SIXUAL DYSFUNCTION AND FUNCTIONALITY. ASSESSMENT OF A SEXUAL DYSFUNCTION INTERVENTION PROGRAM FOR PATIENTS WITH SCHIZOPHRENIA

INTRODUCTION

The sex life of subjects with schizophrenia is systematically ignored. Being the treatment of positive and negative symptoms a priority, physicians usually forget that a satisfactory sexual life improves the quality of life, self-esteem and integration of patients with schizophrenia in the community. Also, sexual dysfunction has a deleterious effect on the course of psychiatric symptoms of schizophrenia [1] [2] [3].

OBJECTIVES

Main goal: To assess the effectiveness of a sexual health program for patients with schizophrenia implemented in the Community Mental Health Unit "Carmona", Seville, Spain, an outpatient unit for patients living in rural areas.

Secondary goal: To investigate whether a more satisfactory sexual life improves patients’ sexual functionality and quality of life.

MATERIAL AND METHODS

The study involved adult patients with schizophrenia (DMS 5 criteria) seen in the Community Mental Health Unit "Carmona". The study participants were included in the sexual health program which ran from September 2014 to August 2015. Informed consent was obtained from all study patients.

Main variables included changes in the prevalence of sexual dysfunction according to score shifts on two scales (the Questionnaire on Sexual Dysfunction Secondary to the Use of Psychotropic (SALSEX) and the Arizona Sexual Experience Scale (ASEX)). Other variables included: changes in level of functionality, as measured using the PSP functionality scale; level of satisfaction with the intervention program; sociodemographic data, drug therapy, lab test results, and physical health data.

Measurements were taken at two time points: before the intervention program and three months after completion of the program. The total duration of the program was six months, and it included three sessions of sexual psychoeducation, a psychiatry session for adjustment of antipsychotic therapy and/or inclusion of a therapy for sexual dysfunction (Viagra/Cialis), and a visit to the Gynecology or Urology Unit (scheduled follow-up visit or need for examination).

Student's t-test and Chi-square test were used to assess differences between pre- and post-intervention values.

Pearson's correlation coefficient was used to determine the association between PSP and SALSEX and Arizona, respectively. Linear regression models were constructed using PSP as the dependent variable, and SALSEX and ARIZONA as potential predictors. Statistical analysis was performed with SPSS 20.0.

CONCLUSIONS

The sexual life of patients with schizophrenia should be assessed, since a satisfactory sexual life helps improve the quality of life of these patients. More sexual health programs aimed at this specific population should be implemented.

REFERENCES