The Minority of Young Adult Men with Sexual Disorders Seek Medical Treatment

Rafi J. Heruti, MD,*†‡ Michael Swartzon, MD,† Tzipi Shochat, MSc,‡ Isaac Ashkenazi, MD,‡ Shay Galor, MD,‡ and Dan Justo, MD†

*Sexual Rehabilitation Clinic, Reuth Medical Center, Tel-Aviv, Israel; †Sackler School of Medicine, Tel-Aviv University, Tel-Aviv, Israel; ‡Israel Defense Force Medical Corps, Israel

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ABSTRACT

Introduction. The Israel Defense Force (IDF) conducts screening examinations of military personnel aimed at early detection of morbidities, including erectile dysfunction (ED) and other sexual disorders (SDs). Men with SDs are referred to the IDF's sex clinic for consultation.

Aim. We present the long-term compliance of military men with SDs to the screening program.

Main Outcome Measures. We investigated how many men screened for ED and other SDs turned to the IDF's sex clinic for consultation.

Methods. Subjects 25–50 years old performed screening examinations at the Staff Periodic Examination Center. The Sexual Health Inventory for Men (SHIM) questionnaire was used to categorize ED. The IDF's sex clinic records were investigated.

Results. During 2001–2003, 5,836 men completed the SHIM questionnaire. Overall, 1,570 (26.9%) men had low SHIM scores suggesting ED and other SDs. Although only 76 (4.8%) of these men turned to the IDF's sex clinic over these years, more men conferred with the IDF's sexologist every year, and more men were referred by their primary-care physicians to the IDF's sex clinic regardless of their SHIM score.

Conclusions. Screening for SDs in young adult men is not enough; encouraging young adult men screened for SDs to turn to a sex clinic for evaluation is the true challenge. Nevertheless, adding a sexual questionnaire to screening examinations may raise the awareness of sexual issues in both the patients and their primary-care physicians. Heruti RJ, Swartzon M, Shochat T, Ashkenazi I, Galor S, and Justo D. The minority of young adult men with sexual disorders seek medical treatment. J Sex Med 2007;4:1163–1166.

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men, regardless of their Sexual Health Inventory for Men (SHIM) scores, were referred by primary-care physicians to the IDF’s sex clinic during 2001–2003. We believe our experience is unique as screening for SDs in military personnel is challenging due to their conservative nature.

Methods

Staff Periodic Examination Center

Military personnel in the IDF, between 25 and 55 years old, go through screening examinations every 3–5 years at the SPEC. Each man completes a comprehensive questionnaire that consists of questions regarding medical history, symptoms, physical activity, and smoking habits. Blood samples for glucose level, lipid profile, and complete blood count are drawn thereafter. Each man goes through a complete physical examination. Finally, the results are input into a database, which is investigated for both medical and military purposes. A complete report, containing observations and recommendations, is mailed to every man and his military primary-care physician to ensure further investigation, treatment, and follow-up. Primary-care physicians in the IDF invite their patients for consultation, explain the findings, and refer them for appropriate investigations when necessary.

Sexual Health Inventory for Men

The SHIM is a diagnostic tool used to detect ED. It is a five-item questionnaire with a five-point ordinal scale for each question. The final score is calculated by adding the five scores of all five questions. Men are considered as suffering from ED when they score 21 points or less [6]. Low scores on the SHIM questionnaire might indicate SDs other than ED [5]. The SHIM questionnaire was added to the general SPEC questionnaire in January 2001. Completing the SHIM questionnaire during screening examinations at the SPEC is voluntary.

IDF’s Sex Clinic and Study Design

Patients with low SHIM scores are advised by physicians at the SPEC, or by their own primary-care physicians, to consult a sexologist for further investigation, treatment, and follow-up. According to the IDF’s orders, primary-care physicians may conduct a preliminary investigation as for the causes of SDs, but routinely refer military personnel to the IDF’s sex clinic in case treatment is required. Primary-care physicians discuss SDs with their patients in order to refer them to the IDF’s sex clinic, as a detailed letter with a specific request for consultation is mandatory. At the sex clinic, a sexologist, who is also a physician, conducts a clinical evaluation of SDs and offers treatment according to his findings. This sex clinic was established in 2001, the same year the SHIM questionnaire was added to the general SPEC questionnaire. Using the IDF’s sex clinic records, we sought to define how many men turned to the clinic.

Results

Between January 2001 and December 2003, 11,914 men, mean age 34.8 ± 7.1 years, went through screening examinations at the SPEC. Among 5,836 respondents to the SHIM questionnaire, 1,570 (26.9%) men had low SHIM scores [4]. Of these men, 76 (4.8%) men turned to the IDF’s sex clinic for consultation. More men with low SHIM scores turned to the IDF’s sex clinic every year: almost nine times more men in 2003 compared with 2001 (51 vs. 6, respectively) (Figure 1). During this 3-year period, primary-care physicians in the IDF referred an additional 204 men to the IDF’s sex clinic for further investigation because of suspected SDs, regardless of their SHIM scores. More men were referred every year: almost twice the number of men in 2003 compared with 2001 (96 vs. 51, respectively) (Figure 1).

Figure 1

The number of men who turned to the IDF’s sex clinic due to low SHIM scores or were referred by their primary-care physicians, and the total number of appointments that had been conducted at the IDF’s sex clinic, during the years 2001–2003.
Overall, 280 men turned to the IDF’s sex clinic for consultation between 2001 and 2003. The total number of appointments carried out at the IDF’s sex clinic during those years was 735: more than twice the total number of men who visited the clinic for consultation. More appointments were carried out every year: five times more in 2003 compared with 2001 (503 vs. 91, respectively) (Figure 1).

Discussion

Erectile dysfunction and other SDs are common conditions affecting the quality of life of adult men. Although ED is common, only 10.4% of men with ED seek medical treatment [7], and according to our findings, only 4.8% of military men with ED and other SDs seek medical treatment.

Unfortunately, discussing ED and other sexual issues might be difficult for both the primary-care physician and the patient. Primary-care physicians are often reluctant to ask patients about their sexual activity, even if they suspect a SD. Some primary-care physicians refer patients for unnecessary evaluation to avoid discussing sexual issues. Self-assessment sexual questionnaires endeavor to overcome this difficulty and raise the level of awareness for SDs. These questionnaires provide the primary-care physician with an opportunity to ask sexual questions.

Since first introduced in 1999, the SHIM questionnaire has been shown to accurately screen for ED and assess its severity. There was also a high correlation between the SHIM score and the patient’s self-assessment of ED [6,8]. When we added the SHIM questionnaire to the general health questionnaire of the SPEC, we expected low compliance due to the intimate nature of the questionnaire and reserved nature of many military personnel. Nonetheless, we found it valuable in detecting ED within the first 6 months [9] and more so over a 3-year period [4]. Unfortunately, although the compliance to the SHIM questionnaire was surprisingly high (48.9%), the minority of men (4.8%) with low SHIM scores turned to the IDF’s sex clinic for consultation. Some men with low SHIM scores probably turned to private sex clinics outside the IDF for consultations, but we cannot tell how many. We find some encouragement in the increasing number of men with low SHIM scores who turned to the IDF’s sex clinic every year, and in the increasing number of men who were referred by their primary-care physician to the IDF’s sex clinic, regardless of their SHIM score. Because of the large number of appointments, we assume some of these men visited the IDF’s sex clinic twice or more, and probably found the consultation helpful.

Conclusions

Adding the SHIM questionnaire to the general health questionnaire of the SPEC has raised the awareness of sexual issues in both the patients and their primary-care physicians. Furthermore, this cohort demonstrates that men are willing to cooperate with such an intimate questionnaire. We believe that the growing number of appointments at the IDF’s sex clinic indicates the necessity of this program. Still, there is a place to encourage more men with SDs to turn to a sex clinic for consultation. One way is to establish multidisciplinary clinics in which all aspects of atherosclerosis, like obesity, hypertension, diabetes, smoking, ischemic heart disease, and ED, are investigated and treated. Finally, we believe that other health programs, who ignore the intimate aspects and well-being, should view the IDF as a model for successful intervention.

Corresponding Author: Rafi J. Heruti, MD, Sexual Rehabilitation Clinic, Reuth Medical Center, Hachayil 2 Blvd., Tel-Aviv 61092, Israel. Tel: (+972) 54-6791704; Fax: (+972) 3-6893712; E-mail: heruti@post.tau.ac.il

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References

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