

World Journal of *Methodology*

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INDEXING/ABSTRACTING

The *WJM* is now abstracted and indexed in PubMed, PubMed Central, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: *Xiang-Di Zhang*; Production Department Director: *Xu Guo*; Editorial Office Director: *Ji-Hong Liu*.

NAME OF JOURNAL

World Journal of Methodology

ISSN

ISSN 2222-0682 (online)

LAUNCH DATE

September 26, 2011

FREQUENCY

Bimonthly

EDITORS-IN-CHIEF

Bruno Megarbane

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2222-0682/editorialboard.htm>

PUBLICATION DATE

March 20, 2023

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INSTRUCTIONS TO AUTHORS

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PUBLICATION MISCONDUCT

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ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>

Sexual function history taking in medicine

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Specialty type: Medicine, research and experimental

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): 0
Grade C (Good): C, C
Grade D (Fair): 0
Grade E (Poor): 0

P-Reviewer: Gupta L, Indonesia; Jain N, Latvia

Received: December 12, 2022

Peer-review started: December 12, 2022

First decision: January 12, 2023

Revised: January 17, 2023

Accepted: February 27, 2023

Article in press: February 27, 2023

Published online: March 20, 2023



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Abstract

Sexual history taking is important for the proper diagnosis and treatment of sexual dysfunction. It is often neglected in a clinical setting and it is also underreported by patients due to stigma and hesitation. Here we have described how we should take sexual function history taking during any sexual dysfunction.

Key Words: Sexual function; Sexual dysfunction; History taking; Medicine; Rehabilitation medicine

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Core Tip: Sexual history taking is crucial for the diagnosis and management of sexual dysfunction. It is often neglected in a clinical setting and it is also underreported by patients due to stigma and hesitation. Here we have highlighted how we should take sexual function history taking during any sexual dysfunction.

Citation: Swarnakar R, Yadav SL. Sexual function history taking in medicine. *World J Methodol* 2023; 13(2): 26-28

URL: <https://www.wjgnet.com/2222-0682/full/v13/i2/26.htm>

DOI: <https://dx.doi.org/10.5662/wjm.v13.i2.26>

TO THE EDITOR

Reproduction is a basic feature of living organisms for continuing their own species. Sexual function is vital for reproduction in this process[1]. Unfortunately, it is often neglected[2]. Especially sexual dysfunctions are often neglected as a medical condition [2]. It is also not thoroughly taught during the undergraduate medical curriculum and also during the postgraduate medical study[3]. Here we have highlighted how we should take sexual function history taking during any sexual dysfunction.

Sex

It refers to biological features that define as male or female, *etc*[4].

Sexual health

'Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled'[4].

Sexuality

'A central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships'[4].

Fertility

It is the capability to produce offspring through reproduction after sexual maturity. Infertility can be caused by a variety of conditions. Mishra *et al*[5] interestingly described that mild oxidative stress is beneficial but severe oxidative stress is harmful to male fertility. Hence any clinical condition leading to 'stress' must be addressed with priority in history taking.

Barriers

It is considered taboo in many areas in spite of its importance; no definite sex education exists especially in India or many countries; patient underreports his/her sexual problems to physicians due to stigma or taboo or hesitation; no specific guidelines for sexual history taking in the basic medical curriculum. Studies showed sexual history is taken as low as only 8% of cases at the clinical visit[6].

Overall comprehensive male and female sexual rehabilitation is taken care of under the Physical Medicine and Rehabilitation domain. Since rehabilitation medicine aims at the functional status improvement of patients, sexual function improvement is an important domain here. Furthermore, it is of utmost importance for primary care physicians as well.

STEPS OF SEXUAL HISTORY TAKING

There are multiple models are followed for sexual history taking: ALLOW (ask, legitimize, limitations, open discussion, work together), PLISSIT (permission, limited information, specific suggestions, intensive therapy) and BETTER (bring up, explanation, tell, time, educate, record) models[7-9]. (1) Make the patient comfortable before you go on asking private questions. Ask for permission or consent; (2) Initially use gender-neutral terms (spouse, better-half, partner *etc.* instead of girlfriend or boyfriend or husband-wife); (3) Then, ask in what gender patient wants to identify him/her *etc.* Is he/she comfortable with his/her gender? (4) Ask for the sexual orientation of the person, and decide whether the person is asexual, bisexual, heterosexual, or homosexual; (5) For males: Ask for psychogenic, reflexogenic erection. Ask for ejaculation (premature/delayed) and orgasm (absent, reduced/altered, normal), questions regarding scrotal hygiene/scrotal functioning/pain *etc.*; (6) For females: Ask for psychogenic, reflexogenic genital arousal, genito-pelvic pain and menstruation. Also ask regarding pregnancy related history; (7) Check the quality of life by specific measurement scales [Emotional Quality of the Relationship Scale, Female Sexual Function Index, Sexual Attitude and Information Questionnaire, *etc.*]. Check how much it has been affected by sexual dysfunction; (8) Check the reason for dysfunction by history and examination; (9) Medical history to exclude medical causes of sexual dysfunction (cardiovascular disorder, diabetes, sexually transmitted disease, endocrine dysfunction, prostate dysfunction, spinal cord disorder/injury, brain injury/disorder *etc.*); (10) Fertility is an important domain that needs to be addressed in history, conditions that lead to 'stress' can influence fertility, especially in male[5]; (11) Medicine or substance abuse history: Antipsychotics, alcohol, recreational drugs *etc.*; (12) Psychiatric disorders like depression/anxiety, post-traumatic stress disorder *etc.*; (13) Relationship status with partner; and (14) Check 5 Ps (Partners, Practices, Protection from STIs, Past History of STIs and Pregnancy Intention)[10].

Thus, history should direct to identify the root cause so that further clinical examination and investigations can be proceeded.

FOOTNOTES

Author contributions: Swarnakar R and Yadav SL contributed to conception and design; Swarnakar R and Yadav SL contributed to literature search and writing.

Conflict-of-interest statement: All the authors declare that they have no conflict of interest.

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S-Editor: Liu JH

L-Editor: A

P-Editor: Liu JH

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