Quick Review of Model System Research

Predictors of Sexual Functioning and Satisfaction 1 Year Following Traumatic Brain Injury: A TBI Model Systems Multicenter Study

What is the study about?
This study was conducted to investigate predictors of sexual dysfunction in people a year after traumatic brain injury (TBI). All received inpatient rehabilitation at one of the TBI Model Systems centers. In addition, this study investigated the relationship of these predictors to dissatisfaction with sexual function at one year.

Who participated in the study?
Participants in this study were 255 individuals who received acute rehabilitation in a TBI Model System (TBIMS) center and whose data were entered into the database, were admitted to a TBIMS level 1 trauma facility within 72 hours of injury and received comprehensive and inpatient rehabilitation at a TBIMS facility. All were over the age of 18, spoke fluent English, had no history of psychiatric or neurological disorder prior to the TBI and had a Glasgow Come Score of 13 or less (implying moderate to severe TBI).

How was the study conducted?
At one year after the injury, with a window of 10-14 months, all subjects were administered the Derogatis Interview for Sexual Functioning Self-Report, Global Sexual Satisfaction Index, Patient Health Questionnaire-9 (a measure of depression), the Functional Independence Measure (FIM), and Participation Assessment With Recombined Tools-Objective (an assessment of social integration and participation). All measures were self-reported, except for the FIM which was clinician conducted. The self-reports were obtained by phone interview, except for a small subset who were interviewed in person. The self-reported measurements for sexual functioning includes 5 dimensions - sexual cognition/ fantasy, sexual arousal, sexual behavior/ experience, orgasm, sexual drive/ relationship. Demographic information of participants was retrieved from the medical records of patients.

What did the study find?
The study found that older age, more severe injury and female gender were associated with a greater likelihood of sexual dysfunction at 1 year after TBI. Depression was also predictive of worse sexual satisfaction but not sexual functioning. On the other hand, better social participation was linked to lower sexual dysfunction. The findings indicate that lack of motor and cognitive independence did not necessarily imply sexual dysfunction. The results show that specialized assessments and services may be required to help address the needs of those that may be at a higher risk for sexual dysfunction.

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