

Anxiety Levels and Sexual Functions of Patients Performing Clean Intermittent Catheterization

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Clean intermittent catheterization (CIC) is an effective and reliable catheterization method widely used to ensure bladder management.

However, pain or discomfort that is commonly seen during catheterization in individuals performing CIC may lead to anxiety and changes in many activities of daily living, particularly in sexual function. The aim of this study was to determine the anxiety levels and sexual functions of patients performing CIC and the relationship between. This descriptive study included a total of 102 patients performing CIC who were followed at a urology outpatient clinic of a state hospital. Data were collected by using Structured Information Form, Visual Analog Scale (VAS), State-Trait Anxiety Inventory (STAI), Female Sexual Function Scale (FSFI) and International Erectile Function Index-5 (IIEF-5). Statistical analyses were performed using descriptive statistical methods, Pearson Product-Moment Correlation Coefficient and Regression Analysis. Mood scores (VAS) of the patients were 6.56 ± 1.52 . The mean IIEF-5 score was 8.47 ± 4.59 in male patients and the mean FSFI score was 17.62 ± 6.2 in female patients. Erectile dysfunction was found in 73.47% of male patients and sexual dysfunction was present in 64.15% of female patients. The STAI-1 score was found to have a negative moderate correlation with IIEF-5 and FSFI scores ($p \leq 0.05$). Furthermore, evaluation of the factors related to sexual dysfunction showed that smoking, female sex, anxiety level, duration of CIC, mood and wheelchair use increased the probability of developing sexual dysfunction. Determining the anxiety and sexual function levels of individuals performing CIC, prioritizing the factors that may affect sexual function, and using appropriate therapeutic approaches are thought to be able to increase the individual's adaptation and have a positive effect on their sexual lives.

Areas for reflection

- This study highlighted a link between anxiety and sexual function in those carrying out ISC. How can we assess and treat anxiety in those performing ISC?
- How can we ensure sexual function is discussed as part of a patient assessment?

