

ORIGINAL RESEARCH—WOMEN'S SEXUAL HEALTH

The Comparison of the Relationship Between Sociocultural-Economic Features and Sexual Dysfunction Frequency in Sexually Active Premenopausal Female Patients on Renal Replacement Therapy

Tuba Güllü Koca, MD,* Nizameddin Koca, MD,[†] and Alparslan Ersoy, MD[‡]

*Department of Internal Medicine, Ali Osman Sönmez Oncology Hospital, Bursa, Turkey; [†]Department of Internal Medicine, Şevket Yılmaz Training and Research Hospital, Bursa, Turkey; [‡]Division of Nephrology, Uludag University Medical School, Bursa, Turkey

DOI: 10.1111/j.1743-6109.2012.02952.x

ABSTRACT

Introduction. Many studies determine different risk factors for sexual dysfunction (SD) in women, but little is known about the influence of socioeconomic and cultural factors, medical and psychological features on female SD frequency in patients under renal replacement therapy (RRT).

Aim. This study aimed to compare the relationship between medical, psychological, sociocultural-economic factors, and SD frequency in patients on RRT with the diagnosis of end-stage renal disease.

Method. The 115 RRT patients (hemodialysis [HD] 39, peritoneal dialysis [PD] 43, kidney transplant [KT] 33) and 103 healthy premenopausal female volunteers (control) without any known health problems were included in the study.

Main Outcome Measures. The questionnaire forms containing sociodemographic data, the hospital anxiety depression scale, and Arizona Sexual Experiences Scale were completely filled by subjects who were included in the study.

Results. There was no significant difference about mean age, dialysis duration, and body mass index between the groups. While there were significant differences among participants training period and employment conditions, socioeconomic status scores were similar. Significant differences were found in marriage type, marital duration, husband's age, training period and working time per week, spending time with each other, weekly sexual intercourse frequency, the number of children, mothers' and fathers' education. RRT groups were more depressed than control, but no significant differences were observed among the RRT groups. PD and HD groups were more anxious than the KT and control groups. It was identified that SD rates were higher in KT and dialysis patients compared with the control. SD rates were significantly high in the HD group. Multivariate analysis showed that marital duration and being an HD patient are independent SD risk factors for RRT population.

Conclusions. Successful KT may improve SD. Differences in sociocultural, economic, medical, and psychological factors among individuals with SD should be taken into consideration in their treatment management. **Koca TG, Koca N, and Ersoy A. The comparison of the relationship between sociocultural-economic features and sexual dysfunction frequency in sexually active premenopausal female patients on renal replacement therapy. J Sex Med 2012;9:3171–3179.**

Key Words. Kidney Transplantation; ASEX; Sexual Function; Socioeconomic Factors; Sociocultural Factors; Renal Replacement Therapy

Introduction

Sexual problems occur in approximately 40% of women worldwide. The largest U.S. study of female sexual dysfunction (SD), Prevalence of Female Sexual Problems Associated with Distress and Determinants of Treatment Seeking (PRESIDE), reveals that the age-adjusted point prevalence of any sexual problem is 43.1% and 22.2% for sexually related personal distress in the 31,581 female respondents [1]. SD reduces the quality of life and can be an indication of serious medical problems including chronic kidney disease, diabetes mellitus (DM), and depression. SD is seen in end-stage renal disease (ESRD) patients, with a prevalence of 90% in predialysis period and 60–70% during dialysis [2,3].

Patients undergoing both hemodialysis (HD) and peritoneal dialysis (PD) experience procedure-specific and psychological problems, and need to use a variety of medications. All of them may affect patients' quality of life and sexual health negatively [4–6]. Kidney transplantation (KT) is cost-effective and the most preferred treatment with superior quality of life compared with dialysis in ESRD [7,8]. Several studies exist that address the effects of renal replacement therapy (RRT) on male sexual function [9]. Erectile dysfunction is common in men as decreased libido in women, and fertility is low in both genders [10,11]. Frequently seen problems such as uremia and dialysis treatment as well as other comorbid conditions are related with these results [9].

Women with ESRD have a higher risk of SD compared with healthy women [2]. In contrast to a lot of research in the field of male SD, the sexual complaints of women have received relatively little attention. Furthermore, SD in female kidney transplant recipients is evaluated in a limited number of studies [12–14]. The etiology of SD is often multifactorial and may include psychological problems such as depression or anxiety. Few studies on female sexual function evaluate SD among dialysis types and KT, and its relationship with depression and anxiety [2,12–14]. A successful KT also can improve SD. A recent study demonstrates that female transplant recipients had better sexual function than HD patients after successful KT [13]. SD may negatively effect the self-confidence, social relations, and marital status of women [15]. Older age, number of children, and unemployment are the worsening factors of SD [16]. Although many studies determine different risk factors for SD in women [17–21], there is no

study in the literature designed to examine the effects of social, economic, and cultural factors as well as medical and psychological features on female SD frequency in patients under RRT, especially KT. The aim of this study is to investigate the social and medical risk factors on SD in female patients under RRT and compare the results with that of healthy female volunteers.

Material and Methods

A total of 78 KT, 235 HD, and 117 PD female patients were investigated. Thirty-three KT, 39 HD, 43 PD female patients under RRT for at least 1 year, and 103 healthy female volunteers (control group) that fit the inclusion and exclusion criterion were enrolled in this study throughout year 2008. Dialysis (HD or PD) type was decided according to either the physician's and patient's decision or medical indications and contraindications or both. The patients with ESRD underwent KT when a suitable living or deceased donor was found for transplantation. The study was carried out in accordance with Good Clinical Practice and the Declaration of Helsinki. The local ethics committee approved the study protocol and informed consent was obtained from all individuals.

Inclusion criteria were determined as age >18 years, sexually active premenopausal female, giving consent, and having no systemic illness such as DM, coronary artery disease, and hypertension (HT) for all subjects, and additionally taking no medication for healthy volunteers. All groups that have one of the gynecological SD factors, chronic uncontrolled illness other than ESRD and history of pelvic surgery, HD and PD patients with malnutrition (albumin <3.5 g/dL), anemia (Hb <7.5 g/dL), and low Kt/V values (<1.4 for HD and <1.8 for PD), and KT patients with serum creatinine >2.5 mg/dL were excluded from the study.

Complete physical examination was performed to all patients and healthy volunteers. Patients and healthy volunteers with no pathological finding were asked to fill the survey that contains sociodemographic data, hospital anxiety and depression (HAD) scale, and Arizona Sexual Experiences (ASEX) scale. In addition to the survey medical data of RRT groups were retrieved from their charts.

Sociodemographic status was determined with sociodemographic data form that consists of 28 questions. Socioeconomic status (SES) was evaluated with modified SES score developed by Ersoy et al. [22] Having own house, own car, and income

Download English Version:

<https://daneshyari.com/en/article/4270871>

Download Persian Version:

<https://daneshyari.com/article/4270871>

[Daneshyari.com](https://daneshyari.com)