

Correlation of Question 15 of the FSDDS-DAO with Clinician Evaluation of Female Orgasmic Disorder

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ABSTRACT

Introduction. Female orgasmic disorder (FOD) is the second most frequently reported sexual dysfunction in women. According to the Diagnostic and Statistical Manual of Mental Disorders, the term “marked distress” is central to the diagnosis of FOD.

Aim. Objectives of this study were to explore terminology used by women diagnosed with FOD to describe their associated feelings and establish a correlation between patient ratings of question 15, “How often do you feel frustrated by problems with orgasm” on the Female Sexual Distress Score/Desire Arousal Orgasm (FSDDS-DAO) with clinician evaluations of FOD.

Methods. Research was performed at one sexual medicine facility. Recruited participants were patients diagnosed with FOD. Fifteen women meeting inclusion/exclusion criteria were enrolled, completed the FSDDS-DAO and a structured interview to assess terminology associated with orgasm difficulties.

Main Outcome Measure. Patient reported terminology for characterization of FOD, validity of question 15 of FSDDS-DAO.

Results. When asked to describe their orgasm difficulties, 60% of participants said “frustrated.” Other terms included disappointed, pariah, subhuman, desperate, and concerned. Fifty-three percent (53%) claimed their inability to orgasm affected day-to-day life. In participants where FOD did not affect day-to-day life, 57% actively suppressed thoughts about inability to orgasm. Responses to question 15 of the FSDDS-DAO ranged from 2–4 (mean 3.6) indicating participants were very *frustrated*.

Conclusions. To diagnose FOD, clinicians assess the level of associated distress through individualized patient interviews with no standardized tool. The term “distressed” is a medical construct and did not resonate with participants when describing their experience. Participants used “frustrated” as an emotional descriptor to their sexual experience and scored high on question 15 of the FSDDS-DAO. This study demonstrates the FSDDS-DAO, specifically question 15, correlates well with the clinician diagnosis of marked distress and may be an appropriate tool for evaluating treatment benefit in the FOD population. **Dickstein JB, Goldstein SW, Tkachenko N, and Kreppner W. Correlation of question 15 of the FSDDS-DAO with clinician evaluation of female orgasmic disorder. J Sex Med 2013;10:2251–2254.**

Key Words. Female Orgasmic Disorder; Female Sexual Distress Score; Patient Reported Outcome

Introduction

Disorders of orgasm in women represent the second most frequently reported women’s sexual dysfunction. Based on a study of more than 50,000 U.S. households, in women between 18 and 102 years of age, orgasmic dysfunction was identified as afflicting 20.5% of the popula-

tion. Of those who had orgasmic difficulties, 4.7% also had accompanying sexual distress [1–4].

The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Revised (DSM-IV-TR) formally defined female orgasmic disorder (FOD) as a persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase that causes marked distress or

interpersonal difficulty. It further states that the orgasmic dysfunction is not better accounted for by another Axis disorder (except another Sexual Dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition [5].

As personal distress is an essential component to the diagnosis of FOD, a diagnostic tool is required to measure this sexually related distress. Currently, the gold standard measure of distress for hypoactive sexual desire disorder (HSDD) in women is the Female Sexual Distress Scale—Revised (FSDS-R) questionnaire [6]. This 13-item distress scale has been consistently used as the measure of distress in most clinical trials for treatments of female sexual disorders, particularly HSDD and question 13 was used alone as a clinical endpoint to measure therapeutic benefit. This scale has recently been further revised to include items specific to arousal and orgasm as clinical end points and is called the FSDS-DAO (Desire, Arousal, Orgasm) with question 15 referring specifically to the distress level associated with FOD (DeRogatis unpublished).

This study was designed to explore the terminology used by women who have been clinically diagnosed with FOD to describe their feeling associated with difficulties in achieving orgasm and correlate the patient ratings of question 15 on the FSDS-DAO with clinician evaluations.

Methods

This interview research was performed at a dedicated sexual medicine facility under the auspices of an institutional review board. Female participants diagnosed and still suffering from FOD were recruited from the clinic as well as from online advertising. A prior clinical diagnosis of FOD was required before contacting the subject for written consent to participate in the study. Participants were initially contacted by telephone, then written consent was obtained. A series of validated questionnaires including the Beck Depression Inventory-II (BDI-II) and the Maudsley Marital Questionnaire (MMQ), which were used as part of the exclusion criteria, as well as the FSDS-DAO questionnaire, which is a self administered questionnaire consisting of 15 items that relate to different aspects of sexual distress were sent to participants to be completed. Every question is answered based on a 0–4 scale (never [0], rarely [1], occasionally [2], frequently [3], or always [4]).

A total of 15 women aged 26–60 with a diagnosis of primary or secondary FOD causing marked distress, who met inclusion and exclusion criteria, were eligible to be interviewed for this study. All study interviews were conducted by a single person in an effort to maintain consistency. Interviews were performed over the telephone at the subject's convenience, each requiring between 20–40 minutes, depending upon how talkative the subject was and the amount of information to share. Data from each interview were recorded.

Results

Of the 15 participants who were interviewed, 10 were Caucasian, 3 were African American, 1 was Hispanic, and 1 was Asian. Seven [7] of the women were married, two co-habiting, and six were single.

Participants were 47 ± 11.8 years (range 26–60). A total of 14 of the 15 participants were recruited through the clinic database; one subject responded to an advertisement. All participants were diagnosed with FOD by a physician or psychologist who specialized in female sexual dysfunction. Five [5] of the participants were diagnosed with primary FOD and 10 were diagnosed with secondary FOD. Of the 10 participants with secondary FOD, one was also diagnosed with HSDD and one was experiencing both HSDD and dyspareunia.

Of the 15 participants who responded to the interview question, "What one word would you use to describe your orgasm difficulties?", 9 (60%) chose the term "frustrated" to best describe their feeling associated with difficulties in achieving orgasm. Other terms included disappointed ($N = 2$) and pariah, subhuman, desperate, and concerned ($N = 1$). Of the nine participants who used the term "frustrated" to describe their orgasm difficulties, six (66%) claimed they were "very or extremely" frustrated.

A total of 53% of participants claimed that their inability to orgasm affected their day-to-day life. Of the participants for whom their inability to orgasm did not affect their day-to-day life, 57% declared that they actively suppressed their thoughts about not being able to achieve an orgasm (Table 1). All participants expressed a need for a safe and effective treatment to treat FOD.

Sexual Distress Scale—FSDS-DAO—Question 15

Participants were asked to complete the FSDS-DAO questionnaire prior to their interview.

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