

IDabstract

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under40



ARGOMENTO

Psiche e chirurgia bariatrica

TITOLO DEL LAVORO

THE RELATION BETWEEN SEXUALITY AND OBESITY: THE ROLE OF PSYCHOLOGICAL FACTORS IN A SAMPLE OF OBESE MEN UNDERGOING BARIATRIC SURGERY

AUTORI

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RELATORE

INTRODUZIONE

Obesity produces a significant deterioration in general and sexual health. Sexual functioning is a component of sexual health which includes the occurrence of desire, arousal, lubrication, orgasm, pain, and satisfaction related to the sexual experience. In psychological terms, sexual functioning is broadly defined by the psychological motivators involved and can be influenced by many variables. It's clear that biological factors have an important role in the relationship between sexual function and obesity, but physiological factors alone are not enough to explain such a complex and multivariate relation under a biopsychosocial understanding of male sexual response. Regarding psychopathological symptoms, the literature has widely acknowledged the negative effects that some psychological conditions may have on sexual functioning, independently from obesity. Studies showed anxiety and depression as significantly associated with higher BMI classifications, erectile dysfunction, lower frequency of sexual intercourse, premature ejaculation and reduced sexual enjoyment. Men with extreme obesity tend to report heightened levels of body image dissatisfaction, with direct negative effects on sexual functioning and intimacy. Obese men may significantly suffer from poor QoL in physical, psychological, social and sexual domains, whereas individuals who lose weight usually report improvements in QoL. Moreover, there are some evidences suggesting an association between alexithymia and sexual functioning and obesity, suggesting that obese people may have difficulties in managing their emotions with negative outcomes on their sexual experiences. The aim of this cross-sectional study was to investigate the impact of obesity on sexuality, illustrating the psychological constructs that may play a significant role in determining sexual functioning and satisfactionsuch as psychopathological symptoms, QoL, body image and emotional regulation.

METODI

In this study were recruited 171 men among patients attending the psychological assessment for bariatric surgery eligibility in Bariatric Centre of Excellence of Obesity and Metabolic Surgery -IFSO of University "La Sapienza" (Polo Pontino- Latina), between January and December 2019. The men approached were carefully advised that participation to the current study was voluntary and had no implication on surgery and care. Participants completed the self-reported anonymous questionnaires alone in a private room. All participants provided written informed consent and did not receive any remuneration for taking part in this study. The inclusion criteria were being a cisgender heterosexual man, BMI greater than 30, above the age of 18, fluent Italian speaker, having received the evaluation by the multidisciplinary bariatric team (composed by surgeon, endocrinologist, psychologist, nutritionist, and pulmonologist), and undergoing primary bariatric procedures. Patients undergoing revisional surgery were excluded by

the present study to avoid potential confounding effects.

For the present study, six self-report questionnaires exploring different BPS areas were assessed for about 20 minutes of administration. The following questionnaires were used for diffusion in research and clinical fields and measures validity and reliability in the Italian language. The questionnaires were a socio-demographic questionnaire, the International Index of Erectile Function (IIEF), the 20 Item-Toronto Alexithymia Scale (TAS-20), the Symptom Check List-90-Revised (SCL-90-R), the Body Uneasiness Test (BUT) and Obesity-related Disability test (TSD-OC).

RISULTATI

In line with the general aim of the current study, the role of selected BPS variables (sexual domains, alexithymia, psychopathological symptoms, body image, and QoL) on obese men sexual functioning and satisfaction have been analyzed. Data showed a complex situation in which some predictors were strongly connected with sexual functioning and satisfaction in men. In general, the group reported to have sexual activity about once a week, which seems to be started later in life (around 17 years old) comparing to the general Italian population. Regarding the mean scores of questionnaires assessed, the group appeared to be in line with the general Italian population and the obese population. As expected, the group on average reported a mild presence of erectile dysfunction, having about 49% (84 men) of the group scoring < 25 in the IIEF Erectile Function domains. Regarding psychological variables, the group reported borderline TAS-20 scores and mild psychological distress especially in the somatization area, which is closely connected to the possibility of expressing psychological conflicts throughout the body. Age, BMI, Relational Status, and Hypertension were selected as variables of interest among the socio-demographic factors. While age, being in a relationship and hypertension are acknowledged factors influencing the male sexual response in normal weight people in literature and were confirmed by the correlation matrix, BMI was chosen on the basis of confounding effects on obese sexual functioning reported in literature. Considering these socio-demographic variables as covariates allowed us to make more general assumptions and considerations about the results.

DISCUSSIONE

This study highlighted that sexual function and satisfaction in obese men asking for bariatric surgery may be significantly associated with important BPS variables. Current results are useful not only to deepen the understanding of male sexual response, but for their possible clinical applications. During the assessment phase in bariatric departments, clinicians are strongly suggested to explore the highlighted variables and evaluate them as predisposing, precipitating, maintaining, contextual, and protective factors. Sexual dysfunction is very common among obese men asking for bariatric surgery and requests for help may remain unheard. Psycho-sexologists should be included in the obesity care since improving the sexual experience may positively affect the QoL and the holistic understanding of obesity.

BIBLIOGRAFIA

Revisore

Non assegnato

Accettazione

Non ancora definito

Note

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