

ORIGINAL RESEARCH—EPIDEMIOLOGY

Correlates of Sexually Related Personal Distress in Women with Low Sexual Desire

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ABSTRACT

Introduction. Sexual distress is an important component of diagnostic criteria for sexual dysfunctions, but little is known about the factors associated with sexual distress in women with low sexual desire.

Aim. To investigate the correlates of sexual distress in women with self-reported low sexual desire.

Methods. The Prevalence of Female Sexual Problems Associated with Distress and Determinants of Treatment Seeking study was a cross-sectional, nationally representative, mailed survey of U.S. adult women. There were 31,581 respondents (response rate 63.2%) to the 42-item questionnaire that measured sexual function, sexual distress, demographic, and health-related factors. Multivariable logistic regression was used to explore the correlates of distress.

Main Outcome Measures. Low sexual desire was defined as a response of “never” or “rarely” to the question, “How often do you desire to engage in sexual activity?” Sexual distress was measured with the Female Sexual Distress Scale (range 0–48), with a score of 15 or higher indicating presence of distress.

Results. Of 10,429 women with low desire, 2,868 (27.5%) had sexual distress (mean age 48.6 years, 81% with a current partner). Women without distress were 10 years older on average, and 44% had a current partner. Having a partner was strongly related to distress (odds ratio 4.6, 95% confidence interval 4.1–5.2). Other correlates were age, race, current depression, anxiety, lower social functioning, hormonal medication use, urinary incontinence, and concurrent sexual problems (arousal or orgasm). Dissatisfaction with sex life was more common in women with low desire and distress (65%) than in those without distress (20%).

Conclusions. Age has a curvilinear relationship with distress, and the strongest correlate of sexual distress was having a current partner. Sexual distress and dissatisfaction with sex life are strongly correlated. Distress is higher in women with low sexual desire in a partner relationship; further research on this factor is needed. **Rosen RC, Shifren JL, Monz BU, Odom DM, Russo PA, and Johannes CB. Correlates of sexually related personal distress in women with low sexual desire. J Sex Med 2009;6:1549–1560.**

Key Words. Low Sexual Desire; Sexual Distress; Female; Hypoactive Sexual Desire Disorder; Epidemiology; Correlates

Introduction

Low sexual desire or interest is frequently reported by women in epidemiologic studies examining sexual behavior and function, with prevalence estimated around 36–37% in the most

recent population-based studies in the United States and Australia [1–3]. Current clinical definitions of hypoactive sexual desire disorder (HSDD) require the presence of sexually related personal distress along with low desire [4,5]. Few epidemiologic studies have used validated instruments to

measure both sexual difficulties and sexual distress, but those using both measures have demonstrated that distressing or bothersome sexual problems, including sexual desire problems, are much less common than sexual problems in general [1–3,6–9]. Recent studies demonstrate an age-related increase in the prevalence of low sexual desire in women and a decrease in the prevalence of sexually related personal distress with increasing age with the prevalence of distressing low desire higher at midlife than in older ages [3,10].

Published results from the Prevalence of Female Sexual Problems Associated with Distress and Determinants of Treatment Seeking (PRESIDE) study, a large, cross-sectional, population-based survey of female adults in the United States, indicated that important correlates of distressing sexual desire problems are age, marital/current partner status, poor self-assessed health, current depression, menopause status (natural and surgical postmenopause), and a history of urinary incontinence and anxiety [3]. Another recent study of U.S. women found that surgical but not natural postmenopause status was related to increased prevalence of HSDD [1].

Previous research has examined correlates and predictors of sexual distress in general but not specifically among women with self-reported low sexual desire, the most commonly reported sexual problem [2,6,9,11]. Results of such research indicate that the most consistent correlates of sexual distress are psychologic factors (depression, emotional well-being) and relationship factors such as negative feelings toward the partner, longer length of relationship, inability to communicate sexual needs to a partner, and lack of satisfaction with the partner.

The purpose of the current analysis was to identify correlates of personal sexual distress in women with low sexual desire using the subset of participants in the PRESIDE study with self-reported low sexual desire [3]. Secondary aims were to describe the relation between overall satisfaction with sex life and sexually related distress and lastly, to describe the treatment-seeking characteristics of women with distressing low sexual desire.

Materials and Methods

The PRESIDE methods have previously been described in detail [3]. In short, the study sample comprised 50,002 households sampled from the Taylor Nelson Sofres (TNS) 6th Dimension Global Access Panel and balanced on demograph-

ics of the U.S. census (age, race, marital status, education, and income). Data were collected by mailed questionnaires during August and September 2006 from 31,581 respondents who were female heads of the household aged 18 years or older (response rate 63.2%). Institutional Review Board approval was granted with a waiver of written informed consent documentation under 45 Code of Federal Regulations (CFR) 46 110(b), category 7.

Self-reported sexual problems of desire, arousal, and orgasm were measured in all respondents without limiting to those with recent sexual activity or a current partner using the female version of the Changes in Sexual Functioning Questionnaire Short-Form (CSFQ-14) [12]. Sexual problems were defined by the two clinically relevant response categories of “never” or “rarely” to the respective questions. Specifically, low sexual desire was assessed by the question, “How often do you desire to engage in sexual activity?” Sexual pain problems were not assessed because a physical exam is required to diagnose or confirm dyspareunia and sexual pain disorders. The 12-item Female Sexual Distress Scale (FSDS) was used to measure sexually related personal distress using a 30-day recall period and a 5-point scale (0 = never to 4 = always) for each item [13]. Responses are summed for an overall score (range 0–48); a value of 15 or higher indicates sexual distress. The outcome of interest was a dichotomous variable, indicating distress (FSDS score of 15 or more) or no distress (FSDS score less than 15).

The prevalence of low sexual desire and distressing low sexual desire stratified by important participants’ characteristics was assessed using the overall PRESIDE sample of 31,581 women, of whom 11,730 reported low sexual desire [3]. The current analysis to investigate the correlates of distress in women with low sexual desire was performed in the subset of 10,429 women with self-reported low desire with a complete response to the FSDS.

The description of the study sample of women with low sexual desire included demographic (age, race, marital and current partner status, education, employment, and census region) and health-related and reproductive history information (parity, current use of hormonal contraceptives or hormone replacement therapy, self-assessed health, history of chronic medical conditions, current depression, use of selected medications, and smoking status).

Menopausal status was determined from responses to questions about timing of menstrual bleeding, age, and reasons for absence of bleeding

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