Capsule Commentary on Flynn et al., Development and Validation of a Single-Item Screener for Self-Reporting Sexual Problems in U.S. Adults

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Sexual dysfunction is common among US adults, present in up to half of younger adults, and increasing with age.¹ There are a number of effective options for clinicians to help patients suffering from sexual dysfunction; some remedies are relatively simple, such as suggesting lubricants for women experiencing vaginal dryness. The key is to identify that patients are having problems and to open a dialogue between providers and their patients. Unfortunately, discussions of sexual health and functioning may not be as common in primary care settings and specialty settings as they should be.^{2,3} Given an exponentially growing list of tasks primary care providers are expected to perform during an ever-shrinking encounter duration, and also given barriers to frank discussion of sexuality, it could be helpful to shift screening for sexual problems to the waiting room. Including it in a list of other health topics could help normalize sexuality as a primary care topic and allow ready identification of patients who are experiencing problems.

Flynn and her colleagues⁴ test three versions of a potential screener. One simply asks whether the patient is experiencing any sexual concerns, the second provides a time frame and some common sexual problems in the question, and the third asks the patient to complete an 8-item checklist of common sexual problems. The authors found that the single question

was endorsed by 13 % of respondents, the longer question by 19 %, and the checklist by 34 %. They conclude that the checklist is a good tool for use by primary care providers to screen for sexual dysfunction.

The next step is conducting studies to assess the acceptance of these screeners and the optimal way to deploy them. Should they be included in the battery of questions that patients typically complete when they first see their doctor or during follow-up visits? Will the use of the screeners result in better dialogue between patients and providers and, more importantly, an improvement in sexual outcomes among adults who were screened?

Conflict of Interest: The author has no conflicts of interest with regard to this article.

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