

ORIGINAL RESEARCH—DESIRE

Validation of the Swedish Version of the Female Sexual Function Index (FSFI) in Women with Hypoactive Sexual Desire Disorder

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ABSTRACT

Introduction. The Female Sexual Function Index (FSFI) has been validated for use in many countries. It has been used for clinical and research purposes in Sweden, but the reliability and validity of the Swedish version have never been tested.

Aim. The aim of this study was to investigate the psychometric properties of the Swedish version of the FSFI.

Methods. After informed consent, 50 women with a diagnosis of hypoactive sexual desire disorder (HSDD) and 58 age-matched healthy volunteers completed the questionnaires.

Main Outcome Measures. Reliability was tested by Cronbach's alpha and test-retest by Pearson's correlation, convergent validity by correlation of the FSFI and the Sexual Function Questionnaire (SFQ), divergent validity by correlation of FSFI and the Symptoms Checklist-90-Revised (SCL-90-R), and discriminant validity by Student's *t*-test and chi-square test to assess differences between women with and without HSDD.

Results. Cronbach's alpha was 0.90–0.96 and test-retest reliability was good ($r = 0.86$ – 0.93) for all domains in the whole sample; reliability was low for lubrication and pain in the control group. Correlations between all corresponding domains of the FSFI and the SFQ were high for the whole sample ($r = 0.74$ – 0.87) and moderate to high for both the clinical and the control group. There was no correlation between most FSFI domains and the SCL-90-R. Discriminant validity was very good for each of the FSFI domains ($P = 0.001$, $t = 7.05$ – 15.58), although the controls reported relatively low scores on the desire domain. The total FSFI score was 31.37 (standard deviation [SD] 2.66) for the clinical group and 17.47 (SD 5.33) for the controls ($P = 0.001$, $t = 15.99$).

Conclusion. The Swedish version of the FSFI can be used as a validated and reliable instrument for assessing sexual function in women with HSDD. **Ryding EL and Blom C. Validation of the Swedish version of the Female Sexual Function Index (FSFI) in women with hypoactive sexual desire disorder. J Sex Med 2015;12:341–349.**

Key Words. FSFI; HSDD; Validation; Swedish

Introduction

Hypoactive sexual desire disorder (HSDD) is the most frequently experienced sexual problem among women. Laumann et al. [1] found that 31% of the female population had experienced lack of sexual interest for at least several months in the past year. In a Swedish epidemiological study, low sexual desire was the most frequent sexual complaint in women (29%) [2]. If women experience problems with sexual desire,

they usually report problems in some other sexual area. Among women with HSDD, 41% also described one or more additional sexual dysfunctions [3].

The Female Sexual Function Index (FSFI) [4] is the most widely used questionnaire used for studying female sexual dysfunction. A Swedish version of the FSFI has been used in research [5] and for clinical purposes, but has not been validated.

More recent studies of the FSFI have been trying to establish cutoff scores for women with

and without sexual dysfunctions. Wiegel et al. [6] found that a total score of 26.55 or more was the optimal cutoff score for differentiating women with and without sexual dysfunction, and proposed a total score of ≤ 26 for diagnostic classification. According to that classification, 70.7% of women with sexual dysfunction and 88.1% of women without sexual dysfunction were correctly classified. Gerstenberger et al. [7] defined a total sum of 5 or less on the desire domain as a cutoff score for women with a sexual desire disorder. A total score of 6 or more represented absence of sexual desire problems.

Aims

The main aim of the present investigation was to test reliability and validity of the Swedish translation of the FSFI. One additional purpose of this study was to evaluate how well the cutoff scores defined by Wiegel et al. [6] and Gerstenberger et al. [7] could differentiate women with and without sexual dysfunction and desire dysfunction.

Methods

Participants and Procedure

The clinical group consisted of 50 women with HSDD, recruited from two sexology clinics ($n = 35$) and from a website ($n = 15$). The Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV [8] diagnosis was made during a face-to-face interview with an authorized specialist in clinical sexology. Many of the women reported secondary problems with arousal (19), orgasm (9), or dyspareunia (4). Two more women were first included, but were removed from the analysis because of clinical depression that could explain the lack of desire.

The control group comprised 58 age-matched healthy volunteers, most of them students at Stockholm University or Karolinska Institutet. The control group should be healthy and have reported no obvious sexual problems, factors that were assessed in a telephone interview. Two more volunteers had been removed from analysis, one because of a primary orgasm disorder that was not reported in the interview and one who had not filled in the questionnaire properly.

The inclusion criteria were sexually active Swedish-speaking woman in a stable heterosexual relationship. The clinical group should not have had an illness as primary cause of the HSDD.

All women filled in FSFI, Sexual Function Questionnaire (SFQ), Symptom Checklist-90-Revised (SCL-90 R), and questions about socioeconomic status and medication. Two weeks later, they filled in a retest of the FSFI. In the clinical group, treatment did not start until after the study. Those women with HSDD who were recruited from a website were offered a free counseling session.

All participants gave their informed consent. Formal approval of the regional ethical committee was obtained.

Questionnaire

The FSFI is a multidimensional self-report instrument for assessing important aspects of sexual function in women. It has 19 items, scoring 0 to 5 or 6. Factor analysis resulted in a scoring system for six key domains of female sexuality: desire, arousal, lubrication, orgasm, satisfaction, and pain [4]. It has shown good reliability and validity for women with hypoactive sexual arousal disorder and sexual arousal disorder [4,9,10], various sexual dysfunctions [11], and for cancer survivors [12]. The FSFI was validated for translations into more than 20 languages [13]. The former pharmaceutical company Organon (now Schering-Plough) made the Swedish translation.

The SFQ is another multidimensional scale for assessing sexual function in women [14]. It has 34 items, measuring sexual function in seven different domains: desire, arousal-sensation, arousal-lubrication, orgasm, pain, enjoyment, and partner-related issues. The pharmaceutical company Pfizer, Inc. made the Swedish translation. The SFQ was validated in connection with two randomized controlled trials evaluating treatment with sildenafil for women [15].

The SCL-90-R [16] has been used extensively to measure mental and physical health status during the last week. It can be used to screen for psychopathology and for group comparisons. The SCL-90-R includes 90 items, each scoring from 0 to 4. There are nine subscales: somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, aggression, phobic anxiety, paranoia, and psychoticism. The SCL-90-R has been validated for Swedish conditions [17]. We chose the subscales of depression and anxiety because previous studies have shown these symptoms to have a relation to sexuality [18,19]. Somatization was chosen because it seemed reasonable that somatic symptoms could covariate with sexual function.

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