



MULTIPLE SCLEROSIS REHABILITATION RESEARCH AND TRAINING CENTER



Assessing prevalence of sexual satisfaction and interference of pain and fatigue in people with multiple sclerosis

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Disclosures



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Background



- Sexual dysfunction has long been reported in men and women with multiple sclerosis
 - Prevalence estimates widely vary in the literature
 - Rates of sexual dysfunction in females vary from 40%-74% (Bronner et al 2010) and in males up to 65% (McCabe et al 2007)

It's a Complex Issue



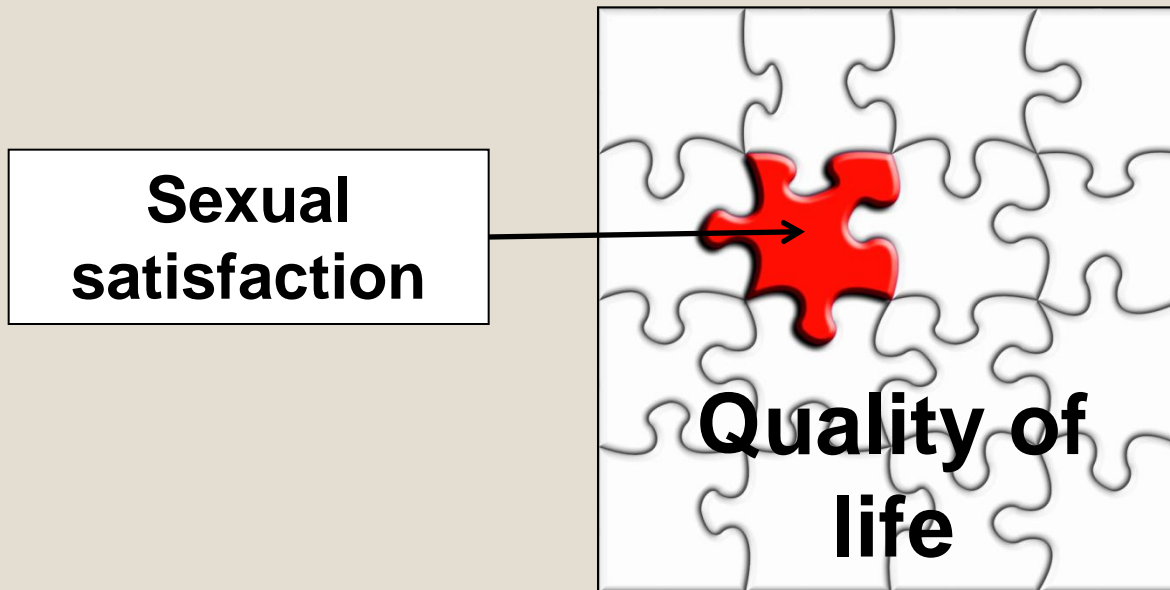
- Neurological impairment
- Side effects of medication
- Psychological factors
- Depression
- Fatigue
- Muscle weakness

➔ Complex issue involving physical, psychological, and social factors

Sexual satisfaction



- Sexual dysfunction is associated with a decrease in reported sexual satisfaction
- Sexual satisfaction contributes significantly to perceived quality of life



Steps to improving sexual satisfaction



- Targeted interventions to mitigate sexual dysfunction and improve sexual satisfaction are needed
 - Better understanding of the prevalence of sexual satisfaction among people with multiple sclerosis
 - Better understanding about factors associated with sexual satisfaction and sexual dysfunction, such as depression, pain, and fatigue

Study Aims



- Examine prevalence of sexual satisfaction in people with multiple sclerosis
- Examine impact of pain and fatigue on sexual satisfaction
- Identify associated factors

Learning objectives



1. Identify prevalence of sexual satisfaction and interference of pain and fatigue with sexual satisfaction.
2. Identify risk factors associated with sexual dissatisfaction in the MS sample.

Methods



Study Sample

- Community dwelling sample of individuals with MS (N=617) involved in an ongoing longitudinal study.

Survey

- Data collected with self-report mailed survey
 - Pain (PROMIS pain SF)
 - Fatigue (PROMIS fatigue SF),
 - Depression (PHQ-9)
 - Sexual satisfaction (from PROMIS item bank)

Assessing sexual satisfaction



- Sexual satisfaction was measured with items from the PROMIS sexual function item bank.
 - “how satisfied have you been with your sex life?”
 - “how much has fatigue or lack of energy affected your satisfaction with your sex life?”
 - “how much has pain affected your satisfaction with your sex life?”
- Five point response scale, including
 - “not at all,” “a little bit,” “somewhat,” “quite a bit,” and “very”

Demographics of the sample



Variable	Mean (SD) (Range)
Age (in years)	53.8 (10.77) (22-84)
	N (%)
Diagnosis	
Relapsing remitting	350 (58)
Primary progressive	79 (13)
Secondary progressive	131 (22)
Progressive relapsing	51 (9)
Sex	
Men	108 (18)
Women	507 (82)
Ethnicity*	
White	597 (97)
Black/African-American	10 (2)
American Indian/Alaska Native	16 (3)
Asian	5 (1)
Marital status	
Married	430 (70)
Separated	7 (1)
Divorced	93 (15)
Single	31 (5)
Widowed	22 (4)
Never married	28 (5)

*Participants were able to select more than one option, so the total does not sum to 100%

Analyses



- Descriptive statistics generated to estimate prevalence of sexual satisfaction
- Summary statistics to estimate impact of pain and fatigue
- Logistic regression analyses performed to identify associated variables

Variables examined: Depression, fatigue, pain, age, sex, marital status, and multiple sclerosis type

Prevalence of sexual satisfaction



Sexual satisfaction	Males		Females	
	Number	%	Number	%
Not at all	46	44	147	35
A little bit	18	17	63	15
Somewhat	18	17	76	18
Quite a bit	9	9	89	21
Very	13	13	46	11

The majority of participants who responded (N=523) reported being not at all satisfied or a little bit satisfied with their sex life (52%). 94 (15%) preferred not to answer.

Impact of pain and fatigue



- Subjects reported that pain interfered with satisfaction of sex life quite a bit to very much in 22% of the sample who reported having pain (N=406)
- Subjects reported that fatigue interfered with satisfaction of sex life quite a bit to very much in 36% of the sample who reported having fatigue (N=488)

Logistic regression results



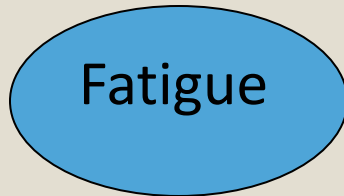
- Variables significantly associated with increased sexual satisfaction :
 - female sex ($p=0.04$)
 - lower depressive symptoms as measured by the PHQ-9 ($p=0.02$)
 - lower fatigue scores as measured by the PROMIS fatigue short form ($p=0.002$)
 - having relapsing remitting MS ($p=0.004$)
 - lower age ($p=0.008$)

Note: those who responded quite a bit and very satisfied were compressed into the “yes” category

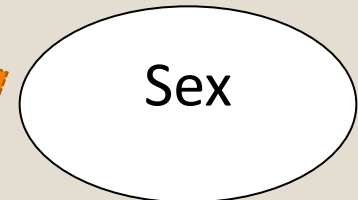
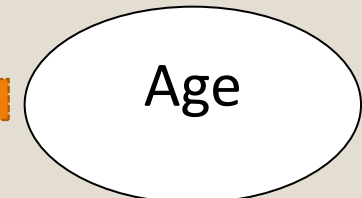
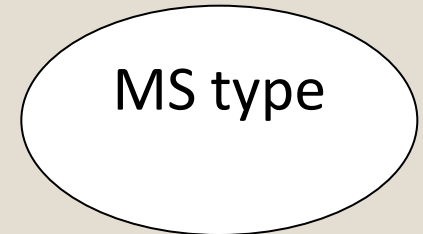
Regression analysis conclusions



Modifiable factors



Non-modifiable factors



Non-significant in regression
analysis: pain & marital status

Conclusions



- These results indicate that a majority of persons with MS have low sexual satisfaction, and that pain and fatigue impact satisfaction greatly.
- Other factors that impact sexual satisfaction, including depression, also need to be further examined.

Conclusions, cont.



- Due to the prevalence of this issue, clinicians should discuss sexual satisfaction with their MS patients and potential treatments should consider the role of pain and fatigue in interference with satisfaction.
- Literature suggests that clinicians aren't discussing sexual issues with their patients to patients satisfaction (Tsimtsiou et al 2006, Hulter et al 1995)

Potential interventions



- Interventions for pain, fatigue, and depression can also improve sexual satisfaction
- Because it is a complex issue, other interventions such as couples therapy or medications should be incorporated into care/treatment

Final thoughts



- Treat the pain, fatigue, and depression and you may reduce perceived sexual dysfunction and improve sexual satisfaction and quality of life
- Open discussion of sexual dysfunction and satisfaction with patients is needed