

have a significant impact on an individual's well being. Self-rated questions are an easy and inexpensive tool to identify people in need of skilled clinical examinations.

**Keywords:** dizziness, vestibular disorder, quality-of-life

## 47. SEXUAL HEALTH OF PEOPLE WITH LOCOMOTOR DISABILITIES – A COMPREHENSIVE STUDY

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**Introduction:** Sexuality and sexual health of people with disabilities have been neglected by the health care system across the country and region for a long period of time. Disabled people face dominant social norms that primarily hold them to be asexual and childlike, without any desire and undesirable. Although some physical disabilities directly affect sexuality by disablement of genital function, most of them do not. At national level, sexual health statistics for disabled people are almost non-existent.

**Purpose of the study:** To identify and define the mechanisms which affect sexual function in pathologies related to locomotor disability and to develop a patient-centred assessment algorithm regarding sexual health for people with locomotor disabilities.

**Materials and methods:** Evidence from all the relevant articles and bibliographic sources referring to sexual health of disabled people has been analyzed and reviewed.

**Results:** The study identified specific and nonspecific mechanisms affecting sexual function in people with locomotor disabilities. Specific mechanisms, such as neuro-autonomic mechanism and neuromuscular mechanism have been determined. Impairment of sexual function through neuro-autonomic mechanism occurs in transverse spinal cord injuries and in other pathologies involving the sympathetic and parasympathetic spinal center segments, reflex pathways and sensory pathways. Additionally, for a better understanding of the neuro-autonomic mechanism and a more effective evaluation of sexual function, the study suggests a diagnosis orientation focused on bony landmarks of the spine (superior injury – upper Th10 vertebra, intermediate injury - between Th10 and L1 vertebra and inferior injury – lower than L1 vertebra) not on medullar parts that physiopathology of sexual function focuses on. Through neuromuscular mechanism, the importance of motor control on sexual function was recognized. The impairment of motor control has been identified at three levels: cerebral motor neuron damage (cortical and subcortical), spinal motor neuron damage and lesions of peripheral nervous structures and muscles. More than that, neuromuscular mechanism was identified to be responsible for affecting sexual function of people with locomotor disabilities in most of the cases, neuro-autonomic mechanism being an optional one, met mostly in transverse spinal injuries. Regarding nonspecific mechanisms, the following ones were defined: genital mechanisms, complementary pathological mechanisms, psychosocial mechanisms and iatrogenic mechanisms. Thus, based on specific and nonspecific mechanisms, the patient-centred assessment algorithm on sexual health for people with locomotor disabilities was developed.

**Conclusions:** Existing studies on sexual health of people with locomotor disabilities are limited and statistics are almost non-existent, most of them approaching this issue from social perspective rather than from a medical one. Most studies emphasize the need of sexual health services for people with disabilities, pointing, in the same time, at the low competence of health care providers. Identification of the two specific mechanisms affecting sexual function (neuro-autonomic and neuromuscular) greatly facilitates the interpretation of sexual disorders associated to locomotor disabilities. Defining the mechanisms which affect sexual function in people with locomotor disabilities and developing the patient-centred assessment algorithm on sexual health for people with locomotor disabilities represent a special practical interest both in clinical practice as well as for further studies on patients.

**Keywords:** Sexual health, locomotor disabilities