

# Sexuality in people with a limb amputation: a quantitative study

Published: 17-09-2012

Last updated: 26-04-2024

This quantitative research project was preceded by a qualitative study (Sexuality in people with a limb amputation and their partner: a qualitative study; METc 2010/179). The aims of the current study are to explore:- which sexual problems occur in...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Bone and joint injuries
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON37111

### Source

ToetsingOnline

### Brief title

Sexuality and limb amputation

### Condition

- Bone and joint injuries
- Miscellaneous and site unspecified neoplasms benign
- Vascular injuries

### Synonym

sexual problems, sexual well-being

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Universitair Medisch Centrum Groningen

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** limb amputation, sexuality, survey

## Outcome measures

### Primary outcome

- o What sexual problems occur in people with a limb amputation in the Netherlands?
- o How does a person with a limb amputation experience these problems?
- o Was the issue of sexuality discussed during the rehabilitation process?

The questionnaire addresses issues like sexual desire, arousal, orgasm, pain during intercourse, frequency of sexual activities and sexual well-being. Psychological factors like acceptance of the amputation, self-image, personality and the partner relationship will also be addressed. To conclude, participants are asked whether sexuality was discussed during the time in the rehabilitation center.

### Secondary outcome

not applicable

## Study description

### Background summary

Up till now, little research has been done on how people with a limb amputation experience their sexuality. This lack of research can be explained by the following reasons:

- the fact that both the person with a limb amputation and the professional caregiver do not talk about sexual problems, feeds the assumption that there are no sexual dysfunctions connected with a limb amputation;

- the fact that professional caregivers do not feel responsible for this part of the treatment; most of the professional caregivers who work with people with a limb amputation believe that the rehabilitation process stops when the patient uses his/her prosthesis successfully;
- the physical functioning of someone with a limb amputation who is wearing a prosthesis is generally better than the physical functioning of other rehabilitation patients. Because of this, one assumes that there are also no problems with sexual functioning or sexual well-being in people with a limb amputation.

However, there are indications that a limb amputation can influence the sexual functioning and sexual well-being of people. A diminished feeling of self-esteem, fear for rejection, inadequate coping and role changes are some of the psychosocial adjustments that people experience after a limb amputation.

The limited amount of research that has been done on the sexual well-being of people with a limb amputation, is performed in the United States, Denmark, Japan and Nigeria, and is not representative for the Dutch population. Additionally, the results of all these research projects differ. Some researchers report no sexual problems at all, while others report a diminished sexual frequency and less sexual satisfaction in people with a limb amputation.

The results of our own qualitative study on this topic (Seksualiteit bij mensen met een arm- of beenamputatie en hun partner: een kwalitatief onderzoek; METc 2010/179) have shown that a limb amputation can influence someone's sexual life in several ways. With this survey we want to include a larger group of people in order to get a better idea of how people with a limb amputation experience their sexuality. In this study, when referring to sexuality, we refer to both sexual functioning (are there any problems concerning sexual anatomy, for example erectile dysfunction) and sexual well-being (how does someone experience his/her sexual functioning). The questionnaire addresses issues like sexual desire, arousal, orgasm, pain during intercourse, frequency of sexual activities and sexual well-being. Psychological factors like acceptance of the amputation, self-image, personality and the partner relationship will also be addressed. To conclude, participants are asked whether sexuality was discussed during the time in the rehabilitation center.

## **Study objective**

This quantitative research project was preceded by a qualitative study (Sexuality in people with a limb amputation and their partner: a qualitative study; METc 2010/179). The aims of the current study are to explore:

- which sexual problems occur in people with a limb amputation in the Netherlands
- how someone with a limb amputation experiences these problems
- whether professional caregivers address the issue of sexuality during the

rehabilitation process

## **Study design**

This study is a cross-sectional quantitative study. The questionnaire that we use is a combination of different questionnaires, including the Hospital Anxiety and Depression Scale (HADS), the Maudsley Marital Questionnaire (MMQ), the Amputee Body Image Scale (ABIS), the Survey on Sexual Counselling, the Survey on Sexuality, and the Short Sexual Functioning Scale (SSFS). All these questionnaires were used in the past -in this or other combinations- in research on disease/disability and sexuality.

Filling out the questionnaire takes up maximum 30 minutes. No intervention will take place.

Preparation of the study, processing the results and analysing the data will all take place in the Centrum voor Revalidatie, locatie Groningen. Data will be analysed using the software program SPSS.

## **Study burden and risks**

There are no risks involved in participating in this study. The burden for participants is the amount of time they are asked to invest to fill out the questionnaire, being 30 minutes maximum. It is however possible that some questions might come across as being confronting and/or (psychologically) burdening. If necessary, participants can always consult with dhr. drs. Ernst Schrier, rehabilitation psychologist at the Centrum voor Revalidatie, locatie Groningen, after filling out the questionnaire.

## **Contacts**

### **Public**

Universitair Medisch Centrum Groningen

Hanzeplein 1  
Groningen 9713 GZ  
NL

### **Scientific**

Universitair Medisch Centrum Groningen

Hanzeplein 1  
Groningen 9713 GZ  
NL

## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

limb amputation

being 18 or older

### Exclusion criteria

non-limb amputation

no amputation

being under the age of 18

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Other

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated):	01-10-2012
Enrollment:	200
Type:	Anticipated

## Ethics review

Approved WMO	
Date:	17-09-2012
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL40544.042.12