



The Differential Impact of Sexual Dysfunction on HRQoL in Men and Women With MS



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Abstract

Objectives: Use the Multiple Sclerosis Intimacy and Sexuality Questionnaire-15 (MSISQ-15) to examine whether gender moderates the impact of PSD, SSD, TSD on physical and mental health-related quality of life (HRQoL).

Methods: The sample included 5,667 participants from the North American Research Committee on Multiple Sclerosis (NARCOMS) Registry. Self-report data from the MSISQ-15, the mental and physical subscales of the self-report SF-12 Health Survey (MCS-12 and PCS-12), and the Patient Determined Disease Steps (PDDS) were examined using hierarchical linear regressions.

Results: PSD, SSD, and TSD predicted both PCS-12 and MCS-12. Gender moderated the effect of PSD, SSD, and TSD on PCS-12. Gender did not moderate the relationship between the MCS-12 on PSD, SSD, TSD.

Conclusions: Gender moderated the relationship between PSD, SSD, TSD and PCS-12. Gender did not moderate the relationship between the MCS-12 on PSD, SSD, TSD.

Background

Sexual dysfunction (SD) impacts an estimated 73% of the MS population.¹ SD in MS is categorized by primary, secondary, and tertiary sexual dysfunctions (PSD, SSD, PSD).² PSD refers to neurological changes with direct effects on sexual functioning; SSD involves physical, MS-related changes indirectly related to sexual response; and TSD involves psychosocial issues associated with disability that affect sexual satisfaction.² Research suggests that SD is strongly related to perception of both physical and mental HRQoL in MS.³ Exploring how gender differences moderate the impact of PSD, SSD, and TSD on HRQoL may increase our understanding and treatment of SD in MS.

Methods

- The sample included 5,667 participants from the NARCOMS Registry (1,405 males and 4,262 females) who completed the MSISQ-15, MCS-12, PCS-12, and PDDS self-report questionnaires.
- Six hierarchical linear regressions were conducted using SPSS 25.0 to examine the association between gender and PSD, SSD, and TSD on HRQoL. MCS-12 and PCS-12 were entered as the outcome variables.
- Age, employment, and disability were entered in block 1.
- Gender, PSD, SSD, and TSD were entered in block 2.
- The interaction between gender and SD category was entered in block 3.

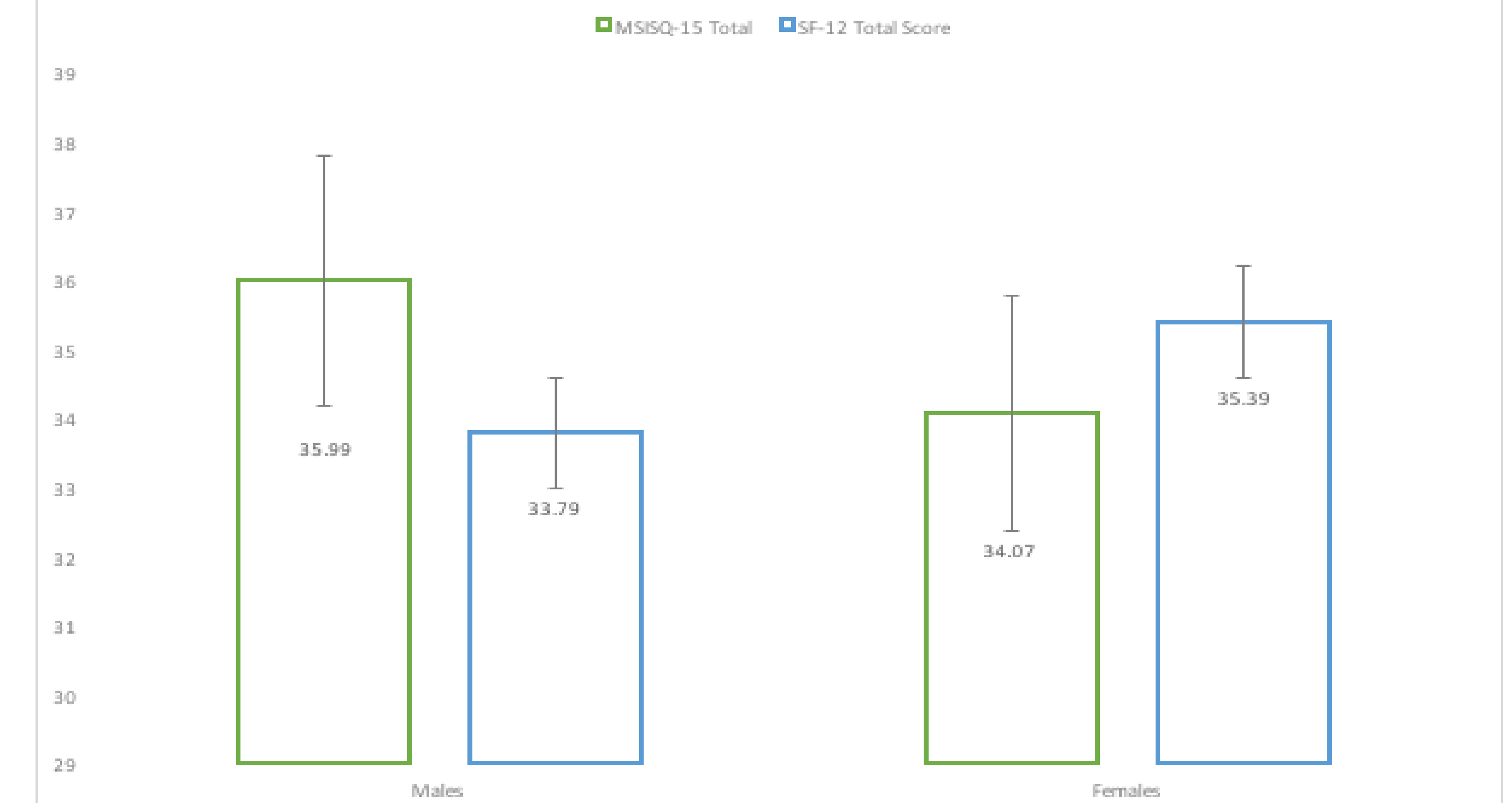
Results

- PSD ($b = -.147, p < .001$) predicted PCS-12; gender was not significant ($p > .05$). Gender moderated the effect between PSD and PCS-12 ($b = .084, p < .001$).
- PSD predicted MCS-12 ($b = -.281, p < .001$); gender and the moderation were not significant.
- SSD ($b = -.511, p < .001$) predicted PCS-12; gender was not significant. Gender moderated the effect between SSD and PCS-12 ($b = .127, p < .001$).
- SSD predicted MCS-12 ($b = -.914, p < .001$); gender and the moderation were not significant.
- Gender ($b = 0.020, p < .001$) and TSD ($b = -.132, p < .05$) predicted PCS-12. Gender moderated the effect of TSD on PCS-12 ($b = .083, p < .001$).
- TSD predicted MCS-12 ($b = -.132, p < .05$); gender and the moderation were not significant.

Demographics

	Males		Females	
	M	SD	M	SD
Age	56	11	52	10
Primary SD Total Score	14.25	5.7	14.18	6.01
Secondary SD Total Score	9.87	4.88	9.51	4.3
Tertiary SD Total Score	12.29	6.23	10.73	5.78
MSISQ-15 Total Score	36.14	14.31	34.09	13.68
SF-12 Total Score	32.55	7.78	34.24	7.97

MSISQ-15 and SF-12 Compared by Gender



Conclusions

- Gender moderated the relationship between PSD, SSD, TSD and PCS-12 but not MCS-12.
- Men who reported greater levels of SD were more likely to report lower levels of physical HRQoL than women.
- This difference was not found for but not mental HRQoL.

References

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