

# Sexual Function in the Late Postmenopause: A Decade of Follow-Up in a Population-Based Cohort of Australian Women

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## ABSTRACT

**Introduction.** There is a paucity of longitudinal studies assessing sexual function of women in the late postmenopause.

**Aim.** This study aims to describe sexual function of women in the late postmenopause and to investigate change from early postmenopause.

**Methods.** Cross-sectional analysis of 2012/13 and longitudinal analysis from 2002/04 of the population based, Australian cohort of the Women's Healthy Ageing Project, applying validated instruments: Short Personal Experience Questionnaire (SPEQ), Female Sexual Distress Scale (FSDS), Hospital Anxiety and Depression Scale, Geriatric Depression Scale, and California Verbal Learning Test.

**Main Outcome Measures.** Sexual activity, SPEQ, and FSDS.

**Results.** Two hundred thirty women responded (follow-up rate 53%), mean age was 70 years (range 64–77), 49.8% were sexually active. FSDS scores showed more distress for sexually active women (8.3 vs. 3.2,  $P < 0.001$ ). For 23 (23%) sexually active and for five (7%) inactive women, the diagnosis of female sexual dysfunction could be made. After adjustment, available partner (odds ratio [OR] 4.31,  $P < 0.001$ ), no history of depression (OR 0.49,  $P = 0.036$ ), moderate compared with no alcohol consumption (OR 2.43,  $P = 0.019$ ), and better cognitive function score (OR 1.09,  $P = 0.050$ ) were significantly predictive for sexual activity. Compared with early postmenopause, 18% more women had ceased sexual activity. For women maintaining their sexual activity through to late postmenopause ( $n = 82$ ), SPEQ and FSDS scores had not changed significantly, but frequency of sexual activity had decreased ( $P = 0.003$ ) and partner difficulties had increased ( $P = 0.043$ ). [Correction added on 10 July 2014, after first online publication: Mean age of respondents was added.]

**Conclusions.** In late postmenopause, half of the women were sexually active. Most important predictors were partner availability and no history of depression. However, being sexually active or having a partner were associated with higher levels of sexual distress. Compared with early postmenopause, sexual function scores had declined overall but were stable for women maintaining sexual activity. Further research into causes of sexual distress and reasons for sexual inactivity at this reproductive stage is warranted. **Lonnée-Hoffmann RAM, Dennerstein L, Lehert P, and Szoek C. Sexual function in the late postmenopause: A decade of follow-up in a population-based cohort of Australian women. J Sex Med 2014;11:2029–2038.**

**Key Words.** Cognition; Depressive Disorder; Female Sexual Dysfunction; Male Partner; Postmenopause; Sexuality; Sexual Activity; Sexual Distress; Spouse

## Introduction

The late postmenopause is characterized by more changes of the somatic than the reproductive systems and has recently been estimated to start about 8 years after the final menstrual period [1]. Two thirds of American women aged 65–74 reported sex to be an important part of life and that satisfactory sex was essential in maintaining their relationship. At the same time, nearly three quarters reported decreasing sexual ability with age [2]. A number of cross-sectional studies and one longitudinal study all described a decrease in sexual activity throughout the menopausal transition into the late postmenopause [2–7]. Fewer studies investigated factors associated with the maintenance of sexual activity for this age group. The cross-sectional studies reported partner-related factors as well as general health as the most important factors for sexual activity, whereas the only longitudinal study described sexual activity at baseline as the main predictor [3,5,8]. The use of validated sexual function instruments in those studies was inconsistent. It is well established, that for a diagnosis of sexual dysfunction, personal distress is an essential component; however, use of such an instrument was even more infrequent [9]. Decreasing sexual distress in this late reproductive stage has been described, without differentiation between sexually active and inactive women [4,10].

There is a paucity of longitudinal studies of population-based samples of women in the late postmenopause, which have incorporated validated measures of sexual function and sexual distress. The Women's Healthy Ageing Project (WHAP) cohort is the extension of the Melbourne Women's Midlife Health Project. This is a population-based study of Australian women, followed since 1991. It contains multiple validated instruments, including the Short Personal Experience Questionnaire (SPEQ) and the Female Sexual Distress Scale (FSDS) [11,12]. In addition, a large array of other variables have been measured, making it possible to assess sexual function in the context of a biopsychosocial model. This study uses data of this cohort from 2012/13 and 2002/04.

## Aims

The aims were to describe sexual function including sexual distress in late postmenopausal women

and to examine factors associated with maintenance of sexual activity and to examine change in sexual function from the early to the late postmenopause.

## Methods

The longitudinal phase of the Melbourne Women's Midlife Health Project commenced in 1991. Detailed sampling procedures for the cohort have been described [13,14]. This study used for the cross-sectional analysis, data from 2012/13 (late postmenopause), and for the longitudinal analysis, compared these results with data from 2002/04 (early postmenopause). Follow-up rate in 2012/13 was 53% ( $n = 230$ ). Causes for attrition since commencement of the study were: not contactable ( $n = 118$ ), withdrawn ( $n = 53$ ), later follow-up ( $n = 27$ ), deceased ( $n = 10$ ), and excluded from current study due to lacking information about sexual activity ( $n = 9$ ). There were no significant difference in age, being married, education, alcohol consumption, medical history, self-rated health, or total sex score (TSS) at baseline in those women who attended follow-up in 2012/13 compared with those who did not. Women who dropped out were more likely to report depressive feelings at baseline. ( $P = 0.019$ , confidence interval [CI] for odds ratio [OR] 0.16–0.87). For 164 of the included women, data about sexual activity were available from 2002 and for 11 additional women from 2004 (early postmenopause). Longitudinal analysis was based on these 175 women. [Correction added on 10 July 2014, after first online publication: Follow-up rate corrected from 51% to 53%.]

Women were interviewed in their homes and at offices of the Royal Melbourne Hospital for cognitive function testing and physical measures.

All study procedures were approved by the Human Research Ethics Committee at the University of Melbourne.

## Main Outcome Measures

Sexual function was measured with the SPEQ [11]. Using a five- to -six-point Likert scale, women completed by themselves 12 questions about their sexual experiences during the past month. A responsivity score (mean score of arousal, orgasm, enjoyment, range 1–5) and TSS were calculated. TSS was the sum of the responsivity score, frequency of sexual activities, and frequency of sexual thoughts during last month. Scores  $\leq 7$  indicated low sexual function (range 1–15). Partner-related items included: dyspareunia, partner sexual

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