^{2,3}

Cancer 2012;118:4606-18.

1. Desire: Frequency^b
2. Desire: Level^b
3. Arousal: Frequency^b
4. Arousal: Level^b
5. Arousal: Confidence^b
6. Arousal: Satisfaction^b
7. Lubrication: Frequency
8. Lubrication: Difficulty
9. Lubrication: Frequency of maintaining
10. Lubrication: Difficulty in maintaining
11. Orgasm: Frequency
12. Orgasm: Difficulty
13. Orgasm: Satisfaction
14. Satisfaction with amount of closeness with partner
15. Satisfaction with sexual relationship
16. Satisfaction with overall sex life
17. Pain: Frequency during vaginal penetration
18. Pain: Frequency after vaginal penetration
19. Pain: Level during or after vaginal penetration

FSFI domain score

Desire

Arousal

Lubrication

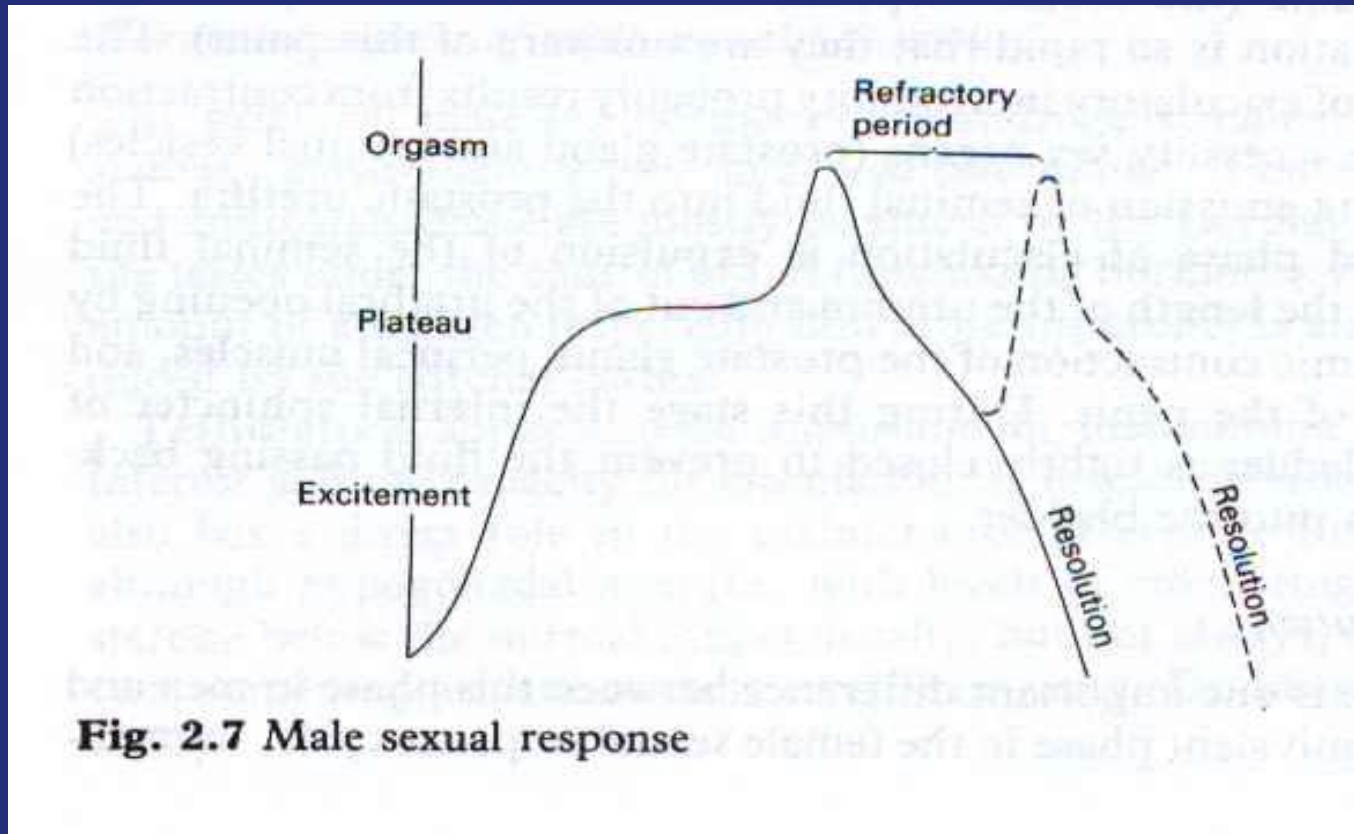
Orgasm

Satisfaction

Pain

tion. **CONCLUSIONS:** The FSFI demonstrated strong psychometric properties in this study, supporting its continued use for monitoring sexual function and cancer-related dysfunction among sexually active women who are cancer survivors.

Sexual Response Cycle



Masters & Johnson 1966

Libido and Orgasm

- Loss of desire: organic causes (hormonal deficiency, chemotherapy)
- Orgasmic dysfunctions: premature, absent (surgery, radiotherapy), or delayed ejaculation
- Only with the partner or also when the patient is masturbating?

Current Sexual Functioning

- When was the last time you had a satisfactory sexual activity?
- How was the sexual function prior to this time?
- Was the onset of the problem gradual or sudden?
- Is your partner satisfied with your sexual function?
- Have you noticed changes in the pleasure you get from sex?
- Have you noticed any changes in the level of your sexual desire?

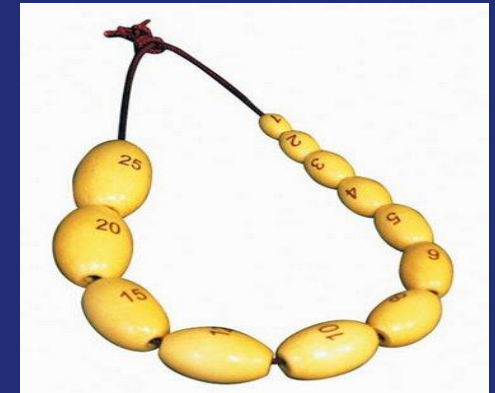
Current Sexual Functioning (cont'd)

- Do you have morning/nightly erections?
- How strong are your erections on a scale of 1 to 10?
- Are they different when masturbating?
- Do you lose erection before penetration?
- Are you lubricated enough?
- Do you have pain with intromission?
- ...

- Assess past and present partner relationships
- Do you have a regular sex partner, better than:
Are you married and have sex with your wife
- Self-esteem, work, financial security, family life, social position

Physical Examination

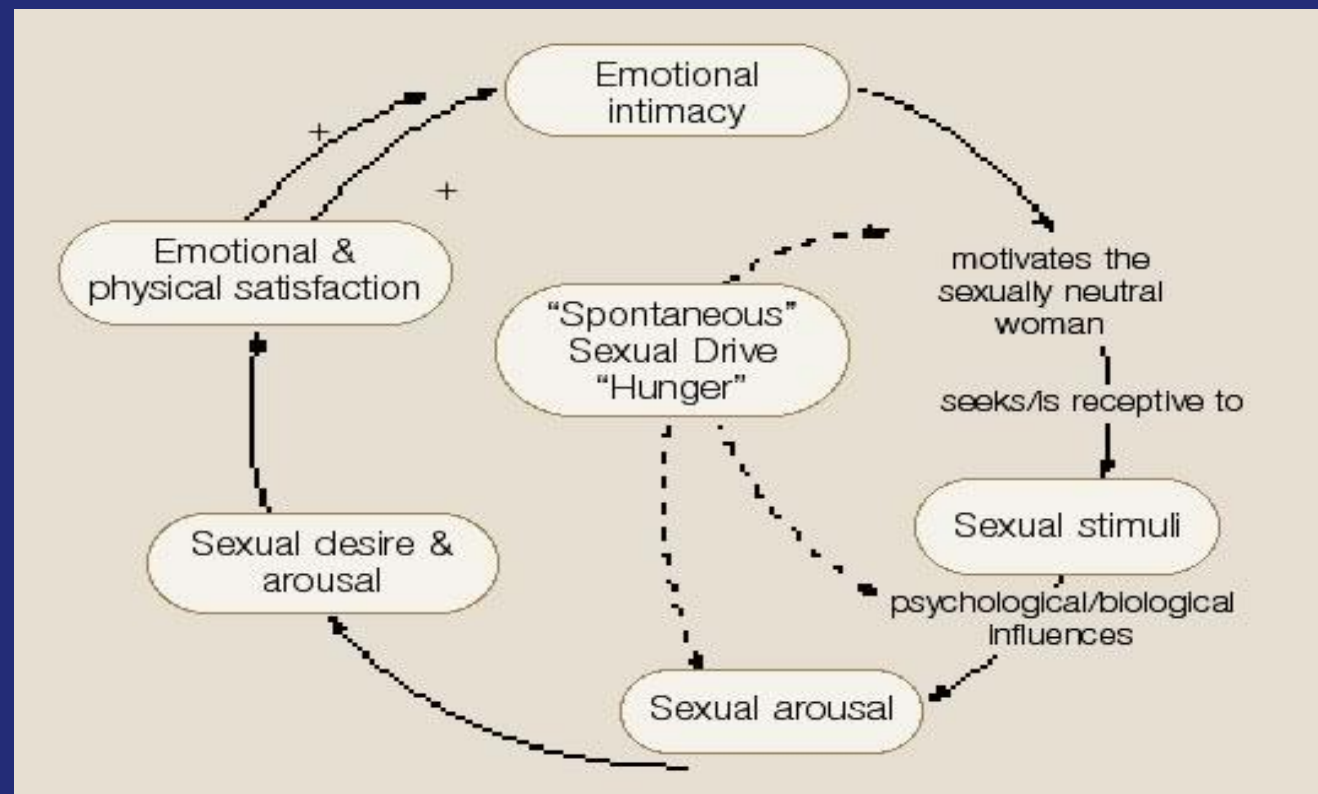
- General screening for medical risk factors and comorbidities
 - Male Gynaecomastia
 - Body hair and fat distribution
- Assessment of neurological system
 - Sensibility (neuropathy)
- Complete genital exam
 - Penile plaques
 - Atrophic testes
 - DRE
 - Atrophic vagina
 - Erythema, desquamation



Educate your patient (and partner) on anatomy of sexual organs

Is it different in the female?

- Menstruations, pregnancies, breast feeding
- Sexual violence
- Lubrication, pain (dyspareunia), bleeding



Take Home Messages

- Take both a sexual and medical history
- Take the time
- Knowledge of anatomy of the genitalia and of physiology is essential
- Use a patient-centered approach
- Multidisciplinary approach, whenever possible



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Thank you