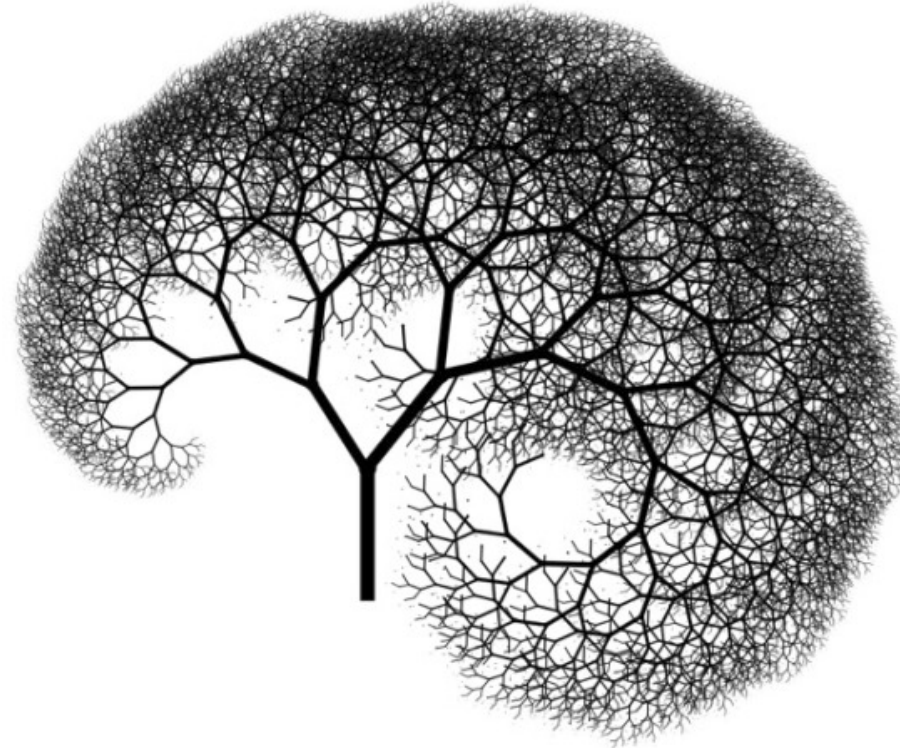


Dialyse und Sexualität



Berliner DialyseSeminar

Berlin 01.12.2023

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Darlegung potentieller Interessenskonflikte

Der Inhalt des folgenden Vortrages ist Ergebnis des Bemühens um größtmögliche Objektivität und Unabhängigkeit.

Als Referent versichere ich, dass in Bezug auf den Inhalt des folgenden Vortrags **keine Interessenskonflikte** bestehen, die sich aus einem Beschäftigungsverhältnis, einer Beratertätigkeit oder Zuwendungen für Forschungsvorhaben, Vorträge oder andere Tätigkeiten ergeben.

Überblick

- Sexualität/Sexuelle Probleme an Dialyse/chronischer Niereninsuffizienz
 - Somatisch/körperlich
 - Psychisch
- Therapieansätze
- Wie rede ich mit meinen Patienten?
 - Wer?
 - Wann?
 - Wo und wie?
 - Worüber genau?
 - Was sind die Hürden?

Probleme

- Wenig Daten, zu kleine Stichprobengrößen
- Schlechte Methoden, unstandardisierte Messungen des Sexualverhalten
- Reduktionistisches System
 - Überbetonung der erektilen Dysfunktion des Mannes bei
 - Mangel an Aufmerksamkeit der weiblichen Sexualität
- „Luxusproblem“, andere Prioritäten
- Dies ist kein Vortrag über Schwangerschaft unter Dialyse!

Erfahrungen einer gynäkologischen Sprechstunde für chronisch Nierenkranke (n=93, follow up 3 Jahre)

- Reduzierte Libido (69%)
- Reduzierte Coitusfrequenz (71%)
- 25% der Männer trennten sich innerhalb von 3 Jahren von dialysepflichtigen Ehefrauen
- 0% der Frauen trennten sich von dialysepflichtigen Männern

Ursachen der sexuelle Dysfunktion an Dialyse



- Alter, Gebrechlichkeit
- Komorbiditäten (Diabetes, RR)
- **Medikamente** (β -Blocker, Diuretika, Antihistamine, Aldosteronantagonisten, Steroide)
- Hormonungleichgewicht
- Anämie, Hyperparathyreoidismus



- Männer: Erektile Dysfunktion
- Frauen: Östrogenmangel mit früher Menopause
- Dialyse optimieren (?)

Ursachen der sexuelle Dysfunktion an Dialyse

- Psychische Belastung, Müdigkeit
- Medikalisierung des Schlafzimmers
- Körpergefühl



Bild: Stanbarry



Körperbild



Die häufigsten Ursachen sexueller Probleme abh. vom Geschlecht

Table 4. Predictors of sexual dysfunction score in male patients (Model 2)

	Unstandardized coefficients		Standardized coefficients		95% Confidence interval		
	Beta	Standard error	Beta	t	p	Lower limit	Upper limit
	(Constant)	8.797	7.487		1.175	.242	-6.035
Age	.388	.131	.261	2.954	.004	.128	.648
Diabetes mellitus	5.911	3.735	.137	1.583	.116	-1.488	13.310
Hypertension	7.664	2.805	.297	2.732	.007	2.106	13.221
Insulin	3.069	3.033	.094	1.012	.314	-2.940	9.078
Depression	.894	.289	.269	3.095	.002	.322	1.467

Fragebogen nach:
Zufriedenheit,
Kommunikation,
Sinnlichkeit,
Zufriedenheit
Impotenz, Orgasmus,
Schmerz

Sexuelle Dysfunktion bei CKD ist assoziiert mit Depression und Angst

Table 6. Predictors of sexual dysfunction score in female patients (Model 2)

	Unstandardized coefficients		Standardized coefficients		95% Confidence interval		
	Beta	Standard error	Beta	t	p	Lower limit	Upper limit
	(Constant)	14.766	13.991		1.055	.294	-13.037
Educational status	-.859	4.124	-.021	-.208	.835	-9.055	7.337
Age	.357	.218	.153	1.635	.106	-.077	.790
CCBs	4.916	4.753	.126	1.034	.304	-4.529	14.361
Diuretic	3.556	6.113	.056	.582	.562	-8.591	15.703
Depression	1.288	.384	.317	3.354	.001	.525	2.051

CCBs: calcium channel blockers

Zusammenfassung Therapie

- Dialysequalität optimieren (?)
- Dialysebegleiterkrankungen behandeln (Anämie, HPT)
- Hypertonus, KHK, Diabetes mellitus > Screenen und behandeln
- Medikamentenanamnese
 - (β-Blocker, Diuretika, Antihistamine, Calciumkanalblocker, Aldosteronantagonisten, Steroide)
- Gynäkologische Betreuung (Hormone)
- Urologische Betreuung (Sildenafil)
- Psyche:
 - Soziale Unterstützung
 - Psychologische Hilfe, Depressionsbehandlung

Teil 2

Und was bedeutet das jetzt eigentlich alles für mich in der Praxis?

In der Praxis des/r Nephrologen/in

- Nur 35% der Nephrologen beantwortete den Fragebogen (n = 300)

Table 2 Discussing SD* with different	< 50%	50%	> 50%
How often do you discuss SD* with patients in:	Less than half of the cases (%)**	In half of the cases (%)	More than half of the cases (%)***
Stage 1: GFR > 90****	109 (96.5)	3 (2.7)	1 (0.9)
Stage 2: GFR 60–89****	110 (97.3)	2 (1.8)	1 (0.9)
Stage 3: GFR 30–59****	106 (93.8)	6 (5.3)	1 (0.9)
Stage 4: GFR 15–29****	99 (87.6)	6 (5.3)	8 (7.1)
Stage 5: GFR < 15****	95 (84.1)	5 (4.4)	13 (11.5)
How often do you discuss SD* with patients in the following groups:	Less than half of the cases (%)**	In half of the cases (%)	More than half of the cases (%)***
Diabetic nephropathy	86 (76.1)	14 (12.4)	13 (11.5)
Chronic pyelonephritis	100 (88.5)	3 (2.7)	10 (8.8)
Alport syndrome	102 (90.3)	3 (2.7)	8 (7.1)
Receiving hemodialysis	87 (77.0)	8 (7.1)	18 (15.9)
Receiving peritoneal dialysis	86 (76.1)	8 (7.1)	19 (16.8)
After kidney transplantation	93 (82.3)	6 (5.3)	14 (12.4)
Other cause of chronic kidney failure	100 (88.5)	4 (3.5)	9 (8.0)

*Sexual dysfunction

**Less than half of the cases contains the answers “never” and “in less than half of the cases”

***More than half of the cases contains the answers “more than half of the cases” and “always.”

****Stages based on the KDOQI [25].

Antworten der/s Nephrologin/en

Table 3 Reasons that retain nephrologists from discussing SD*

Reason not to address SD*:	Agree n (%)**	Indecisive n (%)	Disagree n (%)***
Patients do not express SD* spontaneously	80 (70.8)	20 (17.7)	13 (11.5)
Could not find a suitable moment	70 (61.9)	27 (23.9)	16 (14.2)
Insufficient time	53 (46.9)	26 (23.0)	34 (30.1)
High age of the patient	45 (39.8)	31 (27.4)	37 (32.7)
Age of the patient	35 (31.0)	33 (29.2)	45 (39.8)
Insufficient training	33 (29.2)	41 (36.3)	39 (34.5)
Barriers based on language or ethnicity	32 (28.3)	44 (38.9)	37 (32.7)
Barriers based on culture and religion	32 (28.3)	40 (35.4)	41 (36.3)
Insufficient knowledge	27 (23.9)	41 (36.3)	45 (39.8)
SD* is not a problem for the patient	25 (22.1)	42 (37.2)	46 (40.7)
Patient is too ill to discuss SD*	25 (22.1)	38 (33.6)	50 (44.2)
Presence of a third person	20 (17.7)	34 (30.1)	59 (52.2)
I feel uncomfortable to talk about SD*	18 (15.9)	32 (28.3)	63 (55.8)
Sex is private	14 (12.4)	33 (29.2)	66 (58.4)
Afraid to offend the patient	12 (10.6)	25 (23.0)	75 (66.4)
Patient is not ready to discuss SD*	11 (9.7)	29 (2.7)	73 (64.6)
Sense of shame	11 (9.7)	25 (22.1)	77 (68.1)
No connection with the patient	11 (9.7)	23 (20.4)	79 (69.9)
Someone else is accountable for discussing SD*	10 (8.8)	32 (28.3)	71 (62.8)
Patient is of the opposite sex	6 (5.3)	14 (12.4)	93 (82.3)
Age difference between yourself and the patient	5 (4.4)	21 (18.6)	87 (77.0)

*Sexual dysfunction

**Agree contains the answers "totally agree" and "agree"

***Disagree contains the answers "totally disagree" and "disagree"

- 85% der Nephrologen finden, dem Thema wird zu wenig Aufmerksamkeit gewidmet

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Antworten der Pflege an Dialyse

- 45% der Pflege beantwortete den Fragebogen (n = 1211)

TABLE 3 Discussing sexual dysfunction in relation to patients' gender and age

	Never <i>n</i> (%)	Sometimes <i>n</i> (%)	Regularly <i>n</i> (%)	Often <i>n</i> (%)
Patients' gender				
Male	145 (26.8)	311 (57.4)	72 (13.3)	14 (2.5)
Female	161 (29.8)	290 (53.7)	73 (13.5)	16 (3.0)
Patients' age				
16–35 years	142 (27.1)	268 (51.1)	81 (15.5)	33 (6.3)
36–50 years	133 (25.1)	288 (54.3)	81 (15.3)	28 (5.3)
51–65 years	186 (35.4)	260 (49.5)	62 (11.8)	17 (3.2)
66–75 years	274 (52.5)	206 (39.5)	31 (5.9)	11 (2.1)
≥76 years	363 (69.4)	130 (24.9)	21 (4.0)	9 (1.7)

n differs because the questions were not answered consistently, some were skipped or forgotten.

Antworten der Pflege an Dialyse

Reasons not to address SD ^a	Agree n (%) ^b	Indecisive n (%)	Disagree n (%) ^c	Reasons not to address SD ^a	Agree n (%) ^b	Indecisive n (%)	Disagree n (%) ^c
Language and ethnicity	310 (57.3)	156 (28.8)	75 (13.9)	Sense of shame	131 (24.1)	195 (35.9)	217 (40.0)
Religion and culture	296 (54.1)	172 (31.4)	79 (14.4)	Insufficient knowledge	121 (22.2)	184 (33.8)	240 (44.0)
High age of the patient	271 (49.7)	128 (23.5)	146 (26.8)	Afraid to offend the patient	113 (20.9)	159 (29.4)	269 (49.7)
Patients do not express SD ^a spontaneously	266 (48.8)	145 (26.6)	134 (24.6)	Patient is not ready to discuss SD ^a	112 (20.8)	247 (45.8)	180 (33.4)
Could not find a suitable moment	262 (48.5)	145 (26.9)	133 (24.6)	SD ^a is not a problem for the patient	72 (13.2)	227 (41.6)	247 (45.2)
Presence of a third person	252 (46.4)	137 (25.2)	154 (28.4)	Patient is of the opposite sex	60 (10.9)	115 (21.0)	373 (68.1)
Age of the patient	243 (44.4)	160 (29.3)	144 (26.3)	No possibility to refer the patient	58 (10.7)	129 (23.7)	357 (65.6)
Insufficient training	230 (42.5)	167 (30.9)	144 (26.6)	Someone else is accountable for discussing SD ^a	58 (10.6)	151 (27.6)	338 (61.8)
I feel uncomfortable to talk about SD ^a	173 (31.8)	191 (35.1)	180 (33.1)	Insufficient time	54 (9.9)	125 (22.9)	366 (67.2)
Sex is private	160 (29.4)	241 (44.2)	144 (26.4)				
No connection with the patient	154 (28.2)	145 (26.6)	247 (45.2)				
Patient is too ill to discuss SD ^a	152 (27.9)	220 (40.4)	173 (31.7)				
Age difference between yourself and the patient	132 (24.2)	127 (23.3)	287 (52.6)				

^aSD: sexual dysfunction.

^bAgree contains the answers "totally agree" and "agree".

^cDisagree contains the answers "totally disagree" and "disagree".

n differs because the questions were not answered consistently; some were skipped or forgotten.

Ek et al. Sexual care for patients receiving dialysis: A cross-sectional study identifying the role of nurses working in the dialysis department. J Adv Nurs. 2017 Netherlands

Wie rede ich mit meinen Patienten/Innen?

- Wer?
- Wann?
- Worüber genau?
- Wo und wie?
- Mit wem?
- Was sind die Hürden?



Vielen Dank für Ihre Aufmerksamkeit!

Fragen?