IS SEXUALITY A PROBLEM? A FOLLOW-UP OF SEVERE BURN PATIENTS 6 MONTHS TO SEVEN YEARS POST INJURY (038)

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Introduction: Rehabilitation in burn care focus on increasing the function in every domain of physical and mental health, well-being, and quality of life [1]. One aspect of quality of life is sexual health expressed in a working definition by WHO as a state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity [2]. Referring to that definition of sexuality it is not far from evident that having sustained a burn, with physiological, psychological and social consequences, is a risk factor for negative effects on sexuality.

Sexuality after burn injury has not been extensively researched and not longitudinally [3] even though there are studies using questionnaires reporting sexuality after burn [4-13]. Thus, the aim of this study was to examine sexuality at different time points by using the BSHS-B sexuality subscale and to examine possible contributing factors.

Methods: A cohort of 107 patients consecutively admitted to a Swedish national burn center was followed up at 6, 12, and 24 months postburn and out of those sixty-seven individuals were followed up at 2 to 7 years postburn.

Results: Mean scores ameliorated over time, even up to seven years post-burn in both men and women but women were less satisfied than men at each time points of assessment. The strongest contributing factors for worse outcome in sexuality were a history of psychiatric morbidity, neuroticism and burn severity.

Conclusion: As some patients experiencing sexual problems after burns, even many years after, it is important to identify these individuals. The BSHS-B sexuality subscale may be used as a screening tool, but needs to be followed up with more in-depth questions or a tool measuring more aspects of sexuality, with the purpose of offering relevant interventions for those who need it

References: