PERCEPTIONS OF PATIENTS SUBMITTED TO SUBSTITUTE DIALYTICAL TREATMENT ON SEXUALITY

PERCEPÇÕES DE PACIENTES SUBMETIDOS A TRATAMENTO DIALÍTICO SUBSTITUTIVO SOBRE A SEXUALIDADE

PERCEPCIONES DE PACIENTES SOMETIDOS A TRATAMIENTO DIALÍTICO SUSTITUTIVO SOBRE LA SEXUALIDAD

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ABSTRACT

Objective: to identify the perceptions of male patients in dialysis substitutive treatment on sexuality. **Method:** this is a quantitative, descriptive and exploratory study, together with 39 men undergoing hemodialysis. The data were collected through questioning. Procedures were performed for the exploratory analysis of data, presented in tables and clipping of speech records. **Results:** most of the interviewees reported changes in their daily lives due to physical limitations and restrictions because they had a chronic disease with an uncertain prognosis and because they had to remain at the disposal of the hemodialysis sessions for a long time. They reported on sexuality, sexual complaints, leading one to believe that the adaptation to the new routine, due to the treatment and the limitation, caused damages to the sexual experience of the patient; erectile dysfunction, ejaculatory and physical fatigue were highlighted. **Conclusion:** Nursing care is important to develop activities that help in the living and acceptance of the changes caused by the chronic condition encompassing not only the patients, but also their relatives, partners and friends, promoting integral care for the renal patient chronic, in all dimensions of care, including sexuality. **Descriptors:** Chronic Renal Disease; Hemodialysis; Sexuality; Men's Health; Risk Factors; Masculinity.

RESUMO

Objetivo: identificar as percepções de pacientes do sexo masculino em tratamento dialítico substitutivo sobre a sexualidade. **Método:** trata-se de estudo quantitativo, descritivo e exploratório, junto a 39 homens em tratamento hemodialítico. Coletaram-se os dados por meio de questionamentos. Realizaram-se procedimentos para a análise exploratória de dados, apresentados em tabelas e recorte dos registros das falas. **Resultados:** citaram-se, pela maioria dos entrevistados, alterações no cotidiano devido às limitações físicas e restrições por apresentarem uma doença crônica com prognóstico incerto e por terem que ficar por muito tempo à disposição das sessões de hemodiálise. Relataram-se sobre a sexualidade, queixas sexuais, levando-se a crer que a adaptação à nova rotina, decorrente do tratamento e da limitação, causou prejuízos à vivência sexual do paciente; destacaram-se a disfunção erétil, a ejaculatória e o cansaço físico. **Conclusão:** torna-se importante o cuidado do enfermeiro para desenvolver atividades que auxiliem na vivência e na aceitação das modificações ocasionadas pela condição crônica englobando não só os pacientes, mas, também, seus familiares, companheiras e amigos, promovendo a atenção integral ao paciente renal crônico, em todas as dimensões do cuidado, incluindo a sexualidade. **Descritores:** Doença Renal Crônica; Hemodiálise; Sexualidade; Saúde do Homem; Fatores de Risco; Masculinidade.

RESUMEN

Objetivo: identificar las percepciones de pacientes del sexo masculino en un tratamiento dialítico sustitutivo sobre la sexualidad. **Método:** Se trata de un estudio cuantitativo, descriptivo y exploratorio, junto a 39 hombres en tratamiento hemodialítico. Se recolectaron los datos por medio de cuestionamientos. Se realizaron procedimientos para un análisis exploratorio de datos, presentación de tablas y recorte de los registros de las charlas. **Resultados:** Se ha citado, por la mayoría de los entrevistados, alteraciones en el cotidiano debido a las limitaciones físicas y restricciones por presentar una enfermedad crónica con pronóstico incierto y por tener que quedarse por mucho tiempo a la disposición de las sesiones de diálisis. Se relataron sobre la sexualidad, quejas sexuales, llevándose a creer que la adaptación a la nueva rutina, decorrente del tratamiento y de la limitación causó pérdidas a la vivencia sexual del paciente; se destacaron una disfunción erétil, la eyaculatoria y el cansancio físico. **Conclusión:** Se torna importante el cuidado del enfermero para desarrollar actividades que puedan auxiliar en la vivencia y en la aceptación de las modificaciones ocasionadas por la condición crónica, englobando no solo los pacientes, pero, también sus familiares, compañeras y amigos, promoviendo la atención integrativa al paciente renal crónico, en todas las dimensiones del cuidado, incluyendo la sexualidad. **Descriptores:** Enfermedad Renal Crónica; Hemodiálisis; La Sexualidad; Salud del Hombre; Factores de Riesgo; Masculinidad.

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INTRODUCTION

Renal failure, in a progressive and irreversible way, is defined as chronic renal failure (CRF), a multi-causal, controllable condition, treatable in several ways, but without cure and with a high morbidity and mortality rate. Several modalities are considered for the treatment of CRF, such as hemodialysis, continuous ambulatory peritoneal dialysis, automated peritoneal dialysis and renal transplantation, allowing the maintenance of patients' lives. In addition to the reversal of uremic symptoms in the long term, treatment is aimed at reducing the risk of mortality, reducing complications, social reintegration and improving the patient's quality of life.¹

It is known that chronic conditions in relation to health, besides being stressful circumstances, are still sources of several transformations including changes in lifestyle and adherence to a treatment. It is experienced by the patient in CRF, an intense emotional stress because of the modifications in his life. It is considered that, in addition to this impact, it has important repercussions in the area of public health because it causes high rates of morbidity and mortality.²

It compromises renal failure, in addition to the organic changes, the quality of life of the patient, which often have an impact on sexuality, in the way he sees his body, and may feel less sexually attractive.³ See, it is expected that with all adaptations and changes to the practice of sex, this activity may be the last thing to go through the head of a person with renal insufficiency, since the symptomatology of the renal disease itself leads to difficulties in obtaining and / or maintaining the erection . In view of this fact, the psychological and emotional stability of the patient and the support of the partner and / or the family are fundamental for this adaptation to take place, since sexuality is a fundamental part of this balance.²⁻³

Sexuality is understood as the satisfaction of a fundamental physiological need, the way or the way of the individual behaving, interacting with the world, essential to every human being, in all moments of his personal, healthy or sick life. It is thus seen that improving patient survival, decreasing and preventing the complications of renal function replacement therapy have been a constant concern of health professionals.²

It is revealed that changes in the morbidity and mortality profile of the population and the fall in fertility rates in Brazil have significantly contributed to the increase in

population aging and life expectancy. At the same time, changes in living habits and urbanization have taken Chronic Non-communicable Diseases (CNCDs) to the forefront of health.⁴

It is reported that in Brazil, about 21 thousand patients per year need to start therapy for renal function replacement, which may be by hemodialysis or peritoneal dialysis. It is noteworthy that even the country having one of the largest public organ and tissue transplant programs in the world, with 555 health facilities and 1,376 medical staff registered by the National Transplant System - NTS, it is not possible to guarantee all patients registered in the waiting lists to carry out the procedure.⁴⁻⁵

The data from the Brazilian Society of Nephrology (BSN) show that there are 80,432 patients in dialysis in Brazil, distributed in about 600 dialysis centers, with the distribution of patients undergoing dialysis, according to the source, in 86% for the UHS and 14% for other agreements.⁶

It is observed, in this sense, that Nursing, in recent years, has been developing research aimed at improving the quality of life of patients affected by chronic diseases following health trends, as well as the investment and effort directed to the years of life, it is necessary to worry about the quality of the more years that were conquered.

This study is justified by the need to act closer to these patients, knowing the perceptions regarding the limitations faced in the dialysis treatment, as well as the necessary adaptations of lives for the accomplishment of the treatment. This study is appropriate, since it gives voice to the individuals who experience the disease, understanding the needs and the needs, being of relevance so that the Nursing and other health professionals can help them to live with the maximum possible quality, despite limitations and treatment.

OBJECTIVE

- To identify the perceptions of male patients on dialysis substitutive treatment on sexuality.

METHOD

This is a quantitative, descriptive and exploratory study in the Hemodialysis sector of the Regional Hospital of Cajazeiras / PB, Brazil, attached to the Regional Hospital (CRH), serving the public in three shifts from Monday to Saturday.

A total of 48 male patients were enrolled in hemodialysis. The sample was formed by all the men who had been treated, however, 18.8% rejected the participation and did not sign the Term of Free and Informed Consent. Thirty-nine patients were thus represented, representing 81.2% of the population.

The data was collected through questioning about the characteristics of the patients, as well as the perceptions about sexuality. The interviews were carried out in March and April 2017, followed by procedures for exploratory

data analysis in order to understand the meanings of the speech records.

The ethical precepts of Resolution 466/12 were followed, and the research project was approved by the Ethics Committee of Santa Maria College, under CAAE nº 66737517.0.0000.5180.

RESULTS

Table 1 shows the distribution of subjects according to age, marital status, degree of formation and other characteristics.

Table 1. Socio-demographic data of those involved in the research. Cajazeiras (PB), Brazil, 2018.

Variables	Absolute frequency	Relative frequency (%)
Age		
18 to 25 yearss	04	10.2
26 to 50 years	18	46.2
Over 50 years	17	43.6
Marital status		
Single	11	28.2
Married	23	59
Others	05	12.8
Degree of instruction		
Incomplete elementary school	20	51.3
Complete elementary school	04	10.2
Incomplete highschool	09	23.1
Comeplete highschool	05	12.8
Incomplete higher education	0	0
Complete higher education	01	2.6
Monthly income		
Equal to one minimum wage	27	69.2
Less than one minimum wage	02	5.1
Two to three minimum wages	07	18
Over four minimum wages	03	7.7
Total	39	100

Table 2 refers to the data referring to the experience of the sexuality of men, the aspects related to the CRF disease, the time of treatment in the hemodialysis, the time

(treatment), to which the areas of difficulties in relation to the adaptation to the treatment and to the changes that occurred in the subjects' daily lives.

Table 2. Aspects in relation to the disease. Cajazeiras (PB), Brazil, 2018.

Variables	n	%
Time of treatment:		
Less than one year	09	23.1
One to two years	07	18
Three to four years	10	25.6
Difficulties with regard to adaptation to treatment		
Did not have difficulties	07	18
Work	06	15.4
Health	06	15.4
Beginning of treatment	12	30.7
Leisure	05	12.8
Routine	03	7.7
Changes that occurred in everyday life		
None	04	10.2
Daily activities	03	7.7
Changed completely	10	25.6
Work	15	38.5
Freedom to leave the house	05	12.8
Displacement for treatment	01	2.6
Feeding	01	2.6
Total	39	100

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In terms of areas of difficulty in relation to treatment adaptation, it is emphasized that most of the subjects reported from the speeches that the "catheter" at the beginning was the greatest difficulty in adapting according to the following reports.

It was the catheter, I already had three fistulas, but I'm in the catheter, I have not had enough of it until today. (Interviewee 4)
Only my vein that was thin, bad to catch. (Interviewee 13)

The worst thing was walking with the catheter, it was a bad animal, I thought it was bad to get used to it, nobody used to it. (Interviewee 16)

For me, the worst was when I had the catheter. (Interviewee 22)

The worst was to start. (Interviewee 5)

My difficulty is that, at the beginning, I did not want to do it, I was afraid to dial it, some said I was not because I was going to take my blood all of it, then I was afraid when the doctor explained my situation I had to do it, afterwards, I had no difficulty at all to do, for me it was a happy way, in fact, if I had not started, I had already died a long time ago. (Interviewee 8)

It is pointed out in this same line of thought that other subjects (15.4%) highlighted health as a difficulty, with the appearance of other problems related to health.

In the beginning, the thirst, the seat did much with me and could not drink water. (Interviewee 2)

No, not much, I just stopped working and did not take pressure medicine and now I take it. (Interviewee 33)

In the beginning, I had depression, so I traveled a lot and falling into one of those we only thought about the bad things in life, I thought about taking my own life, but then I got used to it, ready. (Interviewee 29)

It is noted that although all the interviewees are chronic kidney patients, that is, the process of installing the disease was slow, insidious, progressive and may have taken years for the appearance of the symptomatic picture, the onset of the disease was perceived differently obeying the uniqueness of people.

The interviewees reported a lot in another area in relation to work activities, highlighted in the statements below.

I do not know, lass, a lot of it there because, in terms of eating, I do not know if it's that or something else. I was bringing down an ox, I cannot. (Interviewee 1)

I did not work, I worked as a watchman. (Interviewee 4)

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Work in the fields, fight with the bugs. (Interviewee 15)

I cannot work anymore. (Interviewee 8,17,24,38)

These include aspects such as leisure, which represented 12.8%, and routine, with 7.7%, as shown by the subjects' speeches.

Several things, right, training that I trained, play ball, did jiu jitsu, like, sports things that I always liked and cannot do. (Interviewee 12)

Everything, right, almost everything, right, I like to go out, drink at the end of the week, these things, work, because I always enjoyed working and it's the ones at home now. (Interviewee 14)

It is identified, as far as leisure, that most of the subjects in the hemodialysis program report not having leisure and recreation activities. The restrictions imposed by the treatment also affect the needs of recreation and leisure, since the individuals do not perform the activities they performed previously.

It is inferred that, regarding the routine, there is a radical change in the daily treatment, which has an intense repercussion for the interviewees, as can be observed in the following statements.

The trip, not being able to work. (Interviewee 7)

Deprivation of everything, every week has to come three times a week, not very easy, but also not so difficult because there is someone to do, is the way. (Interviewee 6)

Everything, did things and, today, I do not give a nail in anything, just rest, nothing else. (Interviewee 2)

I had no difficulty accepting the treatment. (Interviewee 3)

No, the business is just the routine, three days a week, spend four hours in the machine, then return home. (Interviewee 31)

It complements, on the changes that occurred in the quotidian, when questions about what changes occurred, the interviewees reported the following.

Changed some things, freedom, which I no longer have because it limits a lot. (Interviewee 2)

It changed everything. (Interviewees 3, 8)

Diet type, these things, right, you have to do, it's a lot of things I did not do and now you have to do, like to take medicine, these things. (Interviewee 15)

In a power drink, no more leaving, going to sleep on a foot of wall is better not leave, work, no one can do anything else. (Interviewee 21)

I left everything by hand, I played, I had fun, today, I only live at home. (Interviewee 30)

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I stopped working, I liked to work, I liked to walk a lot, I do not walk anymore, I do not have a normal life. (Interviewee 34)

It is explained that it is possible to infer, through the lines, that the subjects are confronted with several changes in their daily life, relevant to their experience, which also imply psychological, physical and social changes. The interviewees' reports are exchanged, with the difficulties, regarding the changes in daily life.

It was observed that, of the 39 interviewees, some declared themselves to be asymptomatic, reported not having had any problem either in adaptation to treatment or in daily life.

Nothing has changed. (Interviewee 5, 14, 20, 23, 24, 25, 27, 32, 38).

It is verified that, when questioned about what sexuality is, the subjects of the study related it to the sexual act. In the reports, the understanding of what the term sexuality means for the subjects, although it is a polysemic word, contemplates most of the manifestations, impulses, desires, feelings present in the interpersonal relations and that can be differentiated according to the involvement with the partner.

Sex. (Interviewee 1, 3, 4, 8, 10, 14, 23)

I think sex. (Interviewee 2, 5, 7)

It is demonstrated that other interviewees alluded to marriage, married life or even the complement of marriage as shown by the following statements.

It is the coexistence of home, with the wife, with the wife. (Interviewee 34)

It's married life. (Interviewee 37)

It is the complement of marriage. (Interviewee 39)

Another factor was discussed about sexuality, which were the changes that occur in sexual life after the beginning of treatment. The following statements stand out:

It hurt a lot. (Interviewee 13)

Practically zero. (Interviewees 16, 18, 26)

It is not what it was before, I do not know if it is due the treatment, if this is normal because of the problem, it is not as it was before, it decreased the will as well. (Interviewees 17, 29, 31)

The yield fell a little, the yield, right. (Interviewee 19)

Something has happened there, right, the caba is over (...). Weaker at first, but now it's more normal. (Interviewee 21)

Difficulty ejaculating, a man with 52 years, healthy, has difficulty, is different from when he is 20 30 years, thank God, did not finish everything, but it became more difficult. (Interviewee 6)

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It is evidenced in this study that some subjects did not present modifications about the sexuality after the beginning of the treatment.

Nothing has changed. (Interviewee, 5, 14, 20, 22, 23, 24, 25, 27, 32, 38)

It has been noted in the reports that the issue of sexuality is intimately linked to healthy sexual intercourse, both biologically and emotionally, showing its importance to man. Wondering when they were happy with their sex life, most reported the following:

I have nothing to complain about, you have to be content. (Interviewee 17)

I feel because I've learned to live. (Interviewee 36)

Yes I am happy. (Interviewee 1, 4, 5, 7, 8, 14, 20, 22, 23, 24, 25, 27, 32, 38,)

It is said that when asked about what he used to minimize or try to solve his problems about sexuality, most reported that he does nothing; others reported the use of drugs.

Anything. (Interviewees 1, 3, 5, 7, 8, 14, 20, 21, 22, 23, 24, 25, 27, 32, 38, 39)

The little blue. (Interviewees 26, 33)

The following accounts were alleged by other subjects.

Nothing, I'm afraid of these things. (Interviewee 4)

I wanted to take the little blue one, but I talked to the doctor and he said no because it moved the heart. (Interviewee 15)

It focuses on the contributions of nursing assistance in the treatment of the subjects, taking into consideration the contributions of the nurse to the adaptation of the treatment, as well as the help in addressing the possible problems related to sexuality, which the most outstanding statements were the following.

Well, inside was good too. (Interviewees 1, 15, 26)

It was great, encouraged me a lot not to give up. (Interviewees 2, 34)

Contributed a lot, people, are good people, if you give, people who treat us right. (Interviewee 4)

Giving assistance until it suits me. (Interviewee 5)

It was everything, they were 100%. (Interviewees 7, 24)

What they do for us is to help people with words, né, comfort, other things, God help me to work in a transplant to improve life from now on. (Interviewee 6)

It only contributed to the dialysis because the hemodialysis has a lot, I have improved a lot, the people said: Flor, you will not last long, after hemodialysis, I increased my weight, I live happy and satisfied. (Interviewee 8)

To deal with problems related to sexuality, negative results were collected, where only the I 34 had orientation, as shown in the following speech. They were reported by other research subjects who had no help in coping with sexuality.

They helped me with conversation, explained why this happened. (Interviewee 34)

DISCUSSION

It should be emphasized that, in relation to age, the data reflect the concern of health managers to create a specific policy for the male population (PNAISH), aiming at prevention and health promotion for the population aged 25-50 which refers to the population of this study.

It is added that, over the years, from adult life, the functional performance of individuals deteriorates gradually because of the natural and physiological process of aging. It is considered that this is a universal process, but the trajectory of the functional decline becomes slower or faster depending on a series of factors such as the genetic constitution, habits and lifestyles, the environment, the socioeconomic context, cultural and even the fact of being born in a more or less developed society.⁷

It is mentioned, with reference to the marital status, that there was a predominance of married couples, and in this last category are divorced, widowed and amased. It has been found that married couples have the support of their wives and children after the onset of the disease, which leads the man to experience the fear of death. It is emphasized that the support of the spouse is extremely relevant at this time for helping to accept their condition, to become participatory in self-care and prevention of injuries, as well as in the verbalization of their feelings.⁸

It assists in the recovery and maintenance of a useful and productive life by the patient's adherence to hemodialysis; however, the psychosocial problems are evidenced by a decrease in family coexistence, withdrawal from employment, fear of dying, lack of information about illness, emotional dependence, refusal to observe diet, perceived changes in appearance, self-concept, and feelings of sadness and abandonment experienced. Patients are encouraged to make the adjustment as traumatic as possible after receiving the diagnosis of the condition, with information about the many changes that the treatment would entail in their work routine, financial condition and life rhythm.^{2,4,9}

In most cases, the patient undergoes hemodialysis for the rest of his life, since, after initiating renal replacement therapy, he can, in most cases, switch from hemodialysis to peritoneal dialysis and vice versa. It is emphasized that besides performing kidney transplantation, depending on the clinical conditions, this reflects the impact on the patient's life.¹⁰

There is evidence that there are some situations in which the kidneys cease to function for a short time and can go back to work later. It is seen that this is more common to be observed in acute renal failure; however, in chronic kidney disease, this is rare to be observed.¹⁰

Changes in the changes caused by catheter implantation at the beginning of treatment can be identified in the reports, the external appearance of which will remain throughout the course of life. From this, it can be reported that fistulas and catheters bother sick men because they assume certain meanings in the culture by positioning them outside hegemonic body norms. For some of them, this will create a shame for their altered appearance, a fact that weakens the relationship they establish with their masculinity.¹¹

The impact of the treatment is configured, to a certain extent, as a constraint on the difficulties arising from the restrictions imposed on food and life activities in general. It is considered that this impact, however, is much more comprehensive with respect to the very present symptoms, the side effects, the finding that, despite all sacrifice, there is no possibility of cure and continuous dependence on services, of health professionals, technology and a rigorous therapeutic scheme.¹²

The disease is experienced by individuals as a moment of rupture in life where the notion of time is delimited by before and after diagnosis, because, in addition to the organic changes, this condition can cause social and emotional difficulties that affect the daily life of the patients.¹³

The speeches of this study are considered to meet some studies when they show problems with daily activities and work resulting from physical health. It is revealed that the work activity developed by the individuals who have CRF before the onset of the disease, with that developed afterwards, the majority experienced changes, and most of them stopped fully developing any type of paid work due to the limitations that the disease and the treatment imposed on him.¹⁴⁻⁶

In this context, it is emphasized that work is a constitutive dimension of masculine identities in most cultures.¹⁷ It is noticed through the reports that it is possible that the participants in this research had to change their insertion in the work by retiring or restricting the number of hours and the way of working.

It is perceived that the treatment causes a series of changes in his life: exams, medications, medical consultations, hemodialysis, interurrences during hemodialysis, all these factors interfere in the quality of life of the patient.¹⁸

It is warned that leisure activities are important for emotional well-being, because it causes the individual to forget, for some moments, the difficulties and worries. It is praised that physical and recreational activities in CRF are a relatively recent practice and the benefits are easily demonstrated in clinical practice.¹⁹

It is necessary to modify daily life so that the patients improve the quality of life, for that, it is fundamental the educational action of the health team clarifying the questions. It is added that these changes in life habits are extended to physical activities, leisure and work, in addition, the patient remains dependent on technologies, and may require the continuous use of medications.²⁰

The patient is considered to be a renal patient or to require treatment, initially, as a provocateur of physical and psychic suffering, especially at the time of the discovery of the diagnosis. The majority of patients are evaluating dialysis treatment as satisfactory and with the possibility of obtaining a higher quality of life, despite the difficulty of some to recognize this treatment as a necessity. It is considered that 'for each person there is a way to operationalize their assessment and the evaluation of the same individual can vary over time, with the establishment of priorities throughout life and with the circumstances by which life can change.'²⁰⁻¹

The notion of sexuality is linked as the search for pleasure, the discovery of the sensations provided by contact or touch, the attraction by other people (of opposite sex and / or the same sex) in order to obtain pleasure by the satisfaction of desires of the body. It is observed that among other characteristics, it is directly linked and dependent on genetic and mainly cultural factors. The context directly influences the sexuality of each.²

It should be emphasized that the chronic renal patient suffers physical exhaustion with

the treatment because three weekly sessions are required, with an average duration of four hours of dialysis per day. It is seen that among the complications of the disease and the treatment, the anemia is frequent and presents its symptomatology increasing, above all, the fatigue. It should be noted that the dialysis treatment routine is continuous and prolonged leading the individual to depend on a machine for survival and bringing about psychological and physical wear and tear, and it is generally observed that fatigue and / or lack of after the hemodialysis sessions.¹⁴

It is inferred that fatigue can be one of the determining factors for problems related to sexuality. It is evident, in the speech of I 19, that reports the income. It is considered that the physical and emotional aspects are closely linked. This situation tends to cause a true vicious circle: treatment imposes an emotional impact on individuals that can interfere with sexual performance leading to significant sexual dysfunctions. It is emphasized that erectile dysfunction is a condition that leads to the inability to obtain and / or maintain an erection sufficient for satisfactory sexual performance. It is considered multifactorial and caused by innumerable physical, social and emotional factors.²²

The depressive state imposed by the treatment, which reduces the energy level and the sexual impulse, is reported in the reports; the patients' conviction that erectile dysfunction is a consequence of treatment combined with the use of medicines.²³

In view of the above and based on the reports, it can be seen that alterations in blood flow, both arterial and venous, can be the origin of erectile dysfunctions. These changes are caused by primary diseases of CRF, such as hypertension and diabetes, combined with the use of pharmacotherapy for these pathologies capable of potentiating the risk of erectile dysfunction. Other causes include psychological factors such as anxiety, low self-esteem and depression, as well as organic factors.²

It is understood that men with CRF suffer from problems in sexual function, often associated with erectile dysfunction, lack of libido and infertility whose mechanisms derive from low progesterone, vascular insufficiency, psychological stress and others. It is explained that in patients with CRF, total and free testosterone levels are reduced with a decrease in response to the testosterone release stimulus with administration of human chorionic gonadotrophin (HCG).²⁴

Another factor is that men with chronic renal failure on dialysis have a reduced fertility level in half, in which semen quality is poor, ejaculate volume is low and sperm density and motility are decreased. This is due to the damage to spermatogenesis with hormonal efficiency. The causes of erectile dysfunction are divided into organic and psychogenic, and risk factors such as age, smoking, diabetes, depression and chronic renal failure are considered to be the main ones. It is argued that the fact is that erectile dysfunction impacts the quality of life of both the man and his partner, negatively affecting his self-esteem and interpersonal relationship.^{24,25}

It is noticed in the speech that one of the strategies that the patient uses to have the sexual function reestablished, for example, is the use of Viagra, which can cause health risks when not used properly and under medical supervision.

It is recognized that Viagra, which has sildenafil citrate as its active ingredient, acts directly on erectile dysfunction resulting in a natural response to sexual stimulation. It is recognized that it has as main side effects, those related to the cardiovascular system as the elevation of the tension levels, and besides, the use by people with the pressure levels altered for more or less is advised, therefore, the active principle has strong interaction with many of the blood pressure regulating drugs.²

The importance of care and how it has contributed to patient adaptation is shown by the speeches. It is required that care of patients with kidney problems competence and ability, therefore, the nursing team must be available and act patiently aiming to provide the renal patient with well-being and safety. It is considered that in order to deal with the most unusual situations, it is important to have a high human sensitivity, including professionalism in order to develop a high quality work.²⁶

It can be observed that in Nursing practice, the technical dimension can be re-dimensioned, because care can also allow the comfort of the subject who is emotionally fragile, smoothing their anxieties and fears from the approach of the caregiver during the execution of a technique.

For this bias, another meaning is included for the care found in Nursing, which was the representation of technical relationship. One is the idea of being cared for, for patients under hemodialysis, how to establish interpersonal relationships. Based on the assumption that the interpersonal relationship

is part of humanized care, it is understood the importance of professionals in providing favorable conditions for the humanization of care.³

In the area of nursing, this theme is marked by invisibility and concealment. It is observed that, although sexuality is present in all human beings, it is still kept silent, covert or invisible in studies and discussions about the practice of nursing care. It should be noted that the lack of studies and reflections at the academic level, also in the daily routine of nursing, is a sign that sexuality is still treated as a taboo in this environment.²⁶

The lack of knowledge of health professionals about human sexuality results from the centralization of professional orientation in biological aspects, which in a circular effect reinforces the biologist view.²⁷ It is observed that the deficiency of training in the theme of sexuality, makes the majority of these professionals omit rather than acting as facilitator, often because of prejudice, ignorance and the need to impose values, such professionals end up behaving as destructive agents (iatrogenic).²⁸

It is demonstrated by this scenario that professionals are still far from preparing to discuss this topic with patients and, insecure to work with sexuality, deprive them of adequate care.

CONCLUSION

The objective was to investigate the sexuality of male patients submitted to hemodialysis. It was observed that the response to a pathological process varied from person to person. It was considered that for some, the disease and the treatment represent the loss of employment, the decrease of the social life, changes in their role within the family and conflicts in the home.

It was noticed, in spite of the different feelings, that these are modified during the process of knowledge, confrontation and dialytic treatment. Among the succession of changes occurred in the routine of the subjects' lives, the restrictions on eating habits, the inability or limitation of professional, physical and leisure activities.

It was indicated by the analysis of sexuality data that the adaptation to the new routine due to the treatment and the limitation caused a loss to the sexual experience of the patient who was attached to the sexual act and the involvement with the partner. Factors that interfere directly with sexual life are considered to be erectile dysfunction,

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ejaculatory dysfunction and physical fatigue. The sexual reality of patients is diminished by decreasing the frequency and duration of sexual activity. This picture is given to the expectation that they will not experience sexual pleasure or that they will not have new access to pleasurable sexual experiences.

The results regarding orientation and help in coping with problems related to sexuality were shown to be negative. It has been seen that there is no guidance from health professionals aimed at developing strategies that restate and promote an improvement in this aspect.

It should be emphasized that the development of this study provides support for the work of health professionals, especially nurses, by their proximity to the patient, with the purpose of contributing to the promotion of integral care for chronic renal patients in all dimensions of care including sexuality. The relevance of the guidance of professionals regarding the need for capacity building and awareness to address and develop interventions for sexuality deficits is emphasized, and with this, they perceive the chronic renal patient under the integral vision, attending to the basic human needs.

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