

Incidence and Prevalence of Sexual Dysfunction in Women and Men: A Consensus Statement from the Fourth International Consultation on Sexual Medicine 2015



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ABSTRACT

Introduction: The incidence and prevalence of various sexual dysfunctions in women and men are important to understand to designate priorities for epidemiologic and clinical research.

Aim: This manuscript was designed to conduct a review of the literature to determine the incidence and prevalence of sexual dysfunction in women and men.

Methods: Members of Committee 1 of the Fourth International Consultation on Sexual Medicine (2015) searched and reviewed epidemiologic literature on the incidence and prevalence of sexual dysfunctions. Key older studies and most studies published after 2009 were included in the text of this article.

Main Outcome Measures: The outcome measures were the reports in the various studies of the incidence and prevalence of sexual dysfunction among women and men.

Results: There are more studies on incidence and prevalence for men than for women and many more studies on prevalence than incidence for women and men. The data indicate that the most frequent sexual dysfunctions for women are desire and arousal dysfunctions. In addition, there is a large proportion of women who experience multiple sexual dysfunctions. For men, premature ejaculation and erectile dysfunction are the most common sexual dysfunctions, with less comorbidity across sexual dysfunctions for men compared with women.

Conclusion: These data need to be treated with caution, because there is a high level of variability across studies caused by methodologic differences in the instruments used to assess presence of sexual dysfunction, ages of samples, nature of samples, methodology used to gather the data, and cultural differences. Future research needs to use well-validated tools to gather data and ensure that the data collection strategy is clearly described.

J Sex Med 2016;13:144–152. Copyright © 2016, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

Key Words: Incidence and Prevalence of Sexual Dysfunction; Male Sexual Dysfunction; Female Sexual Dysfunction

Received September 30, 2015. Accepted December 22, 2015.

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<http://dx.doi.org/10.1016/j.jsxm.2015.12.034>

INTRODUCTION

There is very limited literature on the incidence of sexual dysfunctions, particularly in women. There is a substantial body of literature that has examined the prevalence of erectile dysfunction (ED) and, more recently, premature ejaculation (PE). However, there is limited literature on the prevalence of interest and desire disorders in men and most aspects of female sexual dysfunction (FSD). In addition to limited data on the incidence and prevalence for many aspects of sexual dysfunction, there are substantial problems with the interpretation of the studies that have been conducted. It is difficult to compare findings because of the different ways sexual dysfunctions are determined (eg, tick box, diagnostic interviews, non-validated assessment measurements, validated assessment measurements), the population from which the sample is drawn (eg, general

population, clinical population presenting for treatment of sexual dysfunction, other types of clinical populations, those who have access to the Internet), and the age, medical history, and socioeconomic and cultural background of participants. All these factors and many more are likely to affect incidence and prevalence rates. These issues are drawn out further as we describe the incidence and prevalence of sexual dysfunction in women and men in this article.

Incidence is defined as the number of new cases of a certain condition during a specific period in relation to the size of the population studied. *Prevalence* characterizes the proportion of a given population that at a given time has a particular condition.

For incidence studies, a younger baseline age should be expected to result in a population that is on average healthier and more sexually active. Surveys conducted as home interviews might result in a baseline population that is less healthy than a study in which the participants have to make an effort to visit a health center or clinic. An eligibility criterion such as involvement with a sexual partner theoretically results in a potentially healthier baseline population. Differences in socioeconomic status among studies also have probably played an important role in the variance in incidence rates. These factors and biases can work in one direction or the other, making it very difficult to compare studies in which at least one factor or bias might be at work.

INCIDENCE OF SEXUAL DYSFUNCTION IN WOMEN

Studies on the incidence of sexual dysfunction in women are scarce and there is a dearth of data available on this topic. The description of methodology also is limited or questionable, making the data difficult to interpret. In a recent study from the United Kingdom, Burri and Spector¹ found that 5.8% of women reported symptoms that constituted a diagnosis of FSD and 15.5% reported lifelong FSD. Hypoactive sexual desire was the most prevalent recent and lifelong sexual complaint (21.4% and 17.3%, respectively). Furthermore, 11.4% reported recent arousal, 8.7% reported lubrication, 8.8% reported orgasm, 10.4% reported satisfaction, and 6.0% reported sexual pain problems. The generalizability of this study is limited because it is a sample of volunteers rather than a random sample and the response rate was 50%.

Kontula and Haavio-Mannila² studied sexual dysfunction in Finnish women 18 to 74 years old. In their 5-year incidence study, they found that 45% of women reported decreased sexual desire, with an incidence of approximately 20% in women younger than 25 years and an incidence of 70% to 80% in women 55 to 74 years old. A similar 5-year incidence of 40% was found in a Swedish study from the 1990s by Fugl-Meyer.³

Results from an Australian study found that 36% of women reported at least one new sexual difficulty during the previous 12 months.⁴ Lacking interest in having sex had the highest incidence of 26%, followed by taking too long to orgasm (11%),

being unable to come to orgasm (10%), trouble with vaginal dryness (9%), not finding sex pleasurable (8%), feeling anxious about the ability to perform sexually (6%), experiencing physical pain during intercourse (5%), and coming to orgasm too quickly (2%). Interestingly, women in their 20s and 30s were just as likely as older women to develop two new sexual difficulties in the 12-month study period, namely lack of interest in having sex and not finding sexual pleasurable.

INCIDENCE OF SEXUAL DYSFUNCTIONS IN MEN

There are few epidemiologic surveys addressing the incidence, as opposed to prevalence, of sexual disorders in men and there are large differences among existing studies. These differences can be explained by variations in study design, populations studied, and definitions of sexual dysfunctions. Because of these variations, it is impossible to specify the incidence of sexual dysfunctions in men. Most research has been conducted on ED. The most important common theme of the studies is that the incidence of sexual dysfunctions increases with age but that sexual concern in men older than 60 and certainly older than 70 is generally less, explaining the decreasing incidence of what might be called clinically relevant ED.

An important new study of ED incidence is the Florey Adelaide Male Ageing Study, an Australian study of men 35 to 80 years old published in 2014.⁵ Of 179 men who were normal at baseline, 31.7% developed ED at 5-year follow-up. Another important study on the incidence of ED is the Olmsted County Study in the United States.⁶ In this study of men 40 to 79 years old, those who had ED at baseline showed smaller decreases in all sexual function domains compared with men who did not have ED at baseline. Other baseline characteristics, including education level, smoking status, and presence of diabetes, hypertension, or coronary heart disease, were not significantly associated with the rate of decrease in sexual function. Change in erectile function was significantly correlated with change in all other sexual function domains. Correlations among changes in erectile function, sexual drive, and ejaculatory function were consistent across age groups. An interesting finding derived from the longitudinal results of the Massachusetts Male Aging Study (MMAS)⁷ was that a submissive personality type was associated with the subsequent development of ED. The crude incidence of ED varies among various studies, from 4 to 66 cases per 1,000 man years.⁵⁻¹³ The most important conclusion that can be drawn from these studies is that incidence is strongly associated with age.

PREVALENCE OF WOMEN'S SEXUAL DYSFUNCTION

There is not sufficient space in this article to outline all aspects of the studies on the prevalence of women's sexual dysfunction. An overview of the reasonably valid studies on the prevalence of women's sexual dysfunctions can be found in a report by

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