



Cystic Fibrosis Research News

Title:

Exploring Provider Attitudes and Perspectives Related to Men's Health in Cystic Fibrosis

Lay Title:

Exploring Health Care Provider Attitudes and Perspectives Related to Men's Sexual and Reproductive Health in Cystic Fibrosis

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What was your research question?

Our research aim was to explore the attitudes and experiences of health care providers, working in the field of cystic fibrosis (CF), towards addressing men's sexual and reproductive health (SRH).

Why is this important?

This is important because the increasing use of highly effective modulator therapies (HEMTs) has led to significantly improved health of many people with CF. This improvement has allowed men with CF to focus more on other aspects of their disease, such as SRH. Despite this, past research has indicated that SRH is often ignored in CF care.

What did you do?

We interviewed directors of adult and paediatric CF programs from across the United States through telephone interviews. We explored their perspectives and current clinical practices related to men's SRH in CF. Two researchers then analysed the transcribed interviews and created a codebook to identify key themes. A codebook is a collection of ideas expressed throughout the interviews that are subsequently taken from the interviews and applied to





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see if they appear throughout other interviews. From this codebook, we determined common themes amongst the CF providers.

What did you find?

We interviewed 20 providers and identified the following themes: 1) Men's SRH is important to address within CF care, but its discussion is not standardized. 2) There is no consensus about the recommendation for or utilization of semen analysis to assess fertility in males with CF. 3) There are many barriers to men's SRH care provision in CF. 4) Providers desire clear guidelines for discussing SRH and patient resources related to men's SRH in CF. 5) Providers believe future research should focus on the impact of CF on testosterone levels and HEMTs on fertility and other SRH concerns.

What does this mean and reasons for caution?

CF centre directors acknowledge the importance of addressing SRH with men with CF, but there is a lack of standardization and research in this aspect of care. The current existing barriers to optimal SRH care could be addressed in interventions to improve the CF care model. This is a small interview study and results may not reflect the attitudes and practices of all CF care providers. Additionally, more providers who are more interested in SRH may have agreed to participate leading to bias of results.

What's next?

Further research should be done to understand the SRH experiences, behaviours, care utilization, and preferences of men with CF to develop relevant patient-centred interventions. Additionally, the perspective of parents of children with CF would be helpful to learn how best to convey the news of infertility.

Original manuscript citation in PubMed

https://pubmed.ncbi.nlm.nih.gov/34998704/