
ORIGINAL RESEARCH—COUPLES' SEXUAL DYSFUNCTIONS

International Index of Erectile Function (IIEF) Scores Generated by Men or Female Partners Correlate Equally Well With Own Satisfaction (Sexual, Partnership, Life, and Mental Health)

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ABSTRACT

Introduction. Erectile dysfunction has adverse implications for both men and their female partners. The International Index of Erectile Function (IIEF) is a widely used self-report measure. It was unclear whether scores generated by women on behalf of men are comparable to self-reports, and how IIEF scores are associated with satisfaction for both sexes in both sexual and nonsexual realms (e.g., mental health).

Aims. To examine sex differences in IIEF-5 scores generated by both sexes, and to examine associations of IIEF-5 scores with satisfaction aspects (sexual, life, own mental health, partnership) and with women's vaginal orgasm consistency (VOC).

Methods. A representative sample of Czechs (787 men and 720 women not from the same couple) aged 35–65 years completed the IIEF-5, LiSat satisfaction scale items, and provided penile–vaginal intercourse (PVI) frequency, and for women, VOC.

Main Outcome Measures. Correlations between satisfaction measures and IIEF-5 scores separately by sex. To examine sex differences: *t*-test for IIEF-5 score and tests for difference of a correlation for associations of IIEF-5 with satisfaction measures. Analysis of covariance examined the association of IIEF-5 scores and VOC. Multiple regression calculated satisfaction scores from IIEF-5, PVI frequency, age, and for women: VOC.

Results. IIEF-5 scores generated by men and by women were similar, and similarly positively correlated with all satisfaction measures (*r*: 0.41–0.45 with sexual, 0.23–0.34 with other; all *P* < 0.001). IIEF-5 correlated positively with VOC. Multivariate analyses indicated IIEF-5 scores; PVI frequency (and for women, VOC) make independent contributions to aspects of satisfaction for both sexes.

Conclusions. In this representative sample, women generated IIEF-5 scores similar to men-generated scores. For both sexes, greater IIEF-5 scores and PVI frequency (plus VOC for women) are associated with greater sexual and nonsexual satisfaction. Better erectile function was associated with greater VOC. Greater support for optimizing specifically PVI function, frequency, and quality is warranted. **Weiss P and Brody S. International Index of Erectile Function (IIEF) scores generated by men or female partners correlate equally well with own satisfaction (sexual, partnership, life, and mental health). J Sex Med 2011;8:1404–1410.**

Key Words. Erectile Dysfunction; Sexual Intercourse; Sexual Satisfaction; Life Satisfaction; Mental Health Satisfaction; Partnership Satisfaction; Sex Differences; Orgasm

Introduction

Studies from a variety of countries have indicated that specifically penile–vaginal intercourse (PVI) frequency and the orgasm it produces

(the latter sometimes being more precisely measured for women with the specification of vaginal orgasm—elicited by PVI without concurrent clitoral masturbation) are associated with indices of better physiological and psychological function for

both sexes [1], including greater satisfaction with sex life [2–4], partnership, one's own mental health, and life in general [5–7]. A prerequisite for adequate (or better than adequate) PVI is an adequate erection.

A French study indicated that erectile dysfunction was associated with poorer sexual satisfaction for the affected men's female partners [8]. Successful treatment of erectile dysfunction was shown to improve sexual satisfaction (or sexual quality of life) and sexual function in female partners of affected Turkish men [9], French men [10], North American men [11], and men from international studies [12]. Successful treatment of erectile dysfunction was also shown to improve relationship satisfaction in men from several countries [13]. In a recent sample from India, spouses of men with erectile dysfunction had less marital and sexual satisfaction and more psychiatric symptoms than did women in a control group [14]. The association of erectile dysfunction with poorer life and relationship (among other aspects) satisfaction led to a proposal to use satisfaction measures as a screening tool for erectile dysfunction [15].

One of the most common means of screening for erectile dysfunction is the self-report measure International Index of Erectile Function (IIEF). The shorter 5-item version of the IIEF [16], also known as the Sexual Health Inventory for Men, has been shown to correlate well with the longer version, and is in widespread use [17]. IIEF scores and treatment-related increases in IIEF scores are associated with men's sexual satisfaction [18]. In an American sample of infertile couples, male and female sexual function (as measured by the IIEF and FSFI) were moderately correlated [19]. Sufficient duration of erection is also among the parameters tapped by the IIEF, and greater duration of PVI (well beyond the range associated with premature ejaculation) is associated with greater likelihood of woman's orgasm [20,21]. Although a scale was recently developed for female partners to assess men's erectile function [22], the IIEF remains most likely the most common self-report measure of erectile function in sexual medicine. Awareness of the similarity of self-report and female reporting of erectile functioning with the IIEF is of both theoretical and potential clinical value, as it would inform understanding of the similarity of men's and women's perceptions of erectile function.

Similarly, the association of the IIEF with vaginal orgasm consistency (percentage of PVI occasions in which at least one vaginal orgasm occurs) would be of interest, as it might inform an

understanding of the degree to which women's [6,7,20,23–28] and men's [1,20,21] characteristics contribute to vaginal orgasm. Among other benefits, a history of vaginal orgasm is protective against the risk of current female sexual arousal disorder with distress [29].

The degree to which IIEF-5 scores are associated with aspects of satisfaction (sexual, life, own mental health, partnership) for each sex could inform the degree to which having an adequate erection is fulfilling in sexual, partnership, and broader realms. An examination of possible sex differences in the strength of associations with aspects of satisfaction would also inform our understanding of similarities and differences in sexual needs of the sexes.

The special role of PVI frequency merits its being examined as an additional correlate [1,30] of satisfaction. Thus, a multivariate examination of the possible independent contribution to satisfaction measures of IIEF-5 scores, PVI frequency, age, and, for women, vaginal orgasm consistency is also conducted in this study.

Aims

The aims of the study are to examine in a representative sample of the middle-aged population: (i) sex differences in IIEF-5 scores generated by men and by women; (ii) the associations of IIEF-5 scores with aspects of satisfaction (sexual, life, own mental health, partner relationship); (iii) sex differences in the associations of IIEF-5 scores with aspects of satisfaction; and (iv) the associations of IIEF-5 scores with women's vaginal orgasm consistency. We hypothesized that: (i) there would be no sex differences in IIEF-5 scores generated by men and by women; (ii) IIEF-5 scores would correlate positively with aspects of satisfaction (sexual, life, own mental health, partner relationship); (iii) there would be no significant sex differences in the associations of IIEF-5 scores with aspects of satisfaction; and (iv) IIEF-5 scores would correlate positively with women's vaginal orgasm consistency.

Methods

The study was approved by 1st Faculty of Medicine, Charles University, Prague, and was conducted as per the principles of the Helsinki Declaration. A large representative sample of heterosexual citizens of the Czech Republic aged 35–65 years was collected by a marketing agency STEM/MARK in the year 2010, under the supervision of 1st Faculty of Medicine, Charles University, Prague. The middle-

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