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Sexual function history taking in medicine

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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.

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 defines as male or female, *etc.*^[4]

Sexual Health: ¹Sexual 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]

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.^[5]

Overall comprehensive male and female sexual rehabilitation is taken care of under the Physical Medicine and Rehabilitation (PMR) 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), ² PLISSIT (permission, limited information, specific suggestions, intensive therapy) and BETTER (bring up, explanation, tell, time, educate, record) models.^[6, 7, 8]

Make the patient comfortable before you go on asking private questions. Ask for permission or consent.

Initially use gender-neutral terms (spouse, better-half, partner etc instead of girlfriend or boyfriend or husband-wife)

Then, ask in what gender patient wants to identify him/her *etc.* Is he/she comfortable with his/her gender?

Ask for the sexual orientation of the person, and decide whether the person is asexual, bisexual, heterosexual, or homosexual.

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.*

For females: ask for psychogenic, reflexogenic genital arousal, genito-pelvic pain and menstruation. Also ask regarding pregnancy related history.

Check the quality of life by specific measurement scales [Emotional Quality of the Relationship Scale (EQR), Female Sexual Function Index (FSFI), Sexual Attitude and Information Questionnaire (SAIQ) *etc.*]. Check how much it has been affected by sexual dysfunction.

Check the reason for dysfunction by history and examination.

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.*)

Medicine or substance abuse history: Antipsychotics, alcohol, recreational drugs. *etc*

Psychiatric disorders like depression/anxiety, post-traumatic stress disorder *etc*

Relationship status with partner.

Check 5 Ps (Partners, Practices, Protection from STIs, Past History of STIs and Pregnancy Intention)^[9]

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

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