Oral Communication
OC-533

Let's Talk About Sex... or Not? - Exploring the (Lack of) Engagement in Sexual Health Consultations After Spinal Cord Injury

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

Ana Almeida Vieira, Mónica Jorge, Cristina Marques Baptista, João Capelo, Glória Baptista

Department of Physical Medicine and Rehabilitation, Centro de Medicina de Reabilitação de Alcoitão, Lisbon, Portugal

BACKGROUND

Sexual dysfunction is a common yet often overlooked consequence of traumatic Spinal Cord Injury (SCI), significantly affecting quality of life, self-esteem, and intimate relationships. Despite its impact, sexual health remains underrepresented in rehabilitation programs, often due to stigma, personal discomfort, or a lack of perceived need. This study aims to examine the prevalence and characteristics of patient participation in sexual dysfunction consultations among individuals with SCI who were hospitalized in a specialized rehabilitation center between 2015 and 2024. Additionally, it seeks to identify demographic and clinical factors associated with patient engagement, considering that all patients had access to consultations but may have chosen not to attend.

METHODS

A retrospective observational study was conducted using data from 398 patients with traumatic SCI who were admitted to a rehabilitation center between 2015 and 2024. Patient participation in sexual dysfunction consultations was analyzed alongside potential influencing factors such as sex, age, injury level and completeness, time since injury, and marital status. Descriptive and comparative statistical analyses were performed to identify patterns and disparities in engagement.

RESULTS

Despite universal access to consultation, participation rates remained low, indicating that many patients declined specialized support. Differences in engagement were observed based on sex, age, marital status, and injury severity, with male patients, those in relationships, and those with complete injuries being more likely to attend. A significant proportion of patients did not engage in structured sexual health counseling, suggesting that stigma, perceived irrelevance, or discomfort discussing sexual health may act as barriers. Additionally, the time since injury before attending a consultation varied widely, highlighting potential psychological and social factors influencing decision-making.

CONCLUSION

Rehabilitation centers should implement structured approaches that normalize discussions about sexual health, ensuring that patients feel empowered to seek support. Future research should further investigate psychosocial determinants of participation, particularly the role of relationships and social support, to develop targeted interventions that enhance overall well-being.

Statement of Disclosures

None

Corresponding Author:
Ana Almeida Vieira
Department of Physical Medicine and Rehabilitation, Centro de Medicina de Reabilitação de Alcoitão, Lisbon, Portugal
Email: anaritavieira97@hotmail.com

Doi: 10.5606/archisprm.2026.OC-533