

## ORIGINAL RESEARCH—ENDOCRINE

# Role of the Different Sexuality Domains on the Sexual Function of Women with Premature Ovarian Failure

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DOI: 10.1111/jsm.12743

### ABSTRACT

**Introduction.** Women with premature ovarian failure (POF) often manifest complaints involving different aspects of sexual function (SF), regardless of using hormone therapy. SF involves a complex interaction between physical, psychological, and sociocultural aspects. There are doubts about the impact of different complaints on the global context of SF of women with POF.

**Aim.** To evaluate the percentage of influence of each of the sexuality domains on the SF in women with POF.

**Methods.** Cross-sectional study with 80 women with POF, matched by age to 80 women with normal gonadal function. We evaluated SF through the “Female Sexual Function Index” (FSFI), a comparison between the POF and control groups using the Mann–Whitney test. Component exploratory factor analysis was used to assess the proportional influence of each domain on the composition of the overall SF for women in the POF group.

**Main Outcome Measures.** SF was evaluated using FSFI. Exploratory Factor Analysis for components was used to evaluate the role of each domain on the SF of women with POF.

**Results.** The FSFI score was significantly worse for women with POF, with a decrease in arousal, lubrication, orgasm, satisfaction, and dyspareunia. Exploratory factor analysis of SF showed that the domain with greater influence in the SF was arousal, followed by desire, together accounting for 41% of the FSFI. The domains with less influence were dyspareunia and lubrication, which together accounted for 25% of the FSFI.

**Conclusion.** Women with POF have impaired SF, determined mainly by changes in arousal and desire. Aspects related to lubrication and dyspareunia complaints have lower determination coefficient in SF. These results are important in adapting the approach of sexual disorders in this group of women. **Benetti-Pinto CL, Soares PM, Giraldo HPD, and Yela DA. Role of the different sexuality domains on the sexual function of women with premature ovarian failure. J Sex Med 2015;12:685–689.**

**Key Words.** Premature Ovarian Failure; Sexual Dysfunction; Female Sexual Function; Sexuality; Dyspareunia

### Introduction

Premature ovarian failure (POF), also called ovarian insufficiency, reflects the loss of ovarian function in women up to 40 years of age [1]. This condition, which affects one in every hundred women in this age group, leads to reduced levels of circulating estradiol [2,3]. The primary basis of treatment used is estroprogestative hormone therapy (HT), recommended at

least until the average age of natural menopause [4,5], to reduce or control impacts related to hypoestrogenism.

Women with POF often manifest complaints involving different aspects of sexual function (SF) [6–8]. The SF involves a complex interaction between physical, psychological, and sociocultural [9,10] aspects. Sexual dysfunction (SD) is characterized as the persistent or recurrent inability to participate in the sexual act with satisfaction by

abnormal development of the processes that characterize the normal sexual cycle response, affecting one or more phases of this response [11,12]. In the presence of POF, studies report a higher frequency of SD (around 62%) than in women of the same age with normal gonadal function. This dysfunction is manifested regardless of using HT [6,8].

There are doubts about the impact of different sexual complaints on the global context of SF of women with POF. In clinical practice, physical complaints such as dyspareunia or vaginal lubrication tend to be more often expressed by women and valued by health professionals, guiding therapeutic choices without scientific evidence, attributing these complaints a primary role in SD. Doubt remains if these manifestations are not due to psychological or emotional changes [13].

### Aim

This study was designed to evaluate the percentage of each of the domains—desire, arousal, lubrication, orgasm, satisfaction, and pain in SF of a group of women with POF treated with HT—in order to provide strategies for the treatment.

### Materials and Methods

Cross-sectional study was conducted at the Endocrine Gynecology Clinic of the Department of Gynecology and Obstetrics, at the School of Medical Sciences, University of Campinas, UNICAMP. The project was approved by the Ethics in Research committee (No. 672/2008), and all study subjects signed a consent form before being enrolled.

Eighty women diagnosed with POF (amenorrhea in women up to 40 years old with two follicle-stimulating hormone  $\geq 40$  IU/mL results at different times) [1] in use of estroprogestative HT were included. Women with POF due to oophorectomy, radiotherapy, and chemotherapy were excluded.

Each woman in the study group was paired to a woman of the same age ( $\pm 2$  years) with preserved gonadal function (spontaneous and regular menstrual cycles lasting 24–35 days, without the use of hormone medication) seen at the family planning outpatient clinic at same institution [14]. These women composed the control group.

For both groups, women with at least one heterosexual intercourse in the last month and which showed no cognitive impairment to understand the instruments used were included. All were ques-

tioned about their sex life through the “Female Sexual Function Index (FSFI)” questionnaire [15]. Results from the FSFI were used to evaluate the influence of each domain on overall sexual response.

For both groups, women who had comorbidities, such as hypertension, diabetes, HIV, endometriosis, and malignancy or in use of antidepressant medications that could influence SF, were excluded in order to ensure that the study and control groups were homogeneous and to reduce bias in the analysis of the SF.

### SF Evaluation

To evaluate the SF, the FSFI questionnaire [16], validated for Portuguese language and the female population of Brazil [15], was used. The instrument has 19 questions grouped into six domains which measure desire, arousal, lubrication, orgasm, satisfaction, and pain or discomfort. Each domain is scored on a scale of zero to six with higher scores indicating better function. These individual scores add up to result in the FSFI total score. Total score less than or equal to 26.55 points indicates SD [16].

### Main Outcome Measures

Continuous variables with normal distribution were expressed as mean  $\pm$  standard deviation. The results of the different fields of human sexuality were compared between the POF and control groups using the Mann–Whitney test. We used components exploratory factor analysis to evaluate the role of each domain on the SF for the overall study group, composed of women with POF. Data were considered significant when  $P < 0.05$ . All women with a diagnosis of POF who were receiving care at the clinic between October 2008 and October 2010 and all the inclusion criteria were evaluated in the study. Power of test was calculated for the comparison of the total score and for the domains, considering a significance level of 5%. For the total index and all domains, the power was  $>80\%$ , except desire domain. All statistical analyses were performed using Statistical Analysis System (SAS, version 9.2 for Windows, SAS Institute, Inc., Cary, NC, USA).

### Results

Women in both groups were young,  $38.4 \pm 7.3$  years in the POF group and  $38.1 \pm 7.3$  years in the control group, with no difference between them ( $P = 0.72$ ). The women in the study group had

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