

Female Sexual Dysfunction Among Egyptian Patients with Chronic Hepatitis C

Esam Elshimi, MD,* Wesam Morad, MD,[†] Noha Ezzat Mohamad, MD,[‡] Nashwa Shebl, MD,* and Imam Waked, MD*

*Hepatology Department, National Liver Institute, Shebeen El-Kom, Egypt; [†]Public Health Department, National Liver Institute, Shebeen El-Kom, Egypt; [‡]Dermatology and Venereology Department, Al-Azhar Medical School for Girls, Cairo, Egypt

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ABSTRACT

Introduction. Chronic hepatitis C is associated with many extrahepatic manifestations that impact and impair the quality of life. Hepatitis C virus (HCV) infection has a high prevalence in Egypt and carries with the diagnosis many social impacts and stigmatization correlates that further impair social function. This might negatively impact patients and their sexual function. Sexuality and sexual function have not been studied well in patients with HCV, especially in women.

Aim. To investigate sexual dysfunction in Egyptian women with chronic hepatitis C.

Main Outcome Measures. Female Sexual Function Index (FSFI) scores of patients with hepatitis C, both total and for individual domains, were compared with those of controls.

Methods. The self-administered FSFI questionnaire was completed by 112 sexually active female patients with chronic hepatitis C without liver cirrhosis prior to initiation of therapy by pegylated interferon and ribavirin. Their results were compared to those of 225 age- and socioeconomic class-matched sexually active healthy females.

Results. Significantly more patients than controls had questionnaire scores below the threshold of female sexual dysfunction (FSD) (79% vs. 21%, $P < 0.05$), and the mean total score for the patients was significantly lower than that for controls (19.54 ± 6.2 vs. 28.43 ± 4.9 $P < 0.001$). The patients' scores in all domains of the questionnaire were significantly lower than those of the controls.

Conclusion. Chronic hepatitis C negatively impacts female sexual function, affecting all domains of the sex cycle; this warrants further studies and needs to be addressed as part of a comprehensive therapy plan to improve patients' quality of life. **Elshimi E, Morad W, Mohamad NE, Shebl N, and Waked I. Female sexual dysfunction among Egyptian patients with chronic hepatitis C. J Sex Med 2014;11:768–775.**

Key Words. HCV; Hepatitis C; Sexual Dysfunction; Female Sexual Function Index; Egypt

Introduction

Although sexual dysfunction is common, and in the general population in the United States is more prevalent for women (43%) than men (31%) [1], it is a topic that most people are hesitant or embarrassed to discuss and is seldom addressed. This is particularly so in a society like Egypt, where discussion of sexual desires and function, especially with females, is considered unacceptable by many.

Masters and Johnson divided the sexual cycle into four phases: excitement, plateau, orgasm, and resolution [2]. Female sexual dysfunction (FSD) refers to any problem during any phase of the sexual response cycle that prevents the individual or couple from experiencing satisfaction from sexual activity [3]. FSD is not as clearly understood as male sexual dysfunction; it is more difficult to evaluate and is less commonly reported [4]. The Female Sexual Function Index (FSFI) is a questionnaire that measures sexual functioning in

women [5]. It is a 19-item questionnaire that evaluates six domains of sexual function (desire, arousal, lubrication, orgasm, satisfaction, and pain), permitting comparison of different groups. The FSFI was first validated in a study of patients with female sexual arousal disorder (FSAD) and matched normal controls. A total FSFI score of 26.55 was shown to be the optimal cutoff for differentiating women with and without FSD [6]. The questionnaire has been translated into Arabic, and the Arabic version (ArFSFI) has already been validated in a previous study [7].

Hepatitis C is commonly associated with fatigue and depression and occasionally with decreased interest in sex [8,9]. Most patients avoid discussing disorders of their sexual life, focusing only on their liver disease and its management plan. As a healthy sex life is one expression of physical, spiritual, and emotional health, by discussing this sensitive topic, patients with hepatitis C can get the help needed to improve their quality of life.

The sexual function of female patients with chronic hepatitis C has not been adequately studied, especially among Egyptian patients; hepatitis C virus (HCV) infection [10] has a high prevalence in Egypt and carries with the diagnosis many social and stigmatization impacts that further impair social function.

In this study we aimed at assessing the impact of hepatitis C infection on the sexual function of sexually active female patients, comparing them with uninfected controls using the FSFI as a measurement tool.

Subjects and Methods

Subjects

Between May 2012 and January 2013, 112 female patients with chronic hepatitis C who were married and sexually active were approached to participate in a study using the Arabic version of the FSFI survey. A female health provider explained the survey and the study, and those who initially agreed to participate were asked to sign an Arabic consent form in the presence of one of the female authors. The consent form stated that their responses would be anonymous and that the results obtained would be used only for the purpose of this study and would be presented only in a scientific journal. The patients were chosen from the outpatient clinics of the National Liver Institute in Egypt prior to initiation of antiviral therapy with pegylated interferon and ribavirin. All had antibodies to HCV and were positive for

serum HCV RNA as measured by polymerase chain reaction (PCR). All patients had chronic hepatitis without cirrhosis, and none had clinical signs or laboratory evidence of liver cell failure. Liver biopsy was done before decision on starting therapy, and only patients with fibrosis stages lower than F3 on the Metavir score [11] were included (fibrosis stages F0–F2, with no or insignificant fibrosis).

Exclusion criteria included the following: age under 18 or above 60 years; coinfections with HBV or HIV; diabetes, hypertension, renal impairment, thyroid disorder, heart disease, autoimmune disease, or diagnosed depression (whether being treated or not); obvious intellectual impairment, and advanced liver fibrosis or cirrhosis (fibrosis stages F3–4 by the Metavir score [11]).

Methods

Sexual function was assessed by using the ArFSFI [7].

All patients filled out the questionnaire before initiation of antiviral therapy. Their results were compared with 225 married and sexually active age- and socio-economic class-matched healthy females who agreed to fill out the FSFI questionnaire.

The study protocol was approved by the Institutional Review Board of the National Liver Institute, Menoufiya University (IRB number IRB00003413), and all subjects signed an informed consent prior to participation in the study.

Statistical Analysis

Data were recorded and analyzed using SPSS 17.0 for Windows (SPSS Inc., Chicago, IL, USA). All tests of significance were two-tailed. *P* values of <0.05 were considered statistically significant. Comparison of variables representing categorical data was performed using the χ^2 -test.

A total FSFI score cutoff of 26.556 was used to distinguish participants with and without FSD. The proportions of patients and controls with scores below the cutoff were compared, and total FSFI and FSFI domain scores of the hepatitis C patients were compared with those of the controls. The scores for the controls were compared with previously published norms for healthy women from other countries [5,12,13], and patient data were also compared with previously published results in patients with FSAD [5], renal failure [14], breast cancer [15], and depression [16].

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