



Velkommen til  
Symposium

Fysioterapi og seksuel sundhed

# Speaker

- *Kristina Areskoug Josefsson, PT, PhD, Academy for Improvement of Health and Wellfare, Jönköping University, Sverige & Institutt for Atferdsvitenskap, Oslo Metropolitan University, Norge*
- *Hvordan påvirker reumatologisk sygdom den seksuelle sundhed?*
- *Hvordan kan fysioterapeuter fremme seksuel sundhed for patienter med smerter, bevægeindskrænking og træthed?*



THE JÖNKÖPING ACADEMY  
FOR IMPROVEMENT OF HEALTH AND WELFARE



# Speaker

- Cathrine Stenz, PT, Master i sexologi  
Sexologisk rådgiver (DACs), aut.  
specialist i sexologisk rådgivning  
(NACS), Hvidovre Hospital
- Fysioterapeutisk behandling til  
kvinder med smerter ved samleje
- Præsentation af resultater fra et  
kvalitativt pilotstudie om patienters  
oplevelse af behandlingen



# Speaker og moderator

- Helle Gerbild, PT, Cand. scient. san, Sexologisk rådgiver, master i sexologi, Årslev Fysioterapi; lektor, University College Lillebælt; PhD stud, Forskningsenheden for Almen Praksis, SDU
- Hvordan kan fysisk inaktivitet, overvægt og hjerteproblemer påvirke mænds rejsningsevne?
- Hvordan kan fysioterapeuter vejlede i fysisk aktivitet og øvelser, der kan fremme rejsningsevnen for mænd med arterielt betinget ED?



Formålet med symposium om  
fysioterapi og seksuel sundhed er

gennem forskningsresultater og klinisk  
praksiserfaring, at inspirere fysioterapeuter til  
at inddrage seksuel sundhed i deres fag- og  
professionsudøvelse.



# Fysioterapi og seksuel sundhed

- Mange sygdomme, symptomer og sygdomsbehandling medfører seksuelle dysfunktioner og / eller vanskeligheder
- Patienterne efterspørger hjælp hos de sundhedsprofessionelle
- De færreste modtager hjælpen
- Fysioterapeutiske metoder virker fremmende på seksuel sundhed
- Oplagt, at fysioterapeuter inddrager seksuelle sundhedsaspekter i deres intervention



# Centrale spørgsmål om seksuel sundhed i fysioterapeutisk klinisk praksis:

- Hvad er seksuel sundhed?
- Hvorfor inddrage seksuel sundhed i fysioterapi?
- Hvad efterspørger patienterne?
- Hvordan påvirker sygdom seksualitet?
- Hvordan kan fysioterapi fremme seksuel sundhed?



# Klínísk fysioterapí & fremme af seksuel sundhed:

- 15.15 - 15.20  
Intro
- 15.20 - 15.30  
Hvad er seksuel sundhed? v. Krístína Areskoug Josefsson
- 15.30 - 15.50  
Kroniske smerter v. Krístína Areskoug Josefsson
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Smerter ved samleje v. Cathríne Stentz
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Hvorfor inddrage seksuel sundhed i fysioterapí? v.
- 16.40 - 16.45  
Afrunding





What is good sexual health?



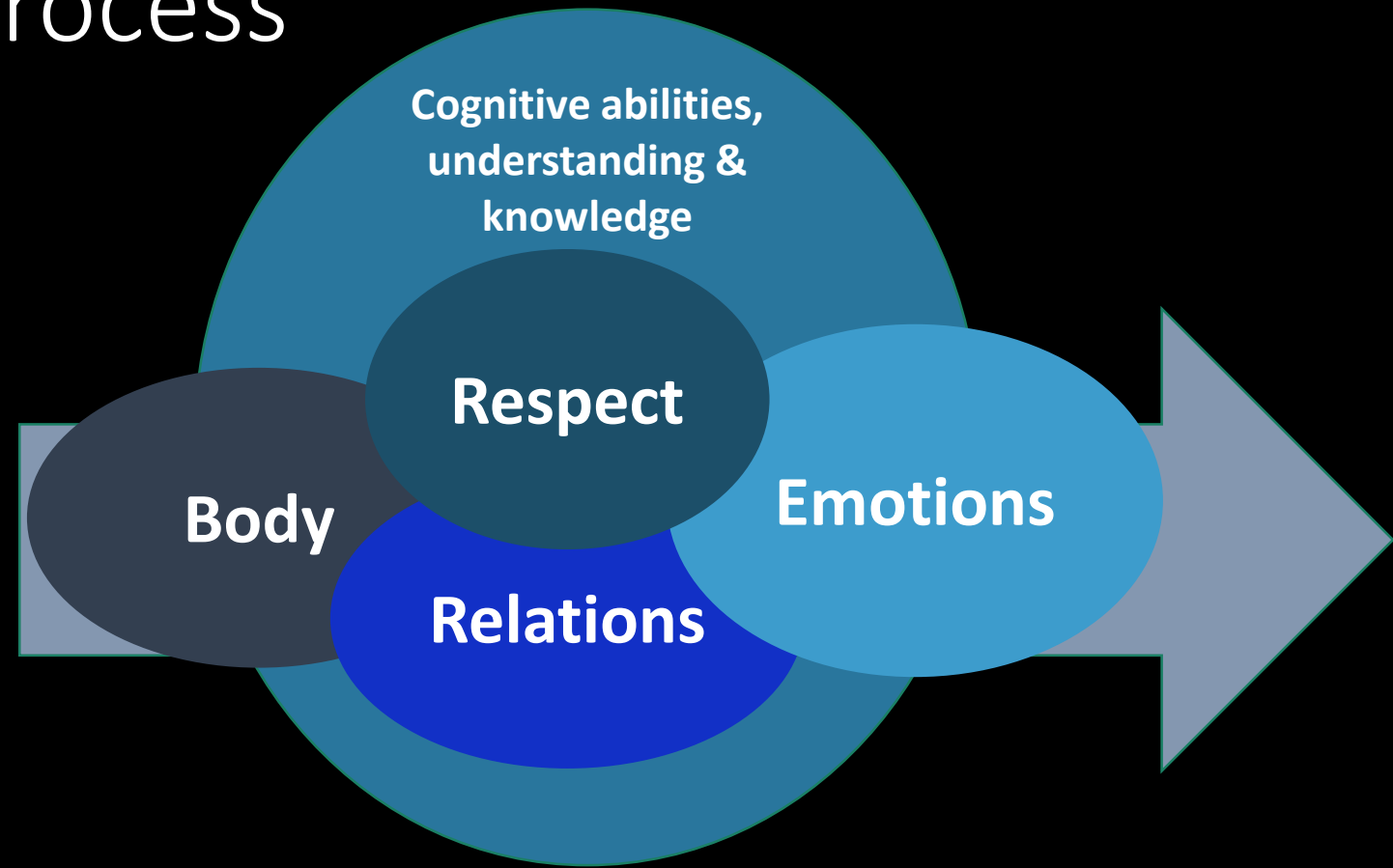
# Definition of sexual health

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2002)



# Sexual health as a process

- The feeling of sexual health is affected by bodies, emotions and relations.
- Cognitive capacity, understanding and knowledge are part of the experience of sexual health
- Sexual health is a continuously on-going process, striving towards well-being
- Respect is a key issue in the experience of sexual health

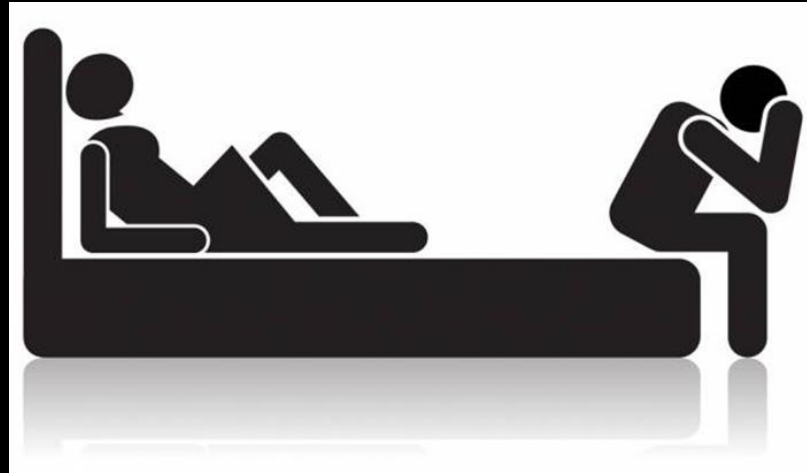


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# Living with pain: Sexual health and rheumatoid arthritis – the role of physiotherapy to improve sexual health



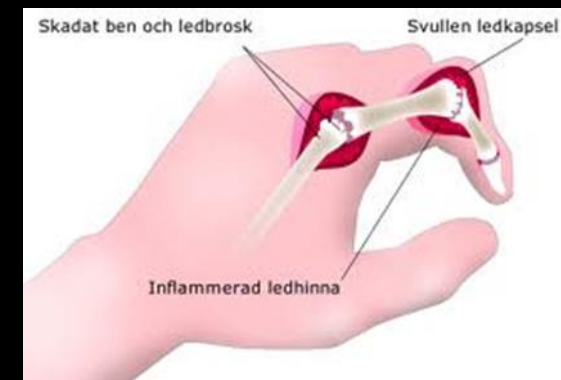
~36-70% of patients with RA have reduced sexual health  
*(reduced sexual arousal, reduced sexual activity, reduced sexual satisfaction)*

# What is Rheumatoid Arthritis, RA?

- the most common type of autoimmune arthritis
- More common among women
- Can start any age, most common 40-60yrs
- chronic disease that causes pain, fatigue, stiffness, swelling and limited motion and function of many joints.
- Inflammation sometimes can affect organs as well, like the eyes or lungs.
- Additional symptoms
  - Morning stiffness from 30 min to all day
  - Loss of energy
  - Low fevers
  - Loss of appetite
  - Dry eyes and mouth from a related health problem, Sjogren's syndrome
  - Firm lumps, called rheumatoid nodules, which grow beneath the skin in places such as the elbow and hands
  - Co-morbidity

# Rheumatoid Arthritis, RA

- No cure
- Medical treatments aim at remission
- The goal of treatment is to lessen symptoms, increase function
- No single treatment works for all patients.
- Many people with RA must change their treatment
- Patient education, regular physical exercise are important



# Risk factors for reduced sexual health when living with chronic diseases

- Pain
- Fatigue
- Feeling low/depression
- Anxiety
- Change in body weight
- Reduced physical function
- Low level of physical activity
- Stress
- Negative body image
- Morning stiffness
- Medication
- Economical issues
- Co-morbidity

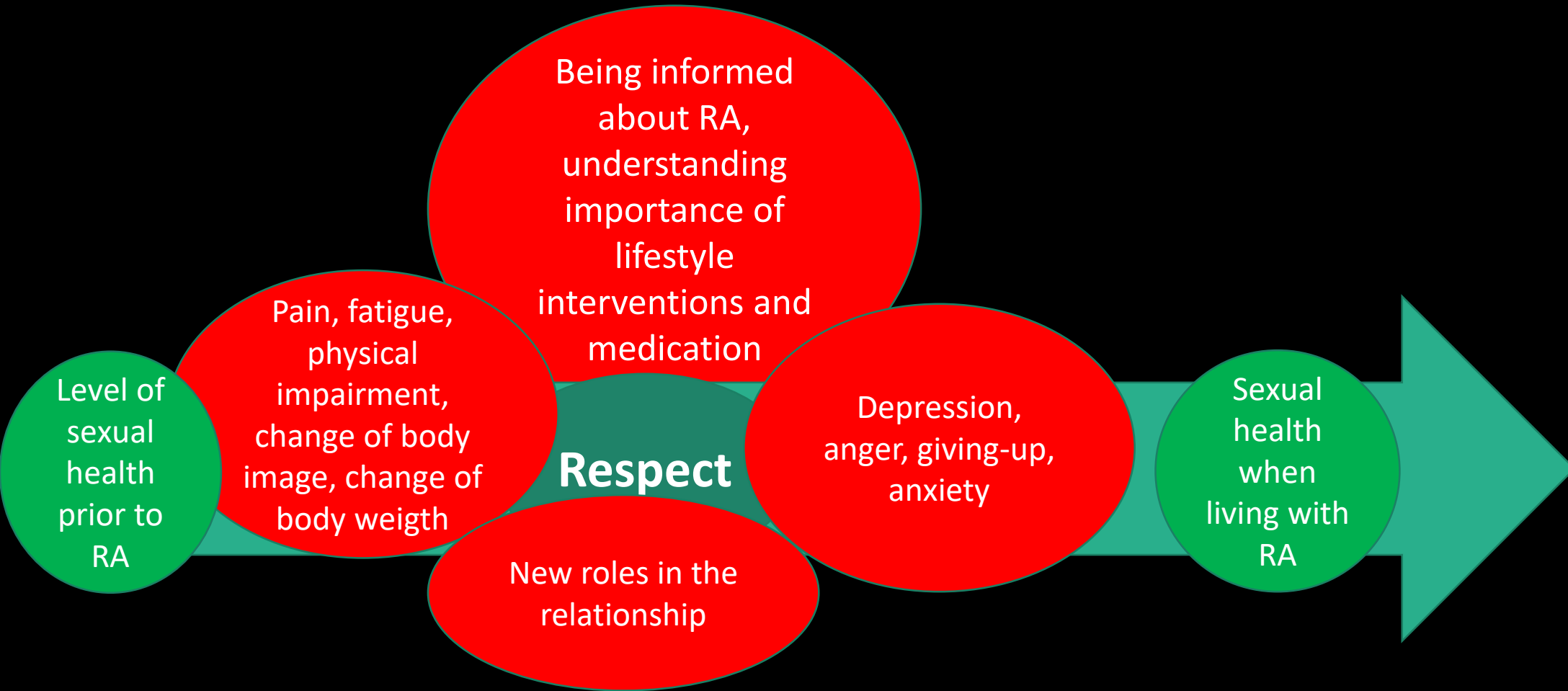




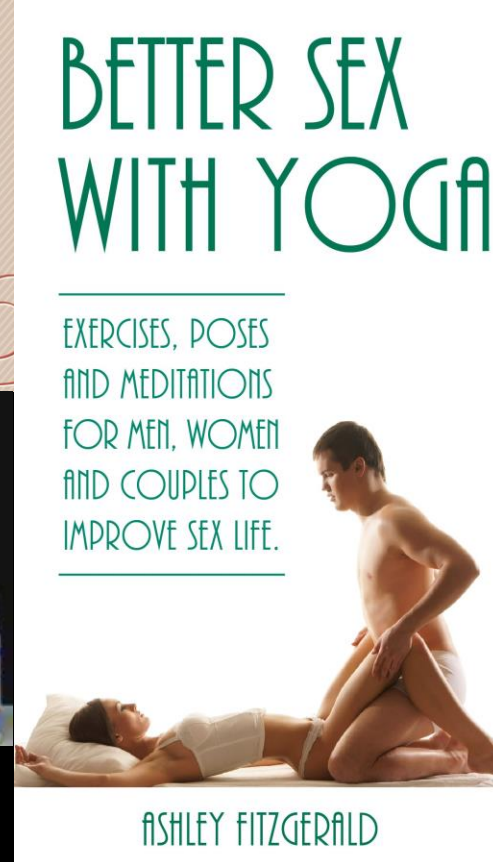
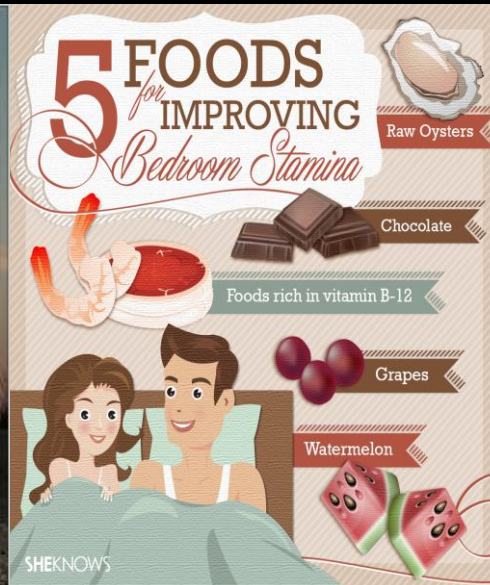
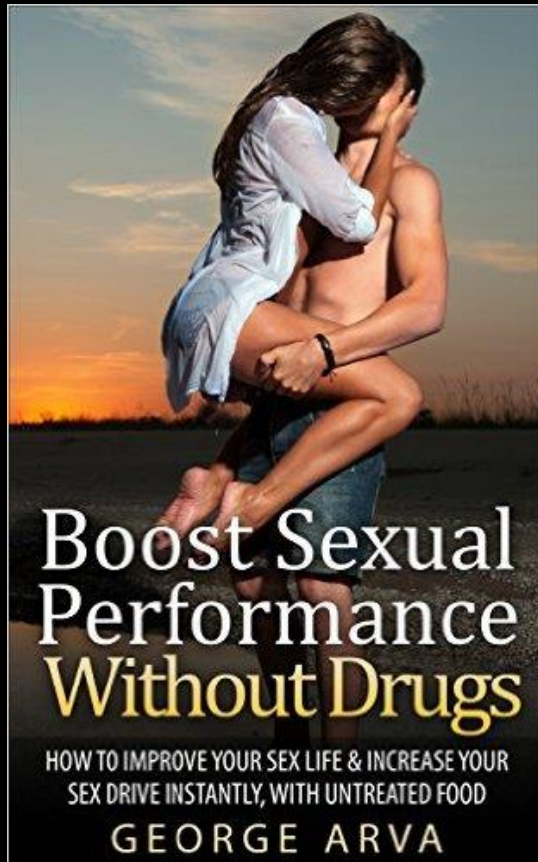
# Personal stories

- *It doesn't work to have sex. Sometimes I can hardly walk.*
- *Well if one can't lift one's shoulder, it is hard to put the arms around someone's neck.*
- *I have done several operations and there are after effects from them. It has to be re-operated and there are some problems after that.*
- *And then, it is this, if someone touches you it hurts. And you feel, no, don't touch me*
- *I'm so tired. I just have no energy for it.*

# Sexual health as a process – living with RA



# How can sexual health be improved for persons with RA?



Discussion

# Problem solving?

Stop having sex

Stop taking medication

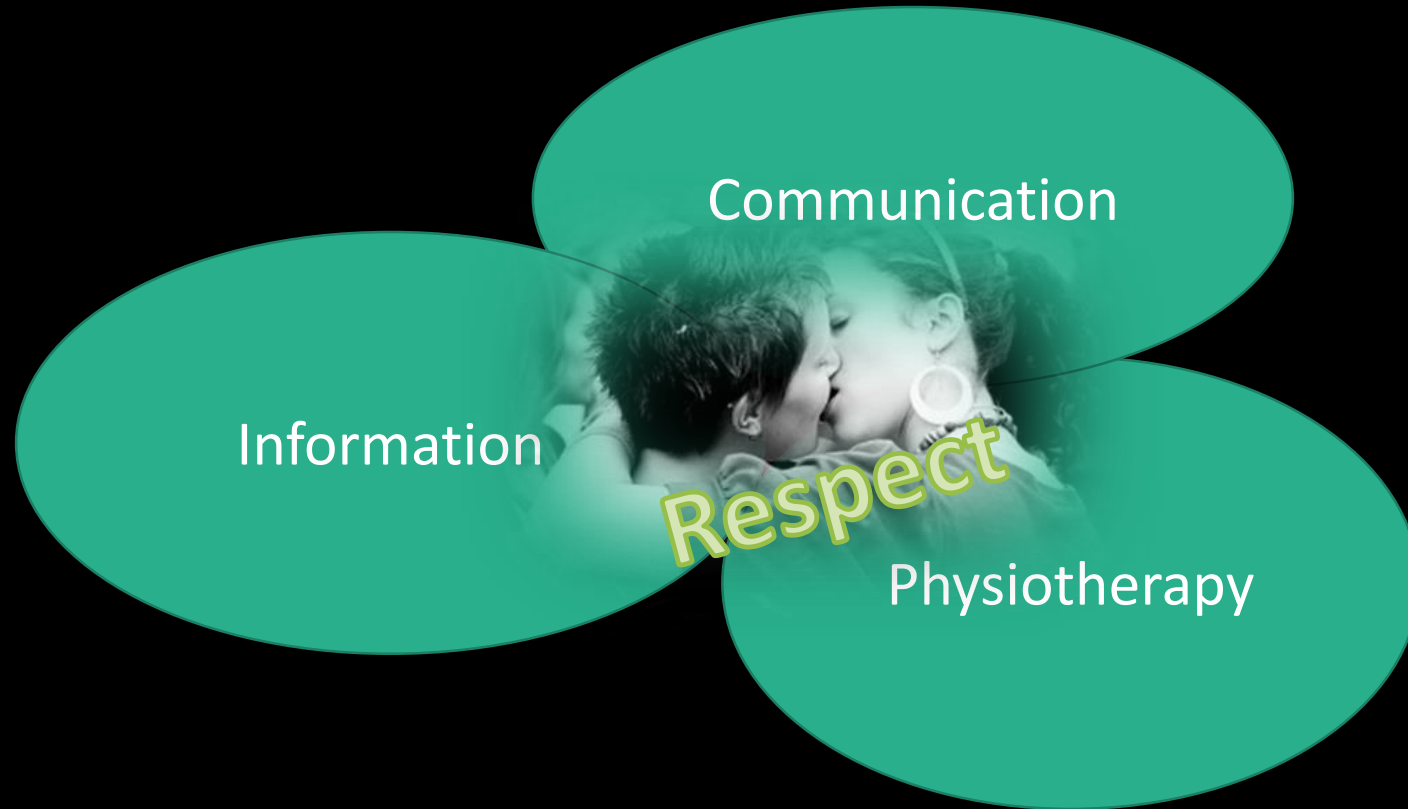
Change of partner

Change of sexual activities/positions

Change of sexual routines

Use of sexual aids

## Improving sexual health



If the patient gets respect, information and good communication about sexual health – what is the role of the physiotherapist to promote sexual health?

# The role of the physiotherapist

- Physical capacity
- Physical activity
- Pain reduction
- Self-esteem
- Body awareness
- *Information*
- *Communication*



Part of the team support in the process of sexual health



## Information & Communication

- Patient organisations: material and on-line information
- Recognition Model
- PLISSIT-modellen

*Example of useful information:  
Positioning, information on  
how joints are affected in  
different positions*

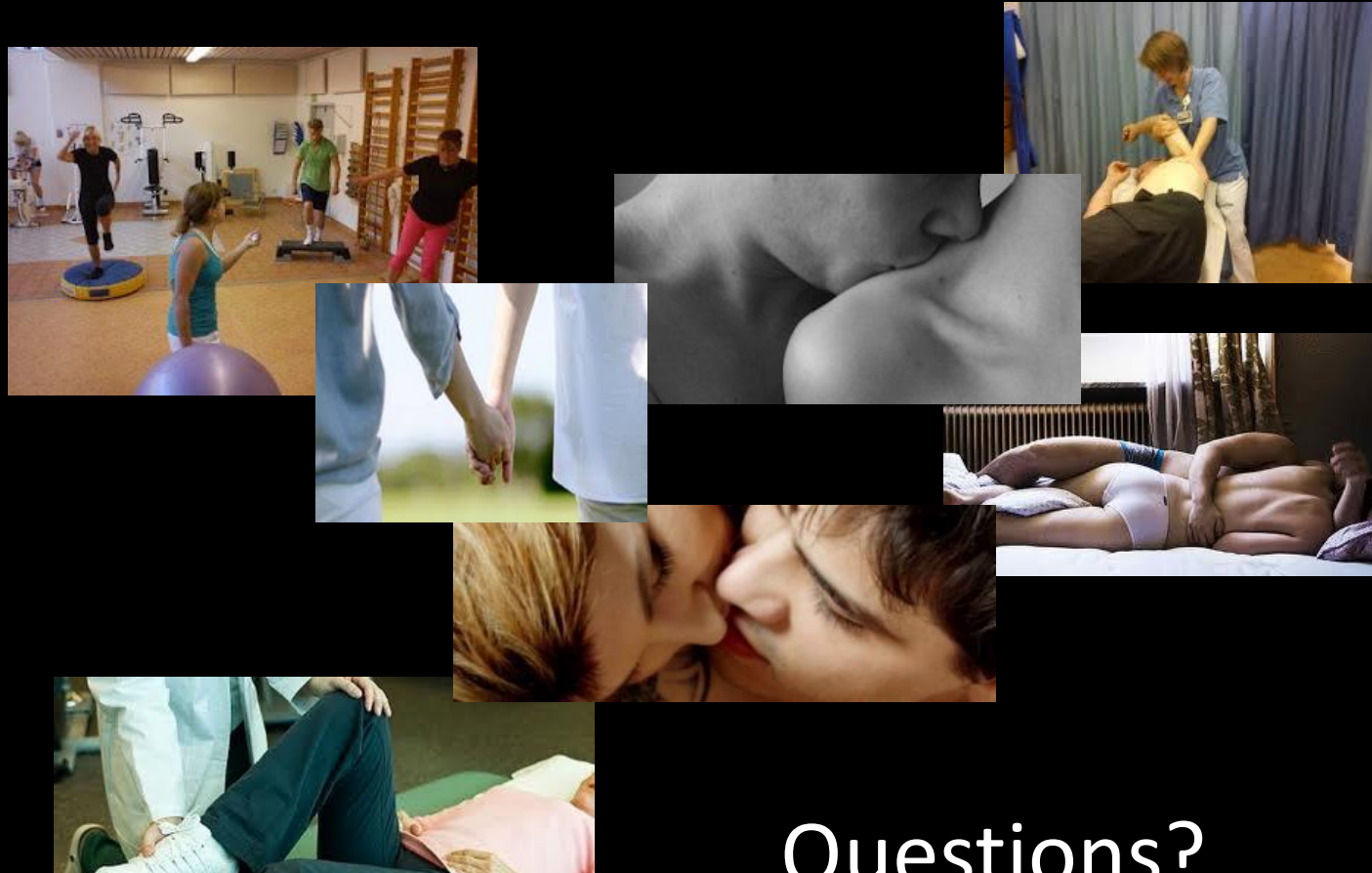
# Conclusion

*Have a real meeting – How can you assist the person that you meet? Listen before you act!*

- Sexual health problems are common when living with RA
- Pain and fatigue are the most common causes of decreased sexual health
- Sexual health is rarely brought up between patients and healthcare professionals
- Persons with RA want more communication & information about sexual health
- Sexual health can be improved for persons with RA, with information, communication & physiotherapy
- All healthcare professionals have a shared responsibility to give best possible care, including sexual health care
- Healthcare professionals need to increase their awareness and knowledge about sexual health and RA



# Rehabilitation promotes sexual health!



Questions?

[kristina.areskoug-josefsson@ju.se](mailto:kristina.areskoug-josefsson@ju.se)

# References

**Using resources and addressing challenges – it is time to include sexual health in therapy.**

Areskoug Josefsson, K. International Journal of Therapy and Rehabilitation, April 2016;23(4):156-157

**Physiotherapy as a promoter of sexual health.** Areskoug-Josefsson K, Gard G. Physiother Theory Pract. 2015;31(6):390-5.

**Detecting decreased sexual health with MDHAQ-S.** Areskoug Josefsson, K., Jakobsson, U., Ekdahl, C., Gard, G. Health. 2013. p.38-47

**Sexual health in patients with rheumatoid arthritis: experiences, needs and communication with health care professionals.** Josefsson KA, Gard G. Musculoskeletal Care. 2012;10(2):76-89.

**Sexual health and intimate relationships in rheumatoid arthritis.** In: Lemmey AB, editor. Rheumatoid arthritis Etiology, consequences and co-morbidities. Areskoug Josefsson K, Öberg U. Rijeka: InTech; 2011. p. 215-34.

**Women's experiences of sexual health when living with rheumatoid arthritis--an explorative qualitative study.** Josefsson KA, Gard G. BMC Musculoskelet Disord. 2010;11:240.

**A literature review of the sexual health of women with rheumatoid arthritis.** Areskoug-Josefsson K, Öberg U. Musculoskeletal Care. 2009;7(4):219-26.

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Hvordan kan fysisk inaktivitet, overvægt og hjerteproblemer påvirke mænds rejsningsevne?

Hvordan kan fysioterapeuter vejlede i fysisk aktivitet og øvelser, der kan fremme rejsningsfunktionen for mænd med arterielt betinget erektil dysfunktion (ED)?

# Erektíl Dysfunctíon (ED)

Manglende evne til at opnå eller vedligeholde en rejsning, der gør det muligt at gennemføre et tilfredsstillende samleje.



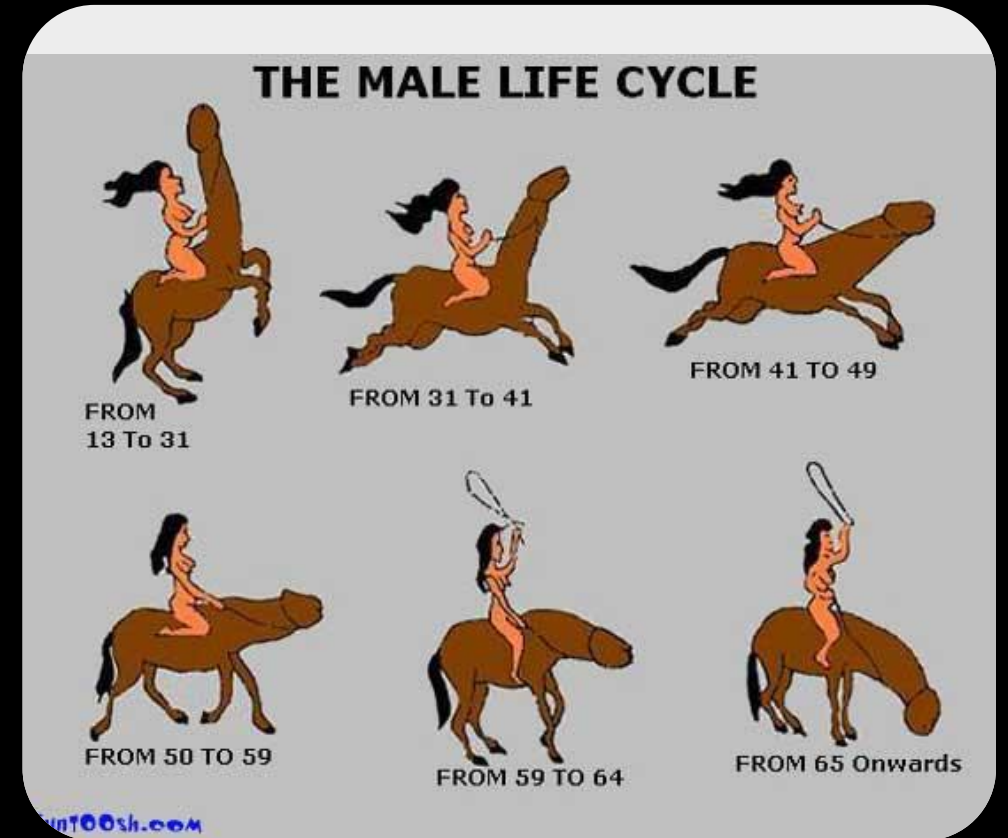
Whatever  
happened to  
our sexual  
relations?

I don't know.  
I don't even  
think we got  
a Christmas  
card from them  
this year.



# Hvor mange mænd har ED?

- 35 % i 60'erne
- 66 % i 70'erne
- 88 % i 80'erne
- 20 millioner i EU
- 150 millioner i verden





# Hvor mange af jer arbejder med mænd i disse grupper?

- Fysisk inaktive
- Overvægtige
- Hypertension
- Metabolisk syndrome (MET)
- Hjertekar sygdomme (CVD / AMI)

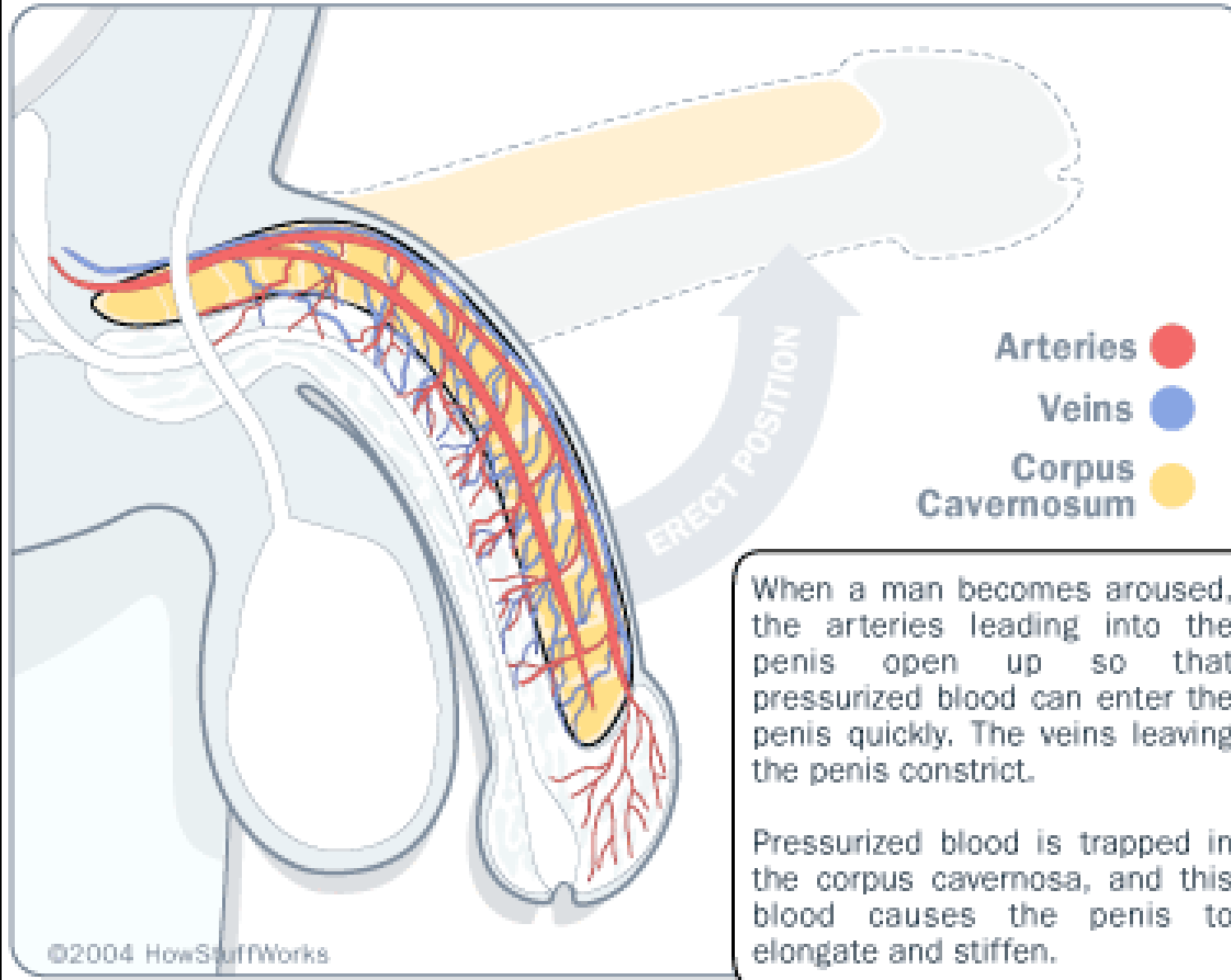


# Prævalens for ED

- Fysisk inaktive: 23%
- Overvægtige: 23%
- Hypertension: 44%
- MET: 51%
- CVD: 50-75%

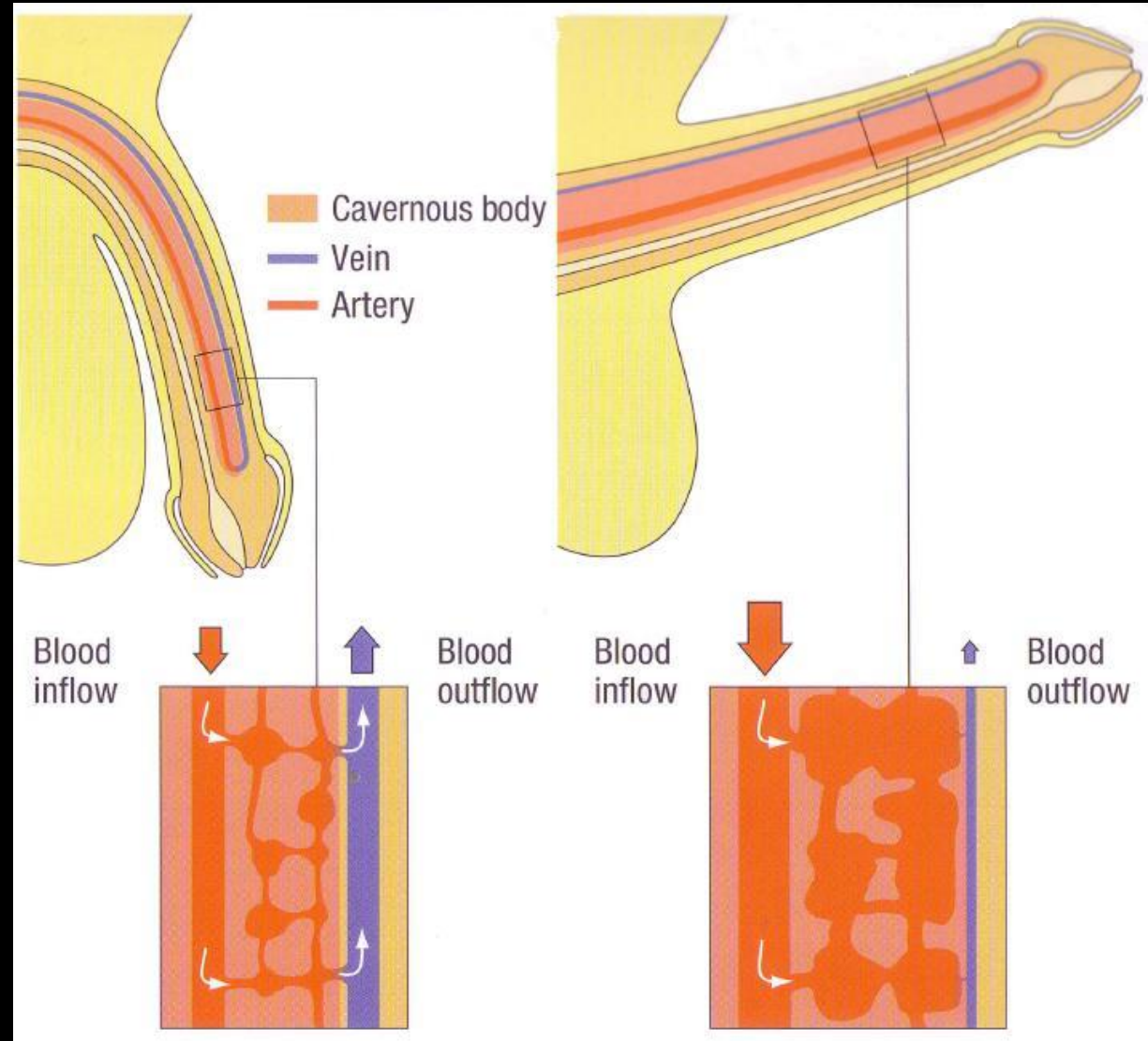


# Erection Physiology



# Erektíl hydralík:

Maxímalt  
blod indløb  
samtidig med  
mínímalt  
blod afløb.



# RISK FACTORS FOR ED

Sedentary lifestyle

Obesity

Smoking

Hypercholesterolemia

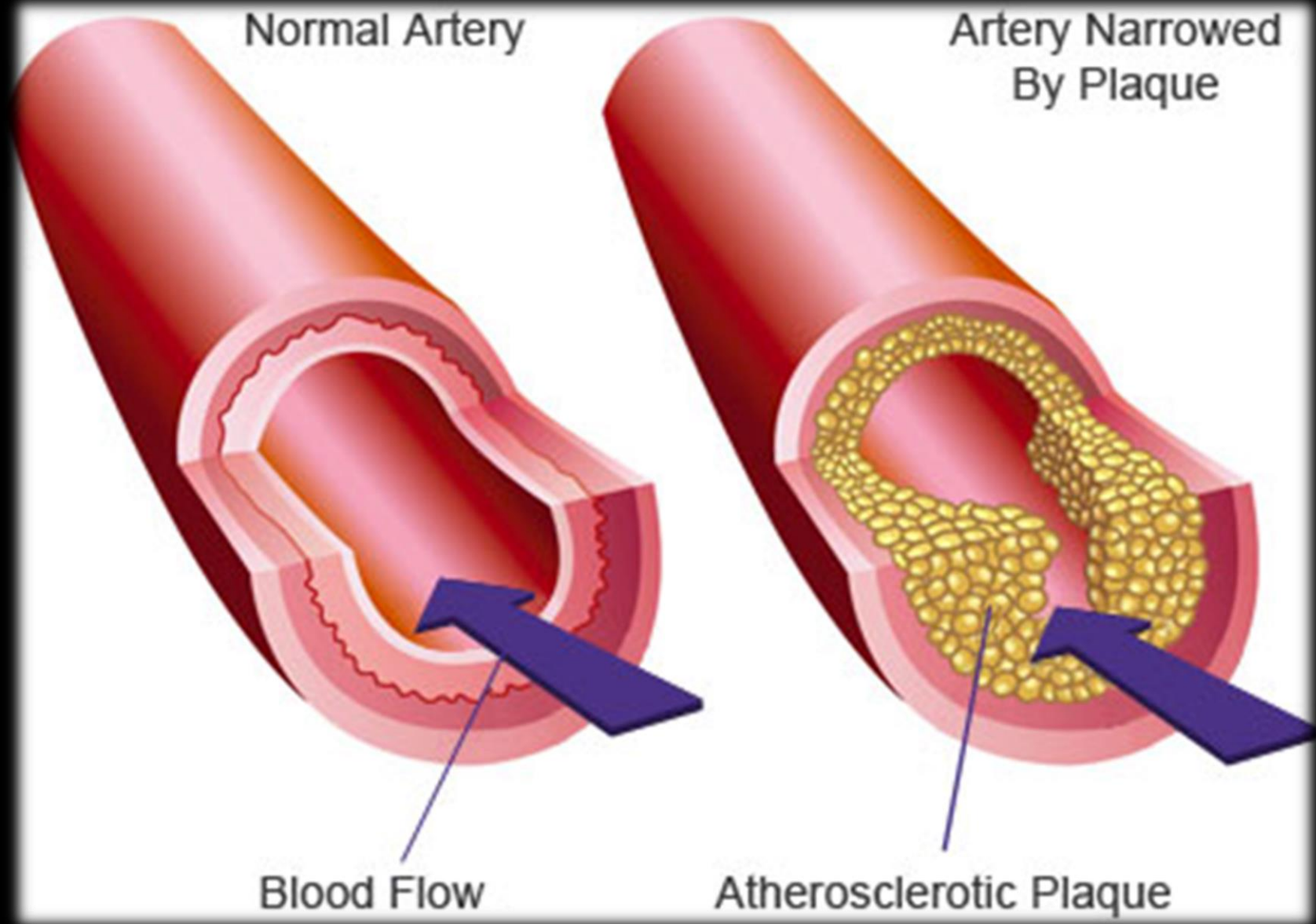
Metabolic syndrome

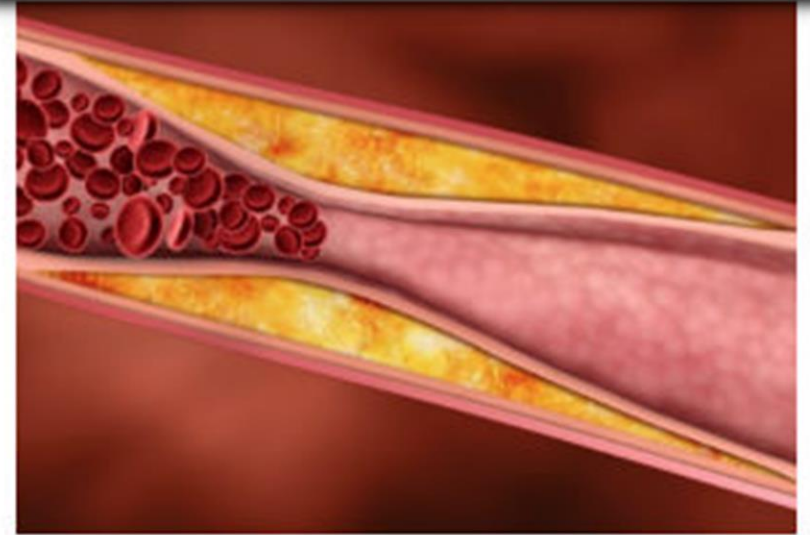
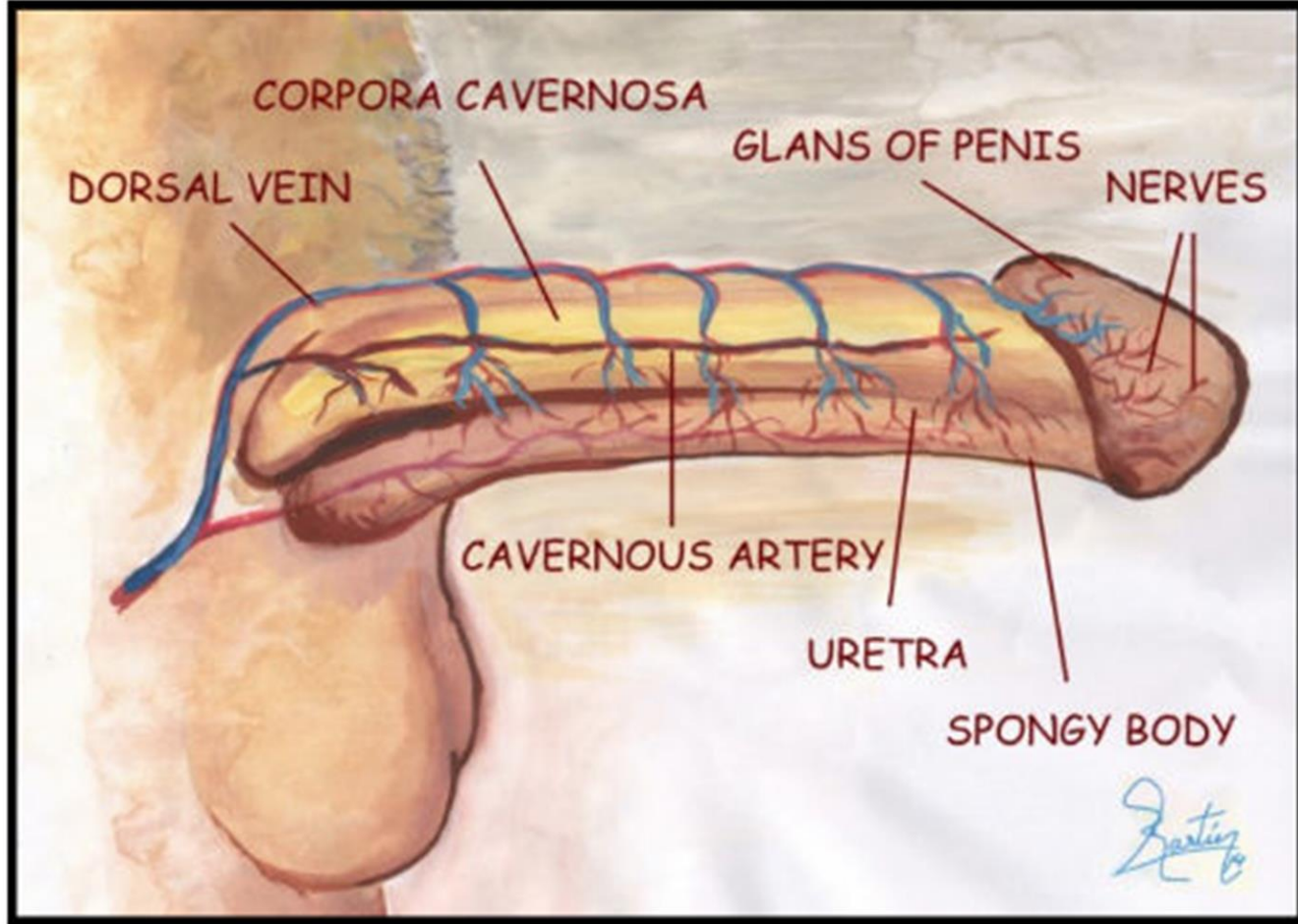
Diabetes mellitus

(Shared risk factors with CVD)



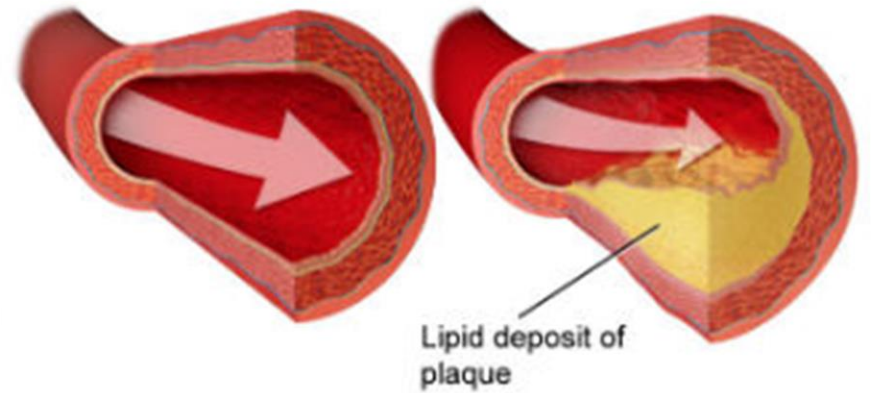
- Arterial Inflammation
- Endotelial dysfunktion
- Arteriosklerose
- Arteriel dysfunktion
- ↓ NO
- ↓ Penilblodflow
- Erektíl dysfunktion

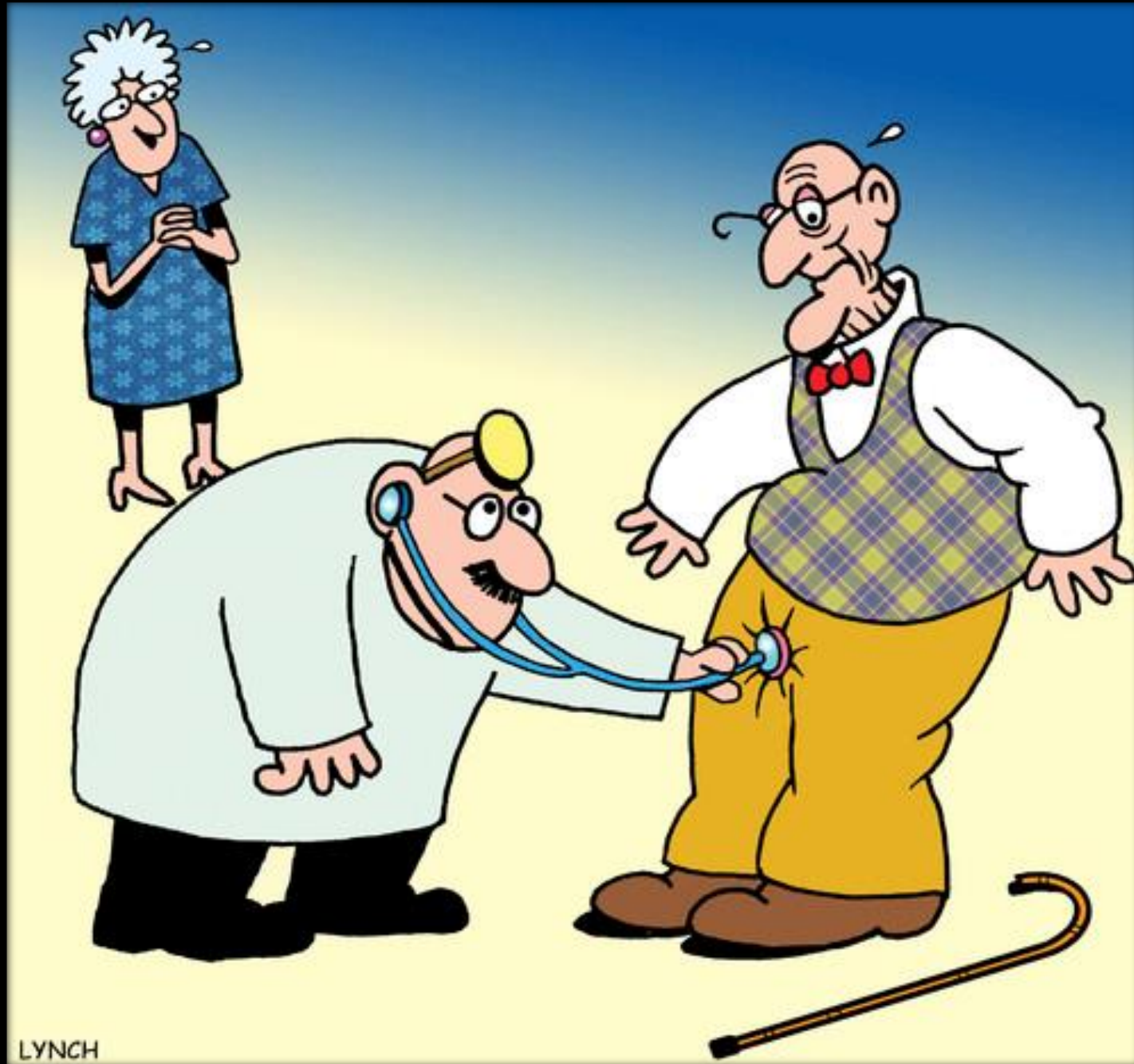




Normal Artery

Narrowing of Artery



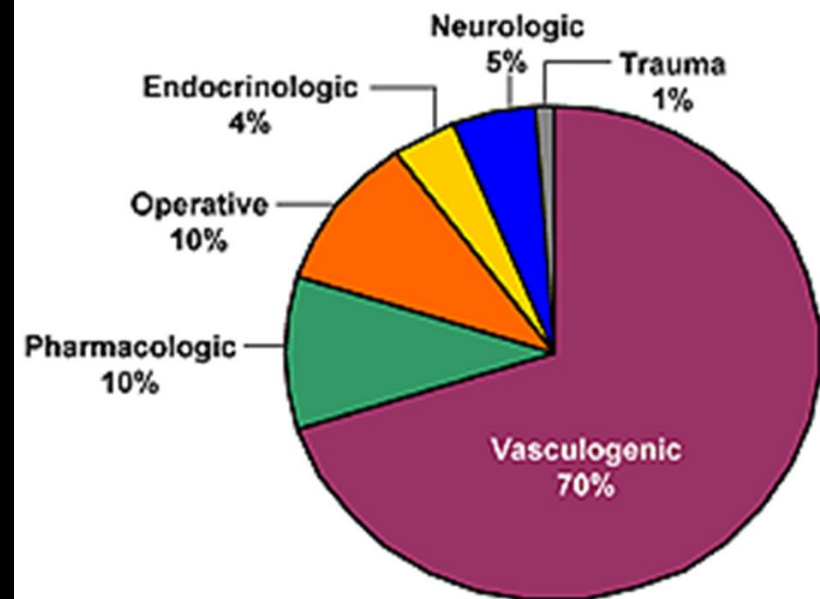


LYNCH



Rejsningsproblemer er en folkesygdom hos mænd, som for de fleste skyldes livsrelateret åreforkalkning

## Causes of Erectile Dysfunction



Spørg til morgen  
erektion - opspor  
begyndende  
hjertekarsygdom



Fysisk aktivitet kan reducerer niveauet for

- Overvægt
- Hypertension
- MET
- CVD



Er der nogen af jer der træner med mænd med overvægt / fedme, METs, DM?



Rejningsproblemer kan forebygges

Fysisk inaktive mænd OR = 10.38 for ED  
sammenlignet med fysisk aktive mænd

Kunne information om at fysisk aktivitet kan forebygge  
ED være af interesse for mænd i følgende grupper:  
fysisk inaktive, overvægtige, METS, DM?



# The ESSM Syllabus of Sexual Medicine

Written by the ESSM Educational Committee



Editors:  
H. Porst  
Y. Reisman

"There is level 1 A evidence that physical activity significantly improves erectile function and reduces the risk of cardiovascular diseases."

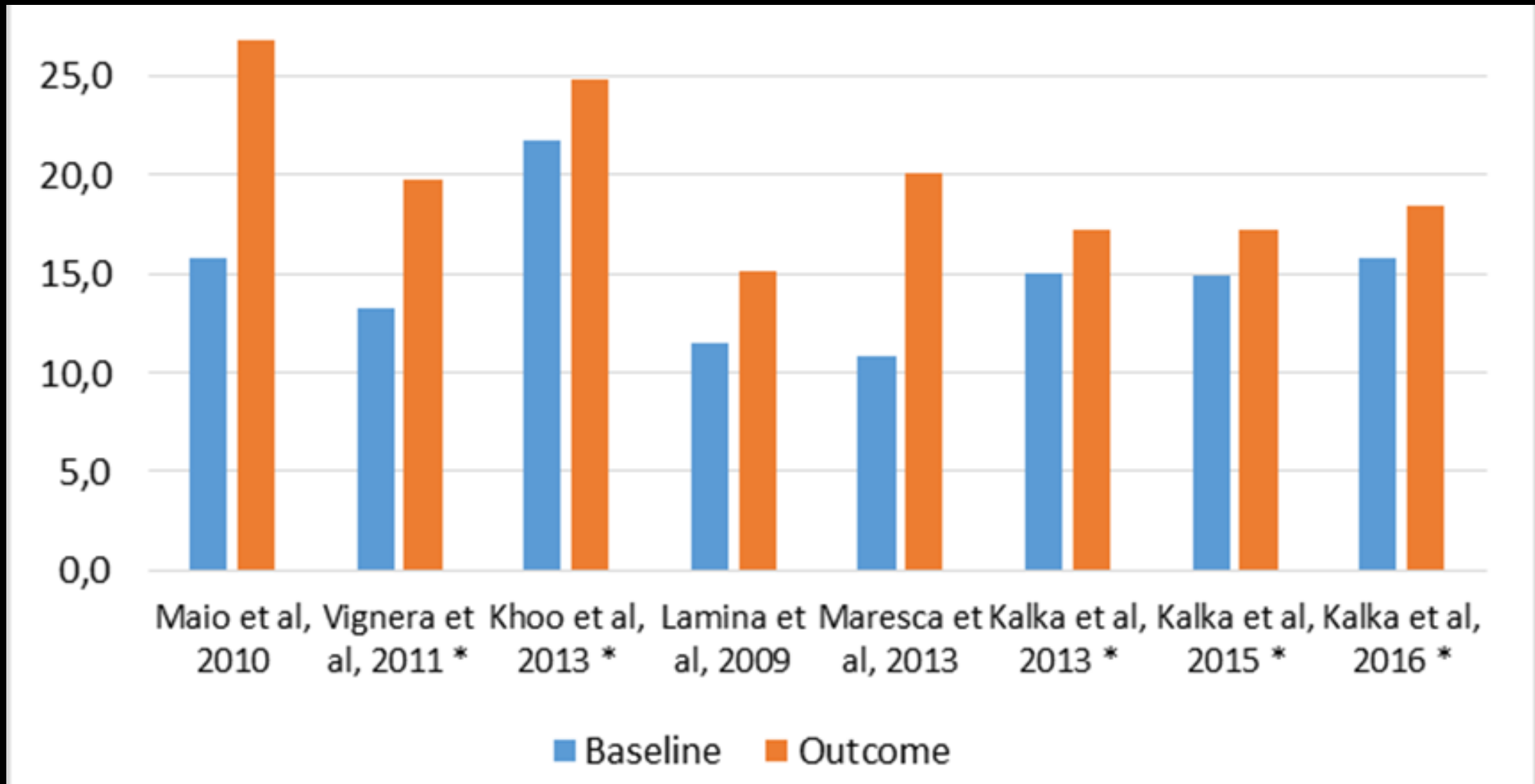
# The EFS and ESSM Syllabus of Clinical Sexology

ESSM Educational Committee



Editors:  
P.B. Karam  
F. Tsigoni  
Y. Reisman

# Fysisk aktivitet som behandling af ED for mænd i følgende grupper: fysisk inaktivitet, overvægt, hypertension, METS og CVD





- Superviseret Fysisk aktivitet
- Intensitet: moderat til høj intensitet
- Frekvens: 4 x 40 min om ugen
- Varighed: 6 mdr.

# Perspetíver for klínísk praksís

Fysíoterapeuter behandler lívsstílssygdomme KRAM

Erektíl dysfunkt kan ses som lívsstílssygdom

Fysíoterapeuter kan tilbyde fysísk aktivítet som kan forebygge og behandle erektil dysfunction og fremme seksuel sundhed?

**“Exercises To  
Improve Erection  
Strength”**



Spørgsmål?

hegerbild@health.sdu.dk

Reference:

Gerbild, Larsen, Graugaard, Areskoug-Josefsson.

Physical Activity to Improve Erectile Function:  
A Systematic Review of Intervention Studies

Sexual Medicine – Open Access, 2018



# Klínísk fysioterapí & fremme af seksuel sundhed:

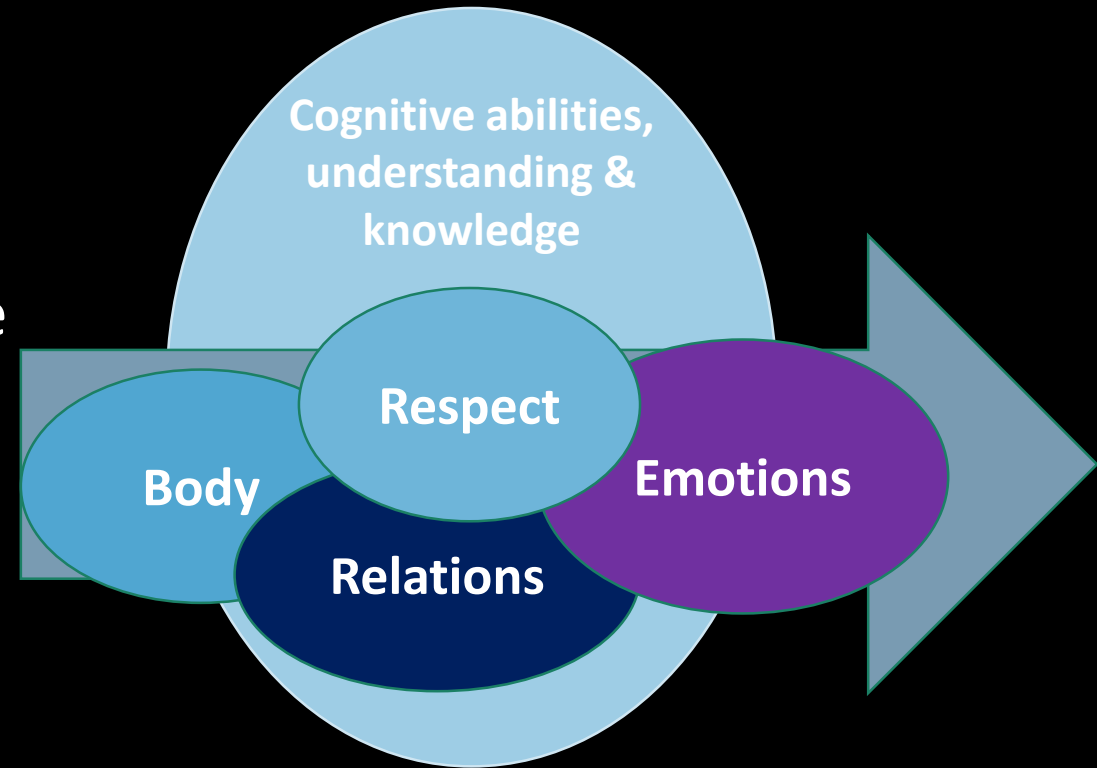
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Physiotherapists are educated to meet patients in various situations in life, to rehabilitate them and to assist them in achieving well-being and high quality of life....

...so what about rehabilitation and prevention to improve sexual health?

- Physiotherapists work with improving the capacity of the body
- To inform and educate patients are part of our role as physiotherapists
- Physiotherapists aim to increase well-being of patients
- Respect is a key issue in all meetings with patients



## 4 gode grunde til at inddrage sexologi i fysioterapi

1. 90 % af 16-95-årige danskere finder et godt sexliv vigtigt for deres livskvalitet (Frisk M. et al 2011)
2. Et velfungerende intimt liv kan højst sandsynligt være en "raskhedsfaktor" ved kronisk sygdom (Graugaard, C et al. 2012)
3. Patienter med stomi, hjertesygdom ect., ønsker at sundhedspersonalet italersætter de eventuelle seksuelle problemer i forbindelse med deres sygdom (Glockner, MK 1992; Bedell, SE 2002) OG det gælder antagelig de allerfleste patientgrupper.
4. Fysioterapeuter er en af de faggrupper der ofte tilbringer længere tid sammen med patienter og dermed har mulighed for at få en større grad af fortrolighed til rådgivning omkring sexualitet kan etableres.

## 4 gode grunde til - til at inddrage seksuel sundhed i fysioterapi

1. Fysioterapeuter har virksomme metoder til at forebygge seksuelle dysfunktioner, at forbedre den seksuelle funktion at rehabilitere seksuel sundhed
2. Fysioterapeuters grundkompetencer giver gode forudsætninger
3. Fysioterapeuter arbejder ud fra en bio-psyko-social tilgang
4. Fysioterapeuter vil udvikle og innovere faget og professionen, baseret på evidens!



Hvad tænker I?

- hvordan kan I som fysioterapeuter  
inddrage seksuel sundhed  
i jeres professionsudøvelse?



Small things  
can make a  
big  
difference...

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# Mere seksuel sundhed på Fagkongressen, 2018

Fredag d. 13. apríl  
kl. 10.10 -10.25 í lok. 26

Præsentation:

Health care students'  
attitudes towards addressing  
sexual health – psychometric  
results of the Danish version;  
v. Helle Gerbúld

Fredag den 13. apríl  
kl. 14.45-15.25 í lok. 9-10

Workshop:

Fysioterapeutisk samtale om  
seksuel sundhed;  
v. Helle Gerbúld, Krístína  
Areskoug Josefsson

Take for 1 day

