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The assessment of sexual dysfunction in Egyptian women with lower urinary tract symptoms

Gamal El Atrash, Mohamed H. Ali, Hassan A. Abdelwahab *, Lobna A. Abdelreheem, Mostafa Shamaa

Urology Department, Faculty of Medicine, Suez Canal University, Egypt

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KEYWORDS

Female sexual dysfunction;
Lower urinary tract symptoms;
Women

ABBREVIATIONS

FSD, female sexual dysfunction;
HDD, hypoactive desire disorder

Abstract ***Introduction:*** Female sexual dysfunction (FSD) has been reported in 46% of women with lower urinary tract symptoms (LUTS). FSD is a common health problem that remains under-investigated, especially in Eastern communities, where discussion of the issue is considered a taboo. In this study we determined the prevalence of various subtypes of FSD in relation to LUTS in women in Ismailia, Egypt.

Patients and methods: This was a case-control study to assess FSD in women with LUTS in comparison to normal women. In all, 101 women patients attending the Urology clinic at our institution were divided into two groups, a study group of 52 with LUTS and a control group of 49 with no LUTS. Validated Arabic versions of the FSD index and the Bristol questionnaire were used to assess the participants, and the data analysed statistically.

Results: FSD was diagnosed in 75 of the 101 patients (74%); 87 (86%) reported hypoactive sexual desire, 61 (60%) reported sexual arousal disorder, 56 (55%) had lubrication disorders, 65 (64%) complained of orgasmic deficiency, 36 (36%) had satisfaction disorder, and 59 (58%) had sexual pain disorder (e.g., dyspareunia or

* Corresponding author. Address: Faculty of Medicine, Suez Canal University, Ismailia, Egypt.
E-mail address: hass75@gmail.com (H.A. Abdelwahab).

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non-coital genital pain). Arousal, satisfaction, orgasmic and lubrication disorders were more common in the women with LUTS. There was no statistically significant difference in desire disorders between the groups.

Conclusions: FSD and its subtypes are more prevalent in women with LUTS in this sample of Egyptian women.

Introduction

Female sexual dysfunction (FSD) is characterised by disturbances in sexual desire and psycho-physiological changes associated with the sexual response cycle [1]. It is divided into four categories of disorder, i.e., sexual desire, sexual arousal, orgasmic and sexual pain [2].

FSD is a common health problem and its prevalence is estimated as 25–76% in the USA, despite remaining under-investigated, especially in Eastern communities, where discussing this issue is considered a taboo [3].

FSD is age-related, progressive and extremely common, affecting 30–50% of women worldwide [4,5]. In Egypt, a study conducted in Lower Egypt reported a prevalence of FSD of 46% [6].

FSD was reported in 46% of women with LUTS [7] and 47% of women who had stress urinary incontinence reported low sexual desire. It was reported that 60% of women with sexual arousal disorders and 61% of those with sexual pain disorders also complained of recurrent bacterial cystitis, and 46% of those complaining of orgasmic phase difficulties also reported troublesome urge incontinence [8].

Women with pelvic floor disorders were significantly associated with sexual complaints of low libido (18.1%), vaginal dryness (23.1%) and dyspareunia (34.1%). The prevalence of anorgasmia did not differ between women with and without pelvic floor disorders [9].

Despite this association, little is known about the prevalence of FSD in various subsets of patients presenting with LUTS [3]. Thus the aim of this study was to determine the prevalence of various subtypes of FSD in relation to LUTS in a sample of Egyptian women.

Patients and methods

This was a case-control study aimed to assess FSD in patients with LUTS in comparison to normal women with no LUTS, and was conducted at the Urology Department, Suez Canal University Hospital, Ismailia, Egypt. The study participants were women attending the Urology clinic between May 2012 and October 2012, and normal volunteer women who accompanied their relatives to the clinic. Those included were females in a stable marital relationship, aged 18 years, and with or without LUTS. Those excluded were lactating, with known significant cardiovascular, renal, hepatic or respiratory diseases, or a physical disability that might compromise sexual activity, those who had undergone major pelvic surgery (e.g., hysterectomy, cystectomy), and those already diagnosed with any psychiatric or mental illness.

All patients were evaluated by a clinical assessment, a personal history (that included the duration of marriage, number of children, mode of delivery, the use of contraception, lactation status, menstrual regularity, husband's age and presence of erectile dysfunction, and husband's travel habits). LUTS was assessed using the Bristol questionnaire, and FSD was assessed using the validated Arabic version of the FSD index, that assesses desire, orgasm, lubrication and dyspareunia. The women also had a general, abdominal and pelvic examination.

Clinical investigations included urine analysis and culture, serum creatinine levels, liver function tests, with urodynamic studies (filling cystometry and uroflowmetry), in indicated cases, that included patients presenting with mixed urinary incontinence, and/or the presence of obstructive urinary symptoms.

After selection, the study included 101 patients who were divided into two groups, a control group of 49 women who had no LUTS, and a group of 52 women with LUTS.

Accordingly the following equation was used to calculate the minimum sample size:

$$N = (Z\alpha/2 + ZB)2 \times (P1q1 + P2q2)/(P1 - P2)$$

where N is the sample size, Z is the critical value that determines the area under which 90% of population lies on the normal distribution curve (= 1.96), Zb = 0.84, P1 is the prevalence in the study group (46% [3]) and P2 is the prevalence in the control group (35% [8]).

$$N = (1.96 + 0.84)(0.46 \times 0.54 + 0.35 \times 0.65)/(0.46 - 0.36)2$$

to give 50 participants per group.

Data were collected using the above questionnaires, completed at the urology clinic by the investigators, and variables analysed using the chi-squared test, with statistical significance indicated at $P < 0.05$ for all comparisons. Descriptive results are presented as the proportions.

The protocol was approved by the Ethics Medical Committee of the University, and all patients had the right to be involved or withdraw their answers, without