

## ORIGINAL RESEARCH—OUTCOMES ASSESSMENT

# Validity of the Chinese Version of the Brief Index of Sexual Functioning for Women with a New Scoring Algorithm and Comparison of Normative and Recurrently Depressed Han Chinese Population

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### ABSTRACT

**Introduction.** The Brief Index of Sexual Functioning for Women (BISF-W) is proved to be a useful instrument to assess female sexual function, but the validation information of its Chinese version is still unavailable. It has not been used to assess female sexual function among Han Chinese women with recurrent depression.

**Aim.** This study aims to validate the Chinese version of BISF-W (C-BISF-W) with a new scoring algorithm and evaluate the impact of recurrent depression on sexual function among Han Chinese women.

**Methods.** Three groups of subjects, 63 unmedicated patients with recurrent depression, 50 medicated remitted patients with recurrent depression, and 92 healthy controls were enrolled in this study. Sexual function was assessed with C-BISF-W. A new scoring algorithm was developed to provide an overall composite score (G) and seven dimension scores: desire (D1), arousal (D2), frequency of sexual activity (D3), orgasm (D4), sexual interaction (D5), relationship dissatisfaction (D6), and problems affecting sexual function (D7).

**Main Outcome Measures.** Psychometric analyses were conducted.

**Results.** Four factors whose Eigenvalues were higher than 1 were extracted, explaining 61.426% of the total variance. Compared with healthy age-matched control, unmedicated cases scored significantly lower in G, D1, D2, D3, D4 and D5, whereas these were higher in D6 and D7. No significant difference was found in the scores of G, D1, D2, D3, D4, and D5 between remitted cases and control, but the former scored higher in D6 and D7 than the latter. In comparison with unmedicated cases, medicated remitted cases got a higher score in G, D1, D2, and D5. For the healthy control, sexual function (G) was negatively correlated with age.

**Conclusions.** With the new scoring algorithm, C-BISF-W is proved to be a validated instrument to assess female sexual function. The impact of recurrent depression on female sexual function is negatively profound and extensive. **Han Z, Gan Z, Han H, Chen J, Li K, and Guan N. Validity of the Chinese version of the Brief Index of Sexual Functioning for Women with a new scoring algorithm and comparison of normative and recurrently depressed Han Chinese population. J Sex Med 2014;11:439–446.**

**Key Words.** Female Sexual Dysfunction; Questionnaire Assessment; Recurrent Depression; Age; Antidepressant; Validation Study

### Introduction

Sexual dysfunction is a common problem found in patients with depression. The rate of sexual

dysfunction in depressed women was reported to be as high as 70–80% [1,2]. Moreover, severe sexual dysfunction found in women with recurrent depression did not change over the course of treatment [3]. Although meta-analysis [4] has showed a bidirectional association between sexual dysfunc-

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tion and depression, the relationship of sexual dysfunction and depression is far from clear. In addition, lots of factors, such as age [5], gender [5], culture [6], and antidepressant treatment, have been found to further complicate the association. Furthermore, few studies have focused on this issue in mainland Han Chinese women.

Sexual dysfunction not only decreases the quality of family life [7] but also increases the risk of developing depression [4]. However, the sexual problem has been ignored by the sufferers and the clinicians. A global survey [8] based on general population showed that less than 19% of people with sexual dysfunction had attempted to seek medical help, whereas only 9% of men and women have been asked about their sexual health by a doctor in a routine visit during the past 3 years. That means the prevalence of sexual dysfunction in depressed women might be greatly underestimated in clinical practice. Furthermore, even assessed with scale, the prevalence of sexual dysfunction among depressed population varies a lot with different assessment instruments [9]. The Brief Index of Sexual Functioning for Women (BISF-W) is a self-report questionnaire to assess current levels of female sexual function and satisfaction. It was initially developed in response to the lack of a brief, standardized self-report measure of overall sexual function in women. Further studies [10,11] proved this questionnaire a useful instrument, but its scoring algorithm is still confronted with question. BISF-W had been translated into Chinese, but as far as we know, no validation information about this version is available, neither has it been used to assess female sexual function among Han Chinese women.

Therefore, this study aims (i) to validate the Chinese version of BISF-W (C-BISF-W) with a new scoring algorithm; (ii) to explore the impact of recurrent depression on sexual function among Han Chinese women; and (iii) to evaluate the influence of antidepressants on female sexual function among remitted patients with recurrent depression.

## Materials and Methods

### Samples

This study sample, partially deriving from China, Oxford, and Virginia Commonwealth University Experimental Research on Genetic Epidemiology (CONVERGE) study of major depressive disorder (MDD) (the detailed information about the subjects and methods of the CONVERGE study was

described in some of our previous studies [12,13]), consisted of 205 eligible subjects, including 113 cases that were treated for recurrent depression based on the criteria of Diagnostic and Statistical Manual of Mental disorders, Fourth Edition, Text Revised in the Psychiatric Department, the 3rd Affiliated Hospital of Sun Yat-sen University between July 2009 and July 2012, and 92 controls that were recruited from local community center during the same period. Written informed consent was obtained from all the participants, and all procedures used in the present study were reviewed and approved by the local institutional board. All cases and controls were women and had four Han Chinese grandparents, had been married and living with their husbands in the past 1 month, and at least finished elementary school education so that they were eligible to complete the questionnaire survey. Cases and controls were excluded if they had a preexisting history of bipolar disorder, any type of psychosis or mental retardation, or had abused psychoactive substances. Cases were comprised of two subgroups: one (case 1) was undergoing a current major depressive episode and free to any drug in the past 1 month; another (case 2) was in remission and had been under medication at a stable dose for at least 3 months. All the cases had two or more episodes of MDD and did not have concurrent active medical illness. Controls were chosen to match the region of origin of cases, and they had never experienced an episode of MDD.

The age of all the subjects ranged from 23 to 59. A total of 9.8% (20/205) participants had finished primary school education, 31.7% (65/205) just graduated from junior middle school, 29.3% (60/205) had completed senior middle school or technical and vocational school education, 22.0% (45/205) got a bachelor degree, and 7.3% (15/205) got a master or doctor degree. No significant difference was found between the three groups in terms of educational status. The antidepressants taken by the case 2 group at the entry of the study included four categories: selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), noradrenaline reuptake inhibitors, and tricyclic antidepressants. Thirty-five of them were treated with SSRIs, including 10 with paroxetine, eight with sertraline, eight with escitalopram, five with citalopram, two with fluvoxamine, and two with fluoxetine. Ten were treated with SNRIs, including seven with venlafaxine and three with duloxetine. Three were under the medication of maprotiline, and the rest was prescribed with amitriptyline. Among all the

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