

# NACS konference i Tartu 2016

## Læs her Helle Gerbilds spændende referat fra NACS konferencen i Tartu september 2016

### Take home message fra Nordic Association for Clinical Sexology conference i Tartu, 21.9-25.9. 2016

Prækonferencen var af særlig interesse for fysioterapeuter idet dens tema var:

Improving Sexual Health – the role of Physiotherapists', Seksuel sundhedsfremme – fysioterapeuters rolle.

Prækonferencen var arrangeret af Kristina Areskoug Josefsson og Helle Gerbild, som præsenterede deres kliniske erfaringer og forskningsresultater:

Kristina Areskoug Josefsson, fysioterapeut, Ph.d., Lektor på Jönköping University for Improvement of Health and Welfare, Jönköping University, Sverige. Kristina har i mange år arbejdet med patienter med kronisk smerter. Hendes forskning fokuserer på kommunikation, uddannelse og seksuel sundhedsfremme, specielt i forhold til rehabilitering.

Helle Gerbild, fysioterapeut, Sundhedsfaglig kandidat, master i sexologi. Lektor på University College Lillebælt, DK. Helle er urologisk og sexologisk praktiserende fysioterapeut, og har i mange år undervist fysioterapeuter, ergoterapeuter, radiografer og sygeplejersker i forebyggelse, behandling og rehabilitering af seksuel sundhed. Hendes forskning fokuserer på uddannelsen og seksuel sundhedsfremme af mænds erektil funktion.

Derudover præsenterede

Jette Falsk Winding, som er fysioterapeut og sexolog. Jette har i mange år arbejdet som urologisk, gynækologisk og obstetrisk fysioterapeut. Hun har erfaringer fra Århus Sygehus og privat praksis. Hendes primære interesse er kvinder og mænd med alle former for inkontinens og smerter i underliv, bækken og bækkenbunden.

Johanna Poolamets, arbejder som fysioterapeut i Estonia. Johanna er fysioterapeut, og har erfaring med neurologiske, gynækologiske, andrologiske patienter.

Eeva-Liisa Sibul er fysioterapeut i på University Hospital. Hun arbejder med kvinder og mænds sundhed. Hendes forskning fokuserer på mænds kronisk pelvic pain.

Kristina Areskoug Josefsson præsenterede:

*Sexual health education – experiences, challenges and recommendations for physiotherapists.*

Sexual health is an important part of general health and well-being, which is often negatively affected by physical and psychological disorders or diseases. Despite the holistic intentions in physiotherapy, sexual health receives insufficient attention by the educational programs in physiotherapy. There are several reasons why sexual health should be addressed by rehabilitative staff, and this presentation aims to describe the role of the physiotherapist as promoters of good sexual health and implementation of sexual health in educational programs. Due to the often low basic knowledge of sexology and sexual health, the education needs to cover basic knowledge, but it is also important to put this knowledge in to a rehabilitative context, in order to create coherence for the students. The coherence needs specific focus since the students are likely to meet professional colleagues, who lack knowledge and understanding of the importance of including sexual health in rehabilitation. The students' attitudes towards working with sexual health, and

their attitudes towards LGBTQ and sexual activity among humans with chronic diseases should also be considered when planning the educational interventions, since research has shown that personal attitudes influence the students' professional work. This presentation also presented various pedagogic interventions and how these interventions have succeeded among students in physiotherapy, with examples from Denmark and Sweden.

Helle Gerbild præsenterede:

#### *How can Physiotherapists guide men to improve their erectile function?*

Erectile dysfunction is the inability to achieve or maintain an erection, which makes it possible to perform a satisfactory sexual intercourse. 30% of men in the age of 65 suffer from ED and the risk of ED increases with age. ED is often a symptom of underlying cardiovascular disease. Maximum blood inflow and minimal blood outflow is a condition for a smooth functioning erectile function. The general recommendation of physical activity is aerobic exercises 30 minutes a day. Pelvic floor muscle training is mainly recommended to women, but PFMT can also contribute to erectile rehabilitation as an intervention for men with ED. The clinical implications and the conclusion of the literature review are the focus of this presentation, which will give guidance of how physiotherapists can guide men to physical activity and pelvic floor muscle training that can improve penile blood inflow and reduce penile blood outflow, thus improving erectile function for men.

Jette Falck Winding præsenterede:

Sexual dysfunction is a complex condition which can affect women of all ages. Sexual function of women is affected by biological, psychological, social, cultural and cohabitation related factors. Reduced or absent sexual desire is the most common sexual complaint in women. Other dysfunctions are lack of arousal, lack of orgasm, pain or discomfort during intercourse (dyspareunia) and vaginismus. Physiotherapists provide treatment to restore function, improve mobility, relieve pain and prevent or limit physical disabilities of patients suffering from injuries or disease. Physiotherapy in the team approach to treating women with sexual pain disorders is not widely investigated. This presentation attempts to describe the supportive and often primary role of the trained therapist and the therapeutic intervention in order to help women with vaginismus and dyspareunia regain musculoskeletal and neurological control.

Legatet kommer således alle til gode, når referatet har et fagligt indhold.

Johanna Poolamets præsenterede:

#### ERECTION AND URINARY PROBLEMS AFTER RADICAL PROSTATECTOMY AND THEIR PHYSIOTHERAPEUTICAL TREATMENT

Prostate cancer is one of the most common type of the cancer among male population in the world. Radical prostatectomy is the most widely used treatment for the localized cancer treatment, during which the prostate and the surrounding tissue is removed. During an operation different nerves, pelvic muscles and vessels may get damaged and changes may occur in the function of the urogenital system. Due to radical prostatectomy most post operational males exhibit decline in their life quality, mainly because of erection dysfunction and incontinence developed after the operation. Studies have shown that 26% to 100% of patients can experience these problems. This percentage depends on the following: how precisely the problem is defined, surgical approach, collection of data and differences in the age of the participants. Physiotherapeutical methods have proven to give positive results in solving these problems.

Based on available scientific literature various physiotherapists methods, which are used to treat problems after radical prostatectomy were studied. Attention was placed on the length and structure of the therapy, also on the combination of different treatment options to provide a theoretical overview about the issue. The main intervention methods used in physiotherapy were the pelvic floor muscle training, electrical stimulation and electromyographic biofeedback method or their combinations. Some studies reported that erection ability improved during the treatment period up to 50%. Positive results were also achieved in alleviating urinary incontinence using electrical stimulation, electromyographic biofeedback and pelvic floor muscle training methods. It is difficult to provide clear conclusions about the physiotherapeutical

intervention approaches due to the different methods (such as starting point and duration of the therapy, intervention approaches) that were used in the analyzed studies. However, most research demonstrated positive treatment results, which allow us to state that physiotherapy is generally an effective approach to treat problems related to incontinence and erection dysfunction. Studies using more unified parameters and set up should be carried out in order to compare the obtained results more effectively.

Eeva- Liisa præsenterede:

Applying the current biopsychosocial model in treating the male patient with chronic pelvic pain

Many men are diagnosed with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) with no diagnosable prostate pathology. CP/CPPS is a multifactorial disease with a multitude of factors contributing to the ongoing cycle of discomfort or pain. Physical therapists are in a unique position to assess and treat patients in an integrated way taking into account the physical, psychological and social factors that may play a role in development and continuation of this pain syndrome. How to assess in a physical therapy setting the main domains which should not be overlooked when dealing with patients with CP/CPPS? Presenting my experiences in clinical practice and ongoing research with patients of Tartu University Andrology Centre.

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