

Orgasmic Dysfunction: Prevalence and Risk Factors from a Cohort of Young Females in Mexico

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ABSTRACT

Introduction. Orgasmic dysfunction (OD) is defined as the inability to achieve an orgasm, markedly diminished intensity of orgasmic sensations, or marked delay of orgasm during any kind of sexual stimulation. OD definition and method of diagnosis vary widely across studies.

Aim. The aim of this study was to identify the prevalence and risk factors that predispose Mexican women to OD.

Methods. A representative sample of women from Mexico City was surveyed using an online website. Women between 18 to 40 years old were selected, and the orgasm domain from the Female Sexual Function Index was used to identify OD. A cutoff point was calculated using a construct with a histogram and calculated median. A univariate and multivariate analysis was conducted to examine the relationship between potential risk factors and sexual function.

Main Outcome Measures. OD prevalence; significant risk factors on multivariate analysis.

Results. OD prevalence was 18.3%. Univariate analysis showed younger age ($P = 0.01$), lower degree of education ($P = 0.02$), single marital status ($P = 0.038$), and dissatisfaction with the thickness and/or size of partner's penis ($P = 0.01$) as significant variables related to OD. In multivariate analysis, younger age ($P = 0.01$) and dissatisfaction with the thickness/size of partner's penis (hazard ratio 3.04, $P = 0.01$) remained significant.

Conclusion. OD is a prevalent alteration in young women. Marital status, education, and dissatisfaction with thickness/size of partner's penis are definitely related variables. **Villeda Sandoval CI, Calao-Pérez M, Enríquez González AB, Gonzalez-Cuenca E, Ibarra-Saavedra R, Sotomayor M, and Castillejos Molina RA. Orgasmic dysfunction: Prevalence and risk factors from a cohort of young females in Mexico. J Sex Med 2014;11:1505–1511.**

Key Words. Orgasm; Orgasmic Disorder; Young Female

Introduction

Throughout history, the societal and medical perspectives on female orgasm have varied greatly, from being considered as unacceptable in some historical periods to being claimed as a right, goal, and end point of sexual activity, resultant of the cultural evolution and subsequent inclusion of women in the social aspects.

Female orgasm is defined nowadays as a sensation of intense pleasure, creating an altered con-

sciousness state accompanied by pelvic striated circumvaginal musculature and uterine/anal contractions and myotonia that resolves sexually induced vasocongestion and induces well-being/contentment [1].

Nowadays, orgasm has been classified according to the particular stimulus that activates it. *Clitoral orgasm* is obtained exclusively from direct stimulation to the clitoris, and *vaginally activated orgasm* is obtained during vaginal penetration without clitoral stimulation [2].

There are various definitions for an alteration in female orgasm, such as female orgasm disorder (FOD) in the fourth edition of Diagnostic and Statistical Manual of Mental Disorders, Text Revision [3] or “orgasmic dysfunction” (OD) in the 2010 International Consultation Committee for Sexual Medicine [4].

Classic descriptions have shown a prevalence of between 22–24% in the general adult female population and 26–28% in females 20–40 years old [5]. However, there is limited information about OD and its definition. Methods of diagnosis have typically varied widely across studies. Likewise, information is lacking in Mexican and Latin-American populations.

Aims

The aim of this study is to identify the prevalence and risk factors that predispose Mexican women to OD, based on the “orgasm” domain of the Female Sexual Function Index (FSFI) and an operational definition, and thereby provide useful information for a better understanding, assessment, and treatment to this actual sexual health problem.

Methods

A cross-sectional, descriptive, observational study was made. E-mails were sent to public and private databases from health care providers, students of public and private universities, and workers from private corporations who are more than 18 years of age. An invitation with an Internet address link was included. This direction opened an online survey that included the “Female Urologic Health” and the International Female Sexual Function Index questionnaires through a web page (<http://www.surveymonkey.com/ESUFemenina>), which was available for 30 days. People accessed the site anonymously. No traceable data were collected. Local ethics committee was sought. Considering a minimum 80% statistical power and a 5% accepted error in OD diagnosis, a sample of 300 subjects was calculated to assess the 20–40 years female population of Mexico City with access to Internet, which is approximately of 1.5 million [6,7].

We analyzed socio-demographic data regarding sexual functioning. Demographic, clinical, and sexual dynamical features (body mass index, medical status, education, number of pregnancies, menarche, contraceptive use, diabetes mellitus, hypertension, urinary incontinence, depression, exercise, number of previous sexual partners,

number of sexual partners in the last month, history of sexual abuse, sexual orientation, sleeping with sexual partner, number of sexual intercourse per week, and satisfaction in relation to the thickness and/or size of partner’s penis) were included as a part of the questionnaire. Women between 18 to 40 years old were selected, and the orgasm domain from the FSFI was used to identify OD. A cutoff point was determined using an operation with a histogram and calculated median from the normal distribution of the orgasm domain scores from our sample (Figure 2). We made a descriptive analysis; data were expressed as means with standard deviations or medians with ranges. Patients were categorized as having OD or not having it. A univariate analysis was made to detect significant differences between groups. Student’s *t*-test was used for continuous variables, and chi-square test was used for categorical variables. A multivariate regression analysis model was used to examine the relationship between potential risk factors and sexual function.

Analysis was performed using SPSS (SPSS for Windows, Version 16.0., SPSS Inc., Chicago, IL, USA). We considered a $P < 0.05$ as statistically significant.

Main Outcome Measures

The main outcomes evaluated were the OD prevalence in our sample, as well as significant risk factors for OD on a multivariate analysis using independent variables that included clinical and demographic data, orgasm domain scores from the FSFI, and sexual behavior characteristics. A definition for OD was created with a sensitive cutoff point from the orgasm domain score obtained from an operational rationale.

Results

Five hundred and forty-four surveys were obtained. Thirty-three of them were excluded because of incomplete information, and 261 surveys from sexually active women, aged 18 to 40 years, were selected. The selection algorithm is shown in Figure 1.

Our cutoff point was determined through an operation. A value of <4 from the orgasm domain of the FSFI was selected, which corresponds to the 25 percentile of the normal distribution of the sample. This value was also verified by histogram analysis, which demonstrated a point of deflection that divided the population into two heteroge-

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