

<b>Author Year; Country Score Research Design Total Sample Size</b>	<b>Methods</b>	<b>Outcome</b>
<p>Cobo Cuenca et al. 2014; Spain Case Control Level 3 N=165 (85 SCI)</p>	<p><b>Population:</b> 165 men with sexual dysfunction SD: Group A 85 with SCI (mean age= 35.61±8.13 years) and Group B 80 without SCI (mean age=46.31±10.69 years); duration of lesion 26.45±8.72 years; neurological level of injury 16 cervical, 46 thoracic, and 23 lumbar; 59 AIS A and 26 AIS B/C/D.</p> <p><b>Treatment:</b> None</p> <p><b>Outcome Measures:</b> The Sexual Health Evaluation Scale, the Fugl-Meyer Life Satisfaction Questionnaire scale (LISAT-8), the Hospital Anxiety and Depression Scale, the Evaluation of the Sexual Health Scale, and the Rosenberg's Self-esteem Scale.</p>	<ol style="list-style-type: none"> <li>1. In the SCI group, 89.4% (76) showed erectile dysfunction and 75.2% (64) reported anejaculation.</li> <li>2. In the non-SCI group, 96.8% (75) showed erectile dysfunction and 58.7% (47) had disorders of sexual desire.</li> <li>3. All of the participants reported a high general QOL and a high satisfaction with their QOL but their satisfaction with their sexual lives was only at the acceptable level.</li> <li>4. Social QOL was significantly higher in the SCI group than the non-SCI group.</li> <li>5. The QOL, self-esteem, and anxiety and depression levels are significantly correlated.</li> <li>6. Sexuality and employment status are the areas where men with spinal cord injuries report less satisfaction.</li> </ol>
<p>Miranda et al. 2016 Brazil Cross-sectional Study Level 5 N=295</p>	<p><b>Population:</b> 295 men (mean age 40.7±14.5 years) with SCI for more than 1 year (median time since SCI= 3.6 years; range= 1.6-7.0 years).</p> <p><b>Treatment:</b> None</p> <p><b>Outcome Measures:</b> Performance in various domains of sexual function was evaluated using the Male Sexual Quotient (MSQ) questionnaire and Sexual Health Inventory for Men (SHIM) questionnaires.</p>	<ol style="list-style-type: none"> <li>1. The prevalence of sexual dysfunction was as follows: decreased sexual desire (28.8%), lack of confidence for partner seduction (38.3%), dissatisfaction with sexual foreplay (48.8%), frustration with partner's sexual satisfaction (54.6%), inability to obtain an erection (71.0%), difficulty maintaining erection (67.8%), lack of full erections (64.4%), problems with ejaculatory control (89.4%), inability to achieve orgasm (74.5%), and overall sexual intercourse dissatisfaction (51.1%).</li> <li>2. Only 70 men (23.7%) had an MSQ score &gt;60, which represents highly or partially satisfied individuals; only 71 individuals (24.1%) had good erectile function or mild dysfunction based on the SHIM questionnaire (SHIM &gt;17).</li> <li>3. The Pearson correlation coefficient revealed a strong correlation between the MSQ and the SHIM (<math>r=.826</math>; 95% CI, .779 -.864).</li> </ol>

<p>Sunilkumar et al. 2015 India Qualitative Study Level 5 N=7</p>	<p><b>Population:</b> 7 men living with SCI/paraplegia</p> <p><b>Treatment:</b> None</p> <p><b>Outcome Measures:</b> Semi-structured and open-ended interviews regarding participant perspective of living with SCI in India.</p>	<ol style="list-style-type: none"> <li>1. 7 themes emerged through qualitative methods: 1) recalling an active sexual life, 2) disconnection with sexual identity, 3) incongruence between a sense of physical and emotional capability, 4) isolation of spouse or sexual partner, 5) social readjustment of spouse, 6) perceived physical barriers to improved sexual functioning, and 7) coping and attempting ways of sexual integration.</li> <li>2. All patients were sexually active prior to injury and all desired a healthy and active sexual life. A huge gap existed between sexual desire and physical capability, and quality of life (physiological, social, existential, emotional) has been compromised for both patient and family, causing anxiety, distress, and sadness.</li> <li>3. There is a significant burden of added responsibility placed on the participants' spouses in that she must find a way of coping and attempting ways of sexual re-integration.</li> </ol>
<p>Otero-Villaverde et al. 2015 Spain Observational Study Level 5 N=32</p>	<p><b>Population:</b> 32 women (mean age=29.8 years, range 13.9-59 years); most common cause of SCI trauma (72%); degree of disability 44% AIS A, 19% AIS B, 9% AIS C, and 28% AIS D</p> <p><b>Treatment:</b> None.</p> <p><b>Outcome Measures:</b> Spinal Cord Independence Measure (SCIM) version III.</p>	<ol style="list-style-type: none"> <li>1. The only factors that we found to be related to sexual activity were not having a stable partner (<math>P=0.017</math>) and a lack of sensation in the genital area (<math>P=0.039</math>).</li> <li>2. When comparing the group of women who were sexually active with those who were not, variables such as age, neurological level, time since the SCI, ASIA or Spinal Cord Independence Measure score, urinary incontinence, chronic pain and spasticity were not related to sexual activity.</li> <li>3. The median score on the SCIM scale was 68.7. 80% of the women maintained a stable relationship at the time of the SCI, and 9 of these (37.5%) subsequently lost their partner.</li> </ol>

<p>Pakpour et al. 2016; Iran Cross-sectional study Level 5 N= 93</p>	<p><b>Population:</b> 93 men with SCI (mean age=37.8 years, age range=19-63 years, mean post-injury time=4.6 years).</p> <p><b>Treatment:</b> None</p> <p><b>Outcome Measures:</b> Levels of anxiety and depressive mood were assessed using the Hospital Anxiety and Depression Scale. Religious coping strategies were measured using the 14-Items Brief Coping Questionnaire. Erectile function was measured using the International Index of Erectile Function (IIEF).</p>	<ol style="list-style-type: none"> <li>1. SCI patients reported more positive religious coping than negative religious coping and higher levels of anxiety than depressive mood.</li> <li>2. Multivariate regression analyses indicated that age, education, the American Spinal Injury Association impairment scale, anxiety, positive religious coping, negative religious coping and the duration of injury were all independent factors influencing erectile function in SCI patients.</li> </ol>
<p>Akman et al. 2015; Turkey Observational Study Level 5 N=47</p>	<p><b>Population:</b> 47 men with spinal cord injuries (age range = 20-62 years, mean age = 35.2 years, mean time since injury=6.3±4.0 years) who were out of the spinal shock period and had their injury for more than 6 months.</p> <p><b>Treatment:</b> None</p> <p><b>Outcome Measures:</b> Social status, sexual activities, abilities, sexual education after injury, and erectile function evaluated by the International Index of Erectile Function-5 (IIEF-5) questionnaire.</p>	<ol style="list-style-type: none"> <li>1. 28 patients had lesions located above T10, 15 had lesions between T11 and L2, and 4 had lesions at the cauda equina.</li> <li>2. Mean IIEF-5 score of group was 5.3 ± 4.1.</li> <li>3. 61.7% of patients reported sexual activity and 93.6% reported some degree of erection.</li> <li>4. 87.3% of men in this study had moderate to severe erectile dysfunction.</li> </ol>