

Clinical Practice Guidelines: Sexuality and Reproductive Health in Adults with SCI

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Disclosures

Lawrence C Vogel, MD

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CME Staff Disclosures

Professional Education Services

Group staff have no financial interest or relationships to disclose.

Learning Objectives

1. State the process of developing a clinical practice guideline by the Consortium for Spinal Cord Medicine.
2. Identify at least one source for obtaining electronic or paper versions of the CPGs.
3. State at least 3 essential components of the physical examination in order to assess sexual function in a person with SCI.
4. State at least 3 signs or symptoms suggestive of testosterone deficiency.
5. Indicate the proper ways of discussing sexuality with persons with spinal cord injuries

Clinical Practice Guidelines: Sexuality and Reproductive Health in Adults with SCI

- Introduction to Consortium and CPGs
- Sexuality and Reproductive Health in Adults with Spinal Cord Injury: CPG
 - Medical/Physical
 - Psychosocial
- Discussion

SEXUALITY &
REPRODUCTIVE
HEALTH

CLINICAL PRACTICE GUIDELINE:

SPINAL CORD MEDICINE

Sexuality and Reproductive Health in Adults with Spinal Cord Injury:

**A Clinical Practice Guideline
for Health-Care Professionals**



Administrative and financial support provided by Paralyzed Veterans of America

**SEXUALITY &
REPRODUCTIVE
HEALTH**

CONSUMER GUIDE:

SPINAL CORD MEDICINE

Sexuality and Reproductive Health in Adults with Spinal Cord Injury: What You Should Know

**A Guide for People
with Spinal Cord Injury**

consortium for
 **SPINAL CORD
MEDICINE**
CLINICAL PRACTICE GUIDELINES

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Consortium for Spinal Cord Medicine

Develop and disseminate evidence-based
Clinical Practice Guidelines (CPGs) and
companion Consumer Guides

To improve the health care and quality of life for
individuals with spinal cord injuries

Benefits of the CPGs

- establishment of clinical practice options and care standards
- medical and health professional education and training
- building blocks for pathways and algorithms
- research gap identification
- primary source for consumer information and public education
- knowledge base for improved professional consensus building.

Consortium for Spinal Cord Medicine

- Established by PVA in 1995
- PVA Research and Education
 - J Paul Thomas - *Consortium and Practice Guideline Consultant.*
 - Kim Nalle - *Manager, Clinical Practice Guidelines*
- Includes representatives from 23 health professional, payer, and consumer organizations
- Since its inception, it has developed 11 CPGs and 9 consumer guides

Consortium for Spinal Cord Medicine Steering Committee

- American Academy of Orthopedic Surgeons
- American Academy of Physical Medicine and Rehabilitation
- American Association of Neurological Surgeons
- American Association of Spinal Cord Injury Nurses
- American Association of Spinal Cord Injury Psychologists and Social Workers
- American College of Emergency Physicians
- American Congress of Rehabilitation Medicine
- American Occupational Therapy Association
- American Paraplegia Society
- American Physical Therapy Association
- American Psychological Association (Division 22)
- American Spinal Injury Association
- Association of Academic Physiatrists
- Association of Rehabilitation Nurses
- Christopher and Dana Reeve Foundation
- Congress of Neurological Surgeons
- Insurance Rehabilitation Study Group
- International Spinal Cord Society
- Paralyzed Veterans of America
- Rick Hansen Institute
- Society of Critical Care Medicine
- U.S. Department of Veterans Affairs
- United Spinal Association

Clinical Practice Guidelines

- Sexuality and Reproductive Health in Adults with Spinal Cord Injury
- Early Acute Management in Adults with Spinal Cord Injury
- Bladder Management For Adults with Spinal Cord Injury
- Preservation of Upper Limb Function Following Spinal Cord Injury
- Respiratory Management Following Spinal Cord Injury
- Prevention of Thromboembolism in Spinal Cord Injury
- Acute Management of Autonomic Dysreflexia
- Pressure Ulcer Prevention and Treatment Following Spinal Cord Injury
- Outcomes Following Traumatic Spinal Cord Injury
- Depression Following Spinal Cord Injury
- Neurogenic Bowel Management in Adults with Spinal Cord Injury

Clinical Practice Guidelines

- Guidelines Currently Being Developed
 - Nutrition, metabolic disorders and obesity
 - Psychological adjustment and coping
- Revisions
 - DVT
 - Pressure ulcers

Consumer Guides

Subsequent to the development of the CPGs, consumer guides are developed by the CPG panel chair with input from the Consortium and consumers.

Consumer Guidelines

- Bladder Management Following Spinal Cord Injury: What You Should Know
- Respiratory Management Following Spinal Cord Injury: What You Should Know
- Preservation of Upper Limb Function Following Spinal Cord Injury: What You Should Know
- Autonomic Dysreflexia: What You Should Know
- Pressure Ulcers: What You Should Know
- Expected Outcomes: What You Should Know
- Depression: What You Should Know
- Neurogenic Bowel: What You Should Know
- Sexuality and Reproductive Health in Adults with Spinal Cord Injury : What you should know

Spanish Consumer Guides

- Ulceras por Decubito: Lo Que Usted Debe Saber (Pressure Ulcers)
- Intestino Neurog?nico: Lo Que Usted Debe Saber (Neurogenic Bowel)
- Reflejo Disfuncional Autonomo: Lo Qu? Usted Deberia Saber (Autonomic Dysreflexia)

CPG Development

- Steering Committee of Consortium selects a panel of experts
 - Detailed explication of the topic
 - Consultant methodologists
 - review the relevant literature
 - prepare evidence tables: grade & rank quality of research and conduct statistical meta-analyses
 - Based on these evidence tables, the panel members develop recommendations that are refined by the panel.

CPG recommendations

- reviewed by the Steering Committee of the Consortium
- field review by representatives of all of the Consortium member associations
- CPG panel revises the CPG as appropriate
- legal analyses to consider antitrust, restraint-of-trade and health policy matters
- medical editing

Dissemination

- Print
- Electronic
- eBook

Sexuality and Reproductive Health in Adults with Spinal Cord Injury - 2010

- Stanley H Ducharme, PhD - Panel Chair
- Donald G Kewman, PhD
- Theresa Chase, ND, RN
- Graham Creasey, MD FRCSEd
- Stacy Lorraine Elliott, MD
- Lance Goetz, MD
- Jennifer D Hastings, PT, PhD, NCS
- Paula Martin, OTR/L
- Romel W Mackelprang, DSW
- Marcalee Sipski, MD
- Mitchell Tepper, PhD, MPH
- Florian P Thomas, MD, MA, PhD

Sexuality and reproductive Health in Adults with Spinal Cord Injury - 2010

85 Recommendations

- Importance of sexuality and reproduction to the individual
- Sexual history and assessment
- Education
- Maintaining sexual well-being
- Physical and practical considerations
- Effect of injury on sexual function, responsiveness, and expression
- Treatment of dysfunction
- Effects on fertility
- Relationship issues

Importance of Sexuality and Reproduction to the Individual

1. Maintain an open discussion and provide access to education about sex in both formal and informal settings throughout the treatment continuum.
3. Encourage individuals to take an active role in obtaining information related to sexual issues.
4. Provide assurance to the individual as soon as feasible that basic information about sexuality will be provided and that more extensive information will be available throughout care.

Importance of Sexuality and Reproduction to the Individual

5. Introduce the topic of sexuality by discussing the subject in a straightforward and nonjudgmental manner

Ask open-ended questions that encourage an ongoing dialogue whenever possible

6. Maintain a nonjudgmental attitude regarding sexual orientation and gender identity in order to elicit honest and productive discussion

Importance of Sexuality and Reproduction to the Individual

7. Determine the individual's interest and readiness to learn about sexual function and expression following his or her SCI

Be aware that some people with SCI may not feel comfortable in raising the topic directly

Importance of Sexuality and Reproduction to the Individual

8. Encourage people with SCI to explore the role of sexuality in their lives and the various ways in which they may express their sexuality
9. Ensure that sexual expression is treated with privacy, respect, and dignity.

Sexual History and Assessment

13. Medical assessment of the sexual reproductive system

Thorough examination of breasts and genitalia

14. Physical examination using the International Standards for Neurological Classification of Spinal Cord Injury

special attention to the preservation of sensation from T11–L2 and S2–5 along with determination of the presence of voluntary anal contraction and reflexes

Sexual History and Assessment

15. Assess the impact of the individual's injury on sexual responses, i.e., genital responses, based on a neurologic examination

18. Perform full physical examinations and neurological assessments regularly, in order to detect changes over time that may affect sexual function.

Obtaining CME Credit

- If you would like to receive CME credit for this activity, please visit:

<http://www.pesgce.com/PVAsummit2011/>

- This information can also be found in the Summit 2011 Program on page 8.