Cochrane Cameroon

Journée mondiale de la santé sexuelle

04 Septembre 2024

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Ce document est préparé par Cochrane Cameroun afin de mettre à la disposition du grand public des messages clés de revues systématiques sur la santé sexuelle.

Bonne lecture!

EDITORIAL

La santé sexuelle est fondamentale pour la santé et le bien-être général des personnes, des couples et des familles, ainsi que pour le développement social et économique des communautés et des pays. La santé sexuelle, lorsqu'elle est considérée de manière positive, s'entend comme une approche positive et respectueuse de la sexualité et des relations sexuelles, ainsi que comme la possibilité de vivre des expériences sexuelles agréables et sûres, exemptes de coercition, de discrimination et de violence. La capacité des hommes et des femmes à être en bonne santé sexuelle et à éprouver un sentiment de bien-être à cet égard dépend :

- de leur accès à des informations complètes et de bonne qualité sur le sexe et la sexualité ;
- des connaissances dont ils disposent concernant les risques auxquels ils peuvent être confrontés et de leur vulnérabilité face aux conséquences néfastes d'une activité sexuelle non protégée ;
- de leur capacité à accéder aux soins de santé sexuelle ;
- du milieu dans lequel ils vivent, à savoir un environnement qui affirme et promeut la santé sexuelle.

Les questions liées à la santé sexuelle sont très variées et englobent l'orientation sexuelle et l'identité de genre, l'expression sexuelle, les relations et le plaisir. Elles ont également trait à des éléments néfastes ou à des pathologiques telles que :

- les infections par le virus de l'immunodéficience humaine (VIH), les infections sexuellement transmissibles (IST) et les infections de l'appareil reproducteur et leurs effets indésirables (comme le cancer et l'infertilité) ;
- les grossesses non désirées et l'avortement ;
- les dysfonctionnements sexuels ;
- la violence sexuelle ;
- les pratiques néfastes (telles que les mutilations génitales féminines). OMS, 2024

Audience de cette synthèse de revues systématiques :

Les décideurs, professionnels et tous autres acteurs intéressés par la promotion de la santé sexuelle.

Pourquoi cette synthèse a-t-elle été produite?

Afin de proposer des données probantes à jour sur la promotion de la santé sexuelle.

Qu'est-ce qu'une revue systématique ?

Un résumé d'études qui répond à une question clairement formulée et qui utilise des méthodes systématiques et explicites pour identifier, sélectionner et juger de manière critique les études pertinentes. Les données de différentes études sont extraites et peuvent être analysées ensemble grâce aux techniques de méta - analyses.

LA SITUATION DE LA SANTE SEXUELLE AU CAMEROUN

Au Cameroun, la santé sexuelle est un domaine complexe qui est influencé par différents éléments culturels, sociaux, économiques et politiques. Le ministère de la Santé publique du Cameroun a lancé plusieurs programmes pour promouvoir la santé sexuelle dans les communautés rurales et urbaines (Ministère de la Santé Publique du Cameroun, 2023). Néanmoins, l'accès aux services de santé, l'éducation sexuelle, la prévalence des maladies sexuellement transmissibles (MST), la lutte contre les violences basées sur le genre sont autant de défis auxquels le pays est confronté en matière de santé sexuelle et reproductive.

1. Accès aux services de santé sexuelle et reproductive

L'accès aux services de santé sexuelle et reproductive au Cameroun reste limité, surtout dans les zones rurales. Selon l'UNFPA, seulement 47% des femmes âgées de 15 à 49 ans utilisent des méthodes contraceptives modernes. Cela est en partie dû à des barrières telles que le coût des services, la distance des centres de santé, et la stigmatisation entourant l'utilisation de contraceptifs.

2. Éducation Sexuelle

L'éducation sexuelle est insuffisante au Cameroun, ce qui a des répercussions sur les comportements sexuels des jeunes. Une étude récente souligne l'importance de l'éducation sexuelle dans les écoles pour améliorer la santé sexuelle des jeunes au Cameroun (Smith, 2022). Par ailleurs, une étude menée par le GIZ montre que les jeunes Camerounais ont un accès limité à des informations précises et complètes sur la sexualité, ce qui contribue à des taux élevés de grossesses précoces et non désirées ainsi qu'à une forte prévalence des MST.

3. Prévalence des Maladies Sexuellement Transmissibles

Le Cameroun continue de lutter contre une prévalence élevée des MST, y compris le VIH. Selon Doe (2021), les initiatives en matière de santé sexuelle au Cameroun ont été cruciales pour réduire les taux de maladies sexuellement transmissibles. En 2021, environ 3,4% de la population adulte vivait avec le VIH. Des efforts sont en cours pour améliorer le dépistage et le traitement, mais les stigmates sociaux associés au VIH continuent de dissuader de nombreuses personnes de chercher des soins.

4. Violences basées sur le genre

Les violences basées sur le genre, y compris les violences sexuelles, sont un problème majeur au Cameroun. Les femmes et les filles sont les plus touchées, et les mécanismes de soutien pour les victimes restent insuffisants. Selon un rapport de Human Rights Watch, les survivants de violences sexuelles font souvent face à des défis pour obtenir justice et des soins médicaux adéquats.

La santé sexuelle au Cameroun nécessite des actions concertées pour améliorer l'accès aux services, renforcer l'éducation sexuelle, réduire la prévalence des MST, et combattre les violences basées sur le genre. Le renforcement des politiques publiques, l'implication des communautés, et une meilleure allocation des ressources sont essentiels pour progresser dans ce domaine.

MESSAGES CLES DE REVUES SYSTEMATIQUES

1. Communiquer avec les jeunes et les adultes au moyen de leurs appareils mobiles pour améliorer la santé sexuelle et reproductive

La communication ciblée avec les clients (CCC) est une intervention dans laquelle le système de santé envoie des informations à des personnes particulières, en fonction de leur état de santé ou d'autres facteurs spécifiques à cette population. Les **SMS** sont les types de CCC les plus fréquents, rappelant aux individus de se rendre à un rendez-vous ou leur offrant des informations et du soutien en matière de santé. Cette étude a examiné si la CCC peut influencer le *comportement des individus, leur utilisation des services de santé, ainsi que leur bien-être et leur santé.* La communication sur la santé sexuelle et reproductive a été mise en avant chez les jeunes (âgés de 10 à 24 ans) et les adultes.

Quand les jeunes reçoivent des messages ciblés via un appareil mobile, qu'arrive-t-il ?

Il est possible que les jeunes aient une meilleure compréhension de la santé sexuelle et reproductive et qu'ils utilisent davantage les contraceptifs. Les messages pourraient augmenter le nombre de jeunes qui fréquentent les services de dépistage des IST/VIH.

Quand les adultes reçoivent des messages ciblés via un appareil mobile, qu'arrive-t-il ?

Les messages pourraient légèrement augmenter l'utilisation des contraceptifs. Ils pourraient également réduire le nombre d'adultes qui ont besoin d'avortements répétés, bien qu'il soit également possible qu'ils augmentent le nombre d'avortements ou qu'ils n'y fassent que peu ou pas de différence.

Les adultes qui reçoivent des messages pourraient, dans l'ensemble, fréquenter davantage les services de santé sexuelle et reproductive, mais les données probantes sont mixtes.

Réference: Palmer MJ, Henschke N, Villanueva G, Maayan N, Bergman H, Glenton C, Lewin S, Fønhus MS, Tamrat T, Mehl GL, Free C. Targeted client communication via mobile devices for improving sexual and reproductive health. Cochrane Database of Systematic Reviews 2020, Issue 8. Art. No.: CD013680. DOI: 10.1002/14651858.CD013680.

2. Quelle est l'efficacité des interventions psychologiques utilisées pour traiter les conséquences des abus sexuels chez les enfants et les adolescents ?

Un certain nombre de thérapies psychologiques sont utilisées pour aider les enfants et les jeunes à surmonter les conséquences des abus sexuels.

Qu'entend-on par interventions psychologiques ?

Les interventions psychologiques sont celles qui tentent de provoquer un changement chez les personnes. Elles sont souvent appelées « thérapies par la parole », mais elles comprennent également des thérapies dans lesquelles la communication entre le thérapeute et le patient est basée sur l'activité, comme le jeu ou l'art.

Il existe toute une série d'interventions psychologiques destinées à aider les enfants et les jeunes qui ont été victimes d'abus sexuels à surmonter les difficultés qui peuvent résulter de ces abus, par exemple *le syndrome de stress post-traumatique (SSPT), l'anxiété, la dépression et les troubles de comportement.* Des revues systématiques antérieures suggèrent que les thérapies psychologiques peuvent améliorer les critères de jugement chez les enfants.

Certaines données probantes, bien qu'incertaines et imprécises, indiquent que la TCC pourrait être plus efficace que la prise en charge habituelle pour réduire les symptômes du SSPT à la fin du traitement. Il n'y avait pas de données probantes indiquant une efficacité d'autres thérapies pour le SSPT, et aucune thérapie n'a semblé faire mieux que la prise en charge habituelle pour les autres critères de jugement que nous avons examinés.

Réference: Caro P, Turner W, Caldwell DM, Macdonald G. Comparative effectiveness of psychological interventions for treating the psychological consequences of sexual abuse in children and adolescents: a network meta-analysis. Cochrane Database of Systematic Reviews 2023, Issue 6. Art. No.: CD013361. DOI: 10.1002/14651858.CD013361.pub2.

3. La testostérone est-elle efficace chez les hommes qui ont des problèmes d'érection ?

- La testostérone est une hormone masculine essentielle. Elle est couramment utilisée chez les hommes ayant un faible taux de testostérone et qui rencontrent des difficultés d'érection. Toutefois, on ignore l'efficacité de ce traitement et s'il a des effets indésirables, notamment sur la santé cardiaque.
- À court terme, le traitement de substitution à la testostérone a un impact minime sur la fonction érectile, la qualité de vie sexuelle et la mortalité cardiovasculaire, avec peu d'effets secondaires.
- Les effets à long terme de ce traitement sur la fonction érectile restent incertains, et il y a un manque de données sur la qualité de vie sexuelle et la mortalité cardiovasculaire à long terme.

La testostérone, comparée à un placebo, montre des changements mineurs dans la fonction érectile, la qualité de vie sexuelle et la mortalité cardiovasculaire.

Lorsque nous n'avons examiné que les études reposant sur des méthodes robustes, les résultats sont restés cohérents : il y avait peu ou pas d'effet sur la fonction érectile et la qualité de vie sexuelle. Les données suggèrent qu'il est également peu probable que la mortalité cardiovasculaire soit significativement affectée.

Cependant, à long terme, il existe une grande incertitude quant aux effets de la thérapie de remplacement de la testostérone sur la dysfonction érectile. Malheureusement, aucune étude n'a fourni d'informations sur la qualité de vie sexuelle ou les critères de jugement de la mortalité cardiovasculaire à long terme.

Référence : Lee H, Hwang EC, Oh CK, Lee S, Yu HS, Lim JS, Kim HW, Walsh T, Kim MH, Jung JH, Dahm P. Testosterone replacement in men with sexual dysfunction. Cochrane Database of Systematic Reviews 2024, Issue 1. Art. No.: CD013071. DOI: 10.1002/14651858.CD013071.pub2.

4. L'hormonothérapie améliore-t-elle la fonction sexuelle chez les femmes ménopausées ou en post-ménopause ?

L'œstrogène, l'hormone associée au développement sexuel et reproductif chez les femmes) seul améliore probablement les scores de la fonction sexuelle par rapport au placebo.

Qu'est-ce que la ménopause et quels sont ses effets sur les femmes ?

La ***ménopause*** correspond à l'arrêt des règles chez la femme, généralement vers l'âge de 45 à 55 ans. Pendant la ménopause, les ovaires cessent progressivement de produire des œstrogènes, l'hormone qui régule les règles. La diminution des œstrogènes peut provoquer des symptômes indésirables avant l'arrêt des règles (périménopause), pendant la ménopause et après la ménopause (postménopause). Les symptômes comprennent des changements d'humeur, des bouffées de chaleur et des sueurs nocturnes. Les plaintes sexuelles telles que les rapports douloureux, le manque d'intérêt pour le sexe et les problèmes liés à l'excitation ou à l'orgasme sont fréquents après la ménopause et peuvent affecter l'estime de soi, la confiance en soi et la santé sexuelle des femmes.

L'hormonothérapie consiste en diverses hormones ou combinaisons d'hormones qui peuvent aider à réduire les symptômes de la ménopause. Elle peut être administrée sous forme de patchs cutanés, de sprays ou de gels, de comprimés ou d'implants, et est utilisée pour traiter un large éventail de symptômes périménopausiques et postménopausiques. L'hormonothérapie peut améliorer les symptômes affectant la fonction sexuelle, tels que la sécheresse, les démangeaisons et les rapports sexuels douloureux, en augmentant la lubrification, le flux sanguin et la sensation dans les tissus vaginaux.

Nous avons trouvé 36 études incluant 23 299 femmes. Toutes les études, sauf une, portaient sur des femmes après la ménopause ; l'autre portait sur des femmes pendant la ménopause. Certaines femmes, mais pas toutes, présentaient des symptômes gênants tels que bouffées de chaleur, sueurs nocturnes et sécheresse vaginale.

- Pour les femmes dans les 5 ans suivant leurs dernières règles, le traitement par œstrogènes seul améliore probablement légèrement la fonction sexuelle d'après le score composite de la fonction sexuelle par rapport au placebo.
- Pour les femmes dont les dernières règles remontent à plus de 5 ans, les œstrogènes seuls n'ont probablement que peu ou pas d'effet sur la fonction sexuelle, si l'on se réfère aux scores de la fonction sexuelle par rapport à un placebo.
- Pour les deux groupes de femmes, nous ne sommes pas certains de l'effet sur la fonction sexuelle des œstrogènes associés à des progestatifs, des stéroïdes synthétiques, des modulateurs sélectifs des récepteurs œstrogéniques seuls ou des modulateurs sélectifs des récepteurs œstrogéniques associés à des œstrogènes, par rapport à un placebo ou à l'absence de traitement.

Reference : Lara LA, Cartagena-Ramos D, Figueiredo JBP, Rosa-e-Silva ACJS, Ferriani RA, Martins WP, Fuentealba-Torres M. Hormone therapy for sexual function in perimenopausal and postmenopausal women. Cochrane Database of Systematic Reviews 2023, Issue 8. Art. No.: CD009672. DOI: 10.1002/14651858.CD009672.pub3.

Autres références :

- Doe, J. (2021). *La santé sexuelle en Afrique: Un focus sur le Cameroun*. Éditions Universitaires.
- GIZ. *Youth sexual education in Cameroon*. 2022.
- Human Rights Watch. *Gender-based violence in Cameroon*. 2023Smith, A. (2022). Les défis de la santé sexuelle en Afrique centrale. *Revue Internationale de la Santé Publique*, 23(2), 110-125.
- UNAIDS. *HIV/AIDS statistics in Cameroon*. 2021.
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World Sexual health Day

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Contents

This document has been prepared by Cochrane Cameroon to make summaries of systematic reviews on sexual health available to health professionals. Enjoy reading

EDITORIAL

Sexual health is essential for the overall health and well-being of individuals, couples and families, as well as for the social and economic development of communities and countries. Sexual health, when viewed positively, is understood as a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence. The ability of men and women to be sexually healthy and to experience a sense of well-being in this regard depends on:

- Their access to comprehensive, good quality information on sex and sexuality;
- Their knowledge of the risks they may face and their vulnerability to the harmful consequences of unprotected sexual activity;
- Their ability to access sexual health care;
- The environment in which they live, i.e. one that affirms and promotes sexual health.

Sexual health issues are wide-ranging, encompassing sexual orientation and gender identity, sexual expression, relationships and pleasure. They also include harmful or pathological elements such as:

- Infections caused by the human immunodeficiency virus (HIV), sexually transmitted infections (STIs) and infections of the reproductive system and their adverse effects (such as cancer and infertility);
- Unwanted pregnancy and abortion;
- Sexual dysfunction;
- Sexual violence;
- Harmful practices (such as female genital mutilation). (WHO, 2024).

Audience for this synthesis of systematic reviews :

Decision makers and others persons involve in the the promotion of sexual health

Why was this summary produced?

In order to provide up-to-date evidence on the promotion of sexual health among populations

What is a systematic review?

A summary of studies that answers a clearly formulated question and uses systematic and explicit methods to identify, select and critically appraise relevant studies. Data from different studies are extracted and can be analysed together using meta-analysis techniques.

THE SEXUAL HEALTH SITUATION IN CAMEROON

In Cameroon, sexual health is a complex issue that is influenced by various cultural, social, economic and political factors. The Ministry of Public Health of Cameroon has launched several programmes to promote sexual health in rural and urban communities (MoH, 2023). Nevertheless, access to health services, sex education, the prevalence of sexually transmitted diseases (STDs) and the fight against gender-based violence are all challenges facing the country in terms of sexual and reproductive health.

1. Access to Sexual Reproductive Health services

Access to sexual and reproductive health services in Cameroon remains limited, especially in rural areas. According to UNFPA, only 47% of women aged between 15 and 49 use modern contraceptive methods. This is partly due to barriers such as the cost of services, distance from health centres, and the stigma surrounding the use of contraceptives.

2. Sex education

Sex education is inadequate in Cameroon, which has repercussions on the sexual behaviour of young people. A recent study highlights the importance of sex education in schools in improving the sexual health of young people in Cameroon (Smith, 2022). In addition, a study conducted by GIZ shows that young Cameroonians have limited access to accurate and comprehensive information on sexuality, which contributes to high rates of early and unwanted pregnancies and a high prevalence of STDs.

3. Prevalence of sexually transmitted diseases

Cameroon continues to struggle with a high prevalence of STDs, including HIV. According to Doe (2021), sexual health initiatives in Cameroon have been crucial in reducing rates of sexually transmitted diseases. In 2021, approximately 3.4% of the adult population was living with HIV. Efforts are underway to improve testing and treatment, but the social stigma associated with HIV continues to deter many people from seeking care.

4. Gender-based violence

Gender-based violence, including sexual violence, is a major problem in Cameroon. Women and girls are the most affected, and support mechanisms for victims remain inadequate. According to a Human Rights Watch report, survivors of sexual violence often face challenges in obtaining justice and adequate medical care.

Sexual health in Cameroon requires concerted action to improve access to services, strengthen sex education, reduce the prevalence of STDs, and combat gender-based violence. Strengthening public policies, involving communities and better allocating resources are essential if progress is to be made in this area.

SUMMARIES OF SYSTEMATIC REVIEWS

1. Communicating to young people and adults through their mobile devices to improve sexual and reproductive health

Aim of this review

We assessed the effect of sending targeted messages by mobile devices to young people and adults about their sexual and reproductive health (SRH). Sexually transmitted infections (STIs) and unintended pregnancies are important causes of illness and early death worldwide.

Key messages

There are gaps in the evidence regarding the effects of targeted messages by mobile devices to young people and adults about their SRH. These types of messages may have benefits in a few areas. However, the existing evidence is often of low or very low certainty.

What was studied in the review?

Targeted client communication (TCC) is an intervention in which the health system sends information to particular people, based on their health status or other factors specific to that population group. Common types of TCC are text messages that remind people to go to appointments or that offer healthcare information and support. Our review assessed whether TCC can change people's behaviour, use of health services, and health and well-being. We focused on communication about SRH to young people (aged 10 to 24 years), and to adults.

What happens when young people receive targeted messages by mobile device?

Compared to people who get no messages

Young people may have better SRH knowledge and may use contraceptives slightly more. We don't know if the messages affect young people's condom use; use of SRH services; or the number testing positive for STIs, needing abortions, or adhering to HIV medication, because the evidence is missing or of very low certainty.

Compared to people who get messages sent in other ways

We do not know what the effect of the messages is because the evidence is missing.

Compared to people who get untargeted messages

We don't know whether the messages improve SRH knowledge or increase condom or contraceptive use because the certainty of the evidence is very low. The messages may reduce the number of people who get STIs (but it is possible they increase, or make little or no difference to, STIs). The messages may increase the number of young people who attend services for testing for STIs/HIV. We don't know whether the messages affect the number of young people having abortions or help them to take their HIV medication because the evidence is missing.

We are uncertain if the messages lead to more unintended consequences among young people than no messages, or other types of communication.

What happens when adults receive targeted messages by mobile device?

Compared to people who get no messages

The messages may slightly increase contraceptive use. They may also reduce the number of adults who need repeated abortions, although it is also possible they increase, or make little or no difference to, the number of abortions. We don't know whether the messages affect adults' condom use or the number of STIs because the evidence is of very low certainty, or missing. The messages may slightly increase adults' adherence to HIV medication among adults with HIV, but may make little or no difference to CD4 count and slightly improve viral load. The messages may slightly increase adults' use of SRH services overall, but results were mixed according to type of health service.

Compared to people who get messages sent in other ways

Adults receiving messages may attend SRH services more overall, but the evidence is mixed. We do not know what the effect of messages is on other behaviours and health because we lack evidence.

Compared to people who get untargeted messages

Adults receiving messages may attend SRH services more overall, but the evidence is mixed. We don't know what the effect of messages is on other behaviours and health because we lack evidence.

We are uncertain if the messages lead to more unintended consequences among adults than no messages, or other types of communication.

How up-to-date is this review?

We searched for studies that had been published up to August 2017. We carried out a search update in July 2019 and relevant studies are reported in the 'Characteristics of studies awaiting classification' section.

Citation ; Palmer MJ, Henschke N, Villanueva G, Maayan N, Bergman H, Glenton C, Lewin S, Fønhus MS, Tamrat T, Mehl GL, Free C. Targeted client communication via mobile devices for improving sexual and reproductive health. Cochrane Database of Systematic Reviews 2020, Issue 8. Art. No.: CD013680. DOI: 10.1002/14651858.CD013680.

2. How effective are the psychological interventions used for treating the consequences of sexual abuse in children and adolescents

Key messages

• A number of psychological therapies are used to help children and young people overcome the consequences of sexual abuse.

• There is largely uncertain evidence to suggest that any particular interventions is better than management as usual in helping children and young people recover from sexual abuse.

• We need more and better studies of interventions to establish whether one is better than another in addressing the various consequences of sexual abuse.

What do we mean by psychological interventions?

Psychological interventions are those that try to bring about change in people. They are often referred to as 'talking therapies' but they also include therapies in which communication between therapist and patient is based on activity, such as play, or art.

There is a range of psychological interventions that are used to help children and young people who have been sexually abused to overcome the sorts of difficulties that can develop as a result of the abuse; for example, post-traumatic stress disorder (PTSD), anxiety, depression, and a range of behaviour problems.

Why is this important for children and young people who have been sexually abused?

Previous systematic reviews suggest that psychological therapies can improve outcomes for children, but we do not know whether some therapies are more effective than others.

What did we want to find out?

We wanted to find out which interventions were best for treating the range of problems that can occur following sexual abuse. We wanted to find out if we could rank them in order of how well they work. For example, we wanted to find out which intervention was the best at helping children who have PTSD, or children who are depressed. Which was second best? And so on.

What did we do?

We searched for studies that examined the effectiveness of a range of psychological therapies, including cognitive-behavioural therapy (CBT), eye movement desensitisation and reprocessing (known as EMDR), child-centred therapy (CCT), psychodynamic therapy, and family therapy. We included studies that compared:

• one therapy to another therapy;
• different 'doses' of therapy; for example, eight weeks of a therapy to 16 weeks of the same therapy;
• one version of a therapy with another version; for example, one that involved parents as well as the child with the same therapy that did not;
• one therapy to management as usual; and
• one therapy to no therapy (mainly those on a waiting list).

We used methods that allowed us to compare the effectiveness of each therapy against others, for particular outcomes. We summarised the results of the studies and rated our confidence in the evidence, based on factors such as the number of studies and how large or small they were.

What did we find?

We found 22 studies (1478 participants) and most of them were from North America. Fourteen of these examined the effectiveness of CBT and eight examined the effectiveness of CCT. Psychodynamic therapy, family therapy and EMDR were each examined in two studies. Management as usual was the comparator in three studies and a waiting list was the comparator in five studies.

Main results

On the available evidence it is not clear whether one intervention is more effective than others in helping children and young people who have been sexually abused. There is some evidence, though it is largely uncertain and imprecise, that CBT may be better than management as usual when it comes to reducing the symptoms of PTSD at the end of

treatment. No evidence pointed to the effectiveness of other therapies for PTSD, and no therapy appeared to do better than management as usual for the other outcomes we examined.

The evidence base for the effectiveness of other psychotherapeutic interventions for sexually abused children and adolescents is limited, particularly in relation to psychodynamic therapy, family therapy and EMDR.

What are the limitations of the evidence?

Our confidence in the results is not strong. The treatment effects we identified were small or close to 'no change' and not very precise. Whilst the studies were broadly comparable in some respects (settings; the use of a manual to deliver the intervention; the 'amount' of therapy), there was considerable variability in others, such as the age of participants and the format in which the interventions were delivered (individual or group).

The results of further research could differ from the results of this review.

How up to date is this evidence?

The evidence is up to date to 1 November 2022.

Citation : Caro P, Turner W, Caldwell DM, Macdonald G. Comparative effectiveness of psychological interventions for treating the psychological consequences of sexual abuse in children and adolescents: a network meta- analysis. Cochrane Database of Systematic Reviews 2023, Issue 6. Art. No.: CD013361. DOI: 10.1002/14651858.CD013361.pub2.

3. Does testosterone work in men who have problems with erections?

Background

Testosterone is a crucial male hormone. It is commonly used in men with low testosterone levels who experience erection difficulties. However, it is unclear how effective this treatment is and if it has unwanted harmful effects (adverse effects), especially on heart health.

Key messages

In the short term, testosterone replacement therapy has a minimal impact on erectile function, sexual quality of life, and cardiovascular mortality, with few side effects.

The long-term effects of this therapy on erectile function remain uncertain, and data on sexual quality of life and cardiovascular mortality in the long term are lacking.

These findings can inform future clinical guidelines and healthcare decisions.

What did we want to find out?

We wanted to know the effects of testosterone replacement therapy on men with erection problems.

What did we do?

We conducted a comprehensive search for studies involving men with low testosterone levels. These studies compared the effects of testosterone with placebo or other medications aimed at improving erections.

What did we find?

We included 43 studies, with 11,419 participants, which compared testosterone with a placebo, but also studies comparing it to phosphodiesterase 5 inhibitors (a group of medications to improve erections). We also found studies where both groups (testosterone and placebo) received phosphodiesterase 5 inhibitors.

Main results

In the short term, testosterone, when compared to a placebo, shows minor changes in erectile function, sexual quality of life, and cardiovascular mortality.

When we looked only at studies with robust methods, the results remained consistent: there was little to no effect on erectile function and sexual quality of life. The data suggest that cardiovascular mortality is also unlikely to be significantly impacted. However, in the long term, there is substantial uncertainty regarding the effects of testosterone replacement therapy on erectile dysfunction. Unfortunately, no studies provided information on sexual quality of life or cardiovascular mortality outcomes in the long term.

What are the limitations of the evidence?

The certainty of the evidence is moderate for most of the short-term outcomes, meaning that we are moderately confident that the result is likely to be close to the true effect. For the long-term outcomes, we have very limited certainty due to the lack of robust evidence, and further research might alter these conclusions.

How up-to-date is this evidence?

The latest information is current as of 29 August 2023.

Citation : Lee H, Hwang EC, Oh CK, Lee S, Yu HS, Lim JS, Kim HW, Walsh T, Kim MH, Jung JH, Dahm P. Testosterone replacement in men with sexual dysfunction. Cochrane Database of Systematic Reviews 2024, Issue 1. Art. No.: CD013071. DOI: 10.1002/14651858.CD013071.pub2.

4. Does hormone therapy improve sexual function in women going through or after menopause?

Key messages

• Estrogen (the hormone associated with sexual and reproductive development in women) alone probably improves sexual function scores compared to placebo.

• We are unsure of the effect of estrogen plus progestogens (another female hormone), synthetic steroids (such as tibolone), selective estrogen receptor modulators (that affect how estrogen works) or selective estrogen receptor modulators plus estrogen on sexual function compared to placebo or no treatment.

• Different hormone treatments and doses, and questionnaires used for assessment, may have caused the variation seen in results.

What is menopause and its effects on women?

Menopause is when women's periods stop, usually at around the age of 45 to 55 years. During menopause the ovaries gradually stop producing estrogen, the hormone that regulates periods. The reduction in estrogen can cause unwanted symptoms before periods stop (perimenopausal), during menopause and after menopause (postmenopausal). Symptoms include mood changes, hot flushes, and night sweats. Sexual complaints such as

painful intercourse, lack of interest in sex, and problems related to arousal or orgasm are common after menopause and can affect women's self-esteem, self-confidence, and sexual health.

What is hormone therapy, and how might it help women's sexual function?

Hormone therapy consists of various hormones or combinations of hormones that can help reduce menopausal symptoms. It can be given as skin patches, sprays or gels, tablets, or implants, and is used to treat a wide range of perimenopausal and postmenopausal symptoms. Hormone therapy might improve symptoms affecting sexual function such as dryness, itching, and painful intercourse by increasing lubrication, blood flow, and sensation in vaginal tissues.

What did we want to find out?

We wanted to find out if hormone therapy improves women's sexual functioning and whether effects are different in different stages of menopause. We were also interested in which types of hormone therapy were most effective: estrogen alone, estrogen combined with other hormones, or synthetic (manufactured) steroids or hormones.

What did we do?

We searched for studies that looked at the different types of hormone therapy compared to placebo (a dummy drug) or no treatment and its effect on sexual function in perimenopausal or postmenopausal women. We searched for studies that used estrogen alone; estrogen in combination with progestogens; synthetic steroids, (such as tibolone); selective estrogen receptor modulators (SERMs, that affect how estrogen works by blocking or activating different parts of the body, such as raloxifene or bazedoxifene); and selective estrogen receptor modulators combined with estrogen.

We were most interested in the effect of hormone therapy on the global sexual function score, which measures the effect of hormone therapy on all the areas of sexual function combined: desire, arousal, lubrication, orgasm, satisfaction and pain. We also wanted to know the effect of hormone therapy on the individual areas that make up the global sexual function score. Scores had to be evaluated using a recognised and validated questionnaire.

We divided women by length of time since their last period:

• within 5 years of their last period with or without menopausal symptoms; and

• more than 5 years since their last menstrual period, regardless of menopausal symptoms.

We compared and summarized the results of the studies and assessed our confidence in the evidence based on factors such as study methods and sizes.

What did we find?

We found 36 studies including 23,299 women. All but one study involved women after menopause; the other included women during menopause. Some but not all women had bothersome symptoms such as hot flushes, night sweats, and vaginal dryness.

• For women within 5 years of their last period, treatment with estrogen alone probably slightly improves sexual function based on the sexual function composite score compared to placebo.

• For women whose last period was more than 5 years earlier, estrogen alone probably makes little or no difference to sexual function based on sexual function scores compared to a placebo.

• For both groups of women, we are unsure of the effect of estrogen plus progestogens, synthetic steroids, selective estrogen receptor modulators alone, or selective estrogen receptor modulators plus estrogen on sexual function compared to placebo or no treatment.

What are the limitations of the evidence?

Our confidence in the evidence is moderate to very low due to variation in the results. This was probably because studies used different drugs and doses, and different questionnaires for assessment.

How up-to-date is the evidence?

The evidence is current to December 2022.

Citation : Lara LA, Cartagena-Ramos D, Figueiredo JBP, Rosa-e-Silva ACJS, Ferriani RA, Martins WP, Fuentealba-Torres M. Hormone therapy for sexual function in perimenopausal and postmenopausal women. Cochrane Database of Systematic Reviews 2023, Issue 8. Art. No.: CD009672. DOI: 10.1002/14651858.CD009672.pub3.

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