

ORIGINAL RESEARCH

Prevalence and Evaluation of Sexual Health Problems—HSDD in Europe

Alessandra Graziottin, MD

Center of Gynecology and Medical Sexology, H. San Raffaele Resnati, Milan, Italy

DOI: 10.1111/j.1743-6109.2007.00447.x

ABSTRACT

Introduction. The complex condition of the menopause is experienced by all women going through the physical and emotional changes associated with ovarian sexual hormones loss. It may impact directly on their physical and mental health.

Aim. The complexity of this condition makes it necessary to accumulate large bodies of data to define the patterns and trends in its evaluable manifestations. To this end, large amounts of data were collected on women from France, Germany, Italy, and the United Kingdom, via the Women's International Survey on Health and Sexuality.

Main Outcome Measures. The key measures within the survey were the Profile of Female of Sexual Function® (PFSF®) and the Personal Distress Scale® (PDS®).

Results. The survey yielded 2,467 responders aged between 20 and 70, capturing women with surgical and natural menopausal status and those with premenopausal status. In the four EU countries studied, sexual activity decreases by age. An increase in female sexual dysfunction (FSD), particularly loss of sexual desire, is directly correlated with increasing age. However, the distress associated with loss of sexual desire is inversely correlated with age. Cultural and context-dependent factors modulate the percentage of any FSD in the different European countries. This is exemplified in the significant intercountry variation observed in the percentage of low desire in women aged 20–49, with normal ovarian function. However, when women undergo surgical menopause, with concomitant loss of their sexual hormones, the culture-related differences are blunted.

Conclusions. The findings of this survey have implications for the understanding of hypoactive sexual desire disorder (HSDD), not only the way it should be assessed in clinical practice, but also the most appropriate means for its treatment. Testosterone deficiency is a significant cause of HSDD, and new therapies have been investigated which offer considerable potential to address this hormonal etiology. **Graziottin A. Prevalence and evaluation of sexual health problems—HSDD in Europe. J Sex Med 2007;4(suppl 3):211–219.**

Key Words. Hypoactive Sexual Desire Disorder; Menopause; PFSF®; Testosterone Deficiency; Personal Distress Scale

Introduction

In healthy women, the mean age for the onset of menopause is 51 years. This point in the reproductive life of a woman is characterized by numerous biological, psychosexual, and health-related changes [1,2]. They may impact on the woman's body image, self-perception, self-confidence, and

self-esteem; on her sense of well-being and perception of vital energy; and impinge on couple and family relationships. An important consequence of these changes is hypoactive sexual desire disorder (HSDD), in which reduced sexual desire leads to distress [3].

The complexity of female sexual functioning necessitates the accumulation of large bodies of

data to allow the testing of hypotheses and the formulation of more theories [4–6]. A significant element of the broad picture is the extent to which sociocultural issues influence female sexual function across the life span and particularly during the menopause. Obtaining information on the prevalence of sexual health problems in a selection of countries would aid the dissection of this complex subject. To this end, a European survey of women's sexual function and dysfunction was conducted in France, Germany, Italy, and the United Kingdom.

The Women's International Survey on Health and Sexuality

The data for the Women's International Survey on Health and Sexuality [7] were collected via mail and in person via random door-to-door contacts and supported by Procter and Gamble Pharmaceuticals. Participants involved in the study were all volunteers from four national databases willing to be contacted to participate in surveys [7]. To be eligible for inclusion in the survey the potential participants had to be women from the United Kingdom, France, Germany, and Italy, aged 20–70 years and literate in the language of the country they lived in [7]. Women were also recruited by reproductive status to achieve a sample size of at least 100 women of seven groups classified by reproductive phase: (i) younger surgical menopause (hysterectomy with bilateral oophorectomy) women, aged 20–49; (ii) older surgical menopause (hysterectomy with bilateral oophorectomy) women, aged 50–70; (iii) regularly menstruating (premenopausal) women aged 20–49; (iv) perimenopausal women, menstruating irregularly and aged 36–49; (v) naturally postmenopausal women, no menses for 12 months, aged 50–70; (vi) hysterectomized women without oophorectomy, aged 20–49; and (vii) hysterectomized women without oophorectomy, aged 50–70. Purposefully, a surplus of women was recruited to offset the anticipated response failures.

The response rate of women who self-completed the questionnaire and returned it was 65%, totaling 2,467 subjects [7]. The key measures within the survey were the frequency of sexual activity, satisfaction with partner relationship and sex life, the Profile of Female Sexual Function® (PFSF®) and the Personal Distress Scale® (PDS®), two validated questionnaires specifically designed to describe both the individual sexual experience in its different dimensions (sexual desire, arousal, orgasm, sexual

self-image, etc.) and the level of distress women may experience when they experiences low sexual desire.

The results of the survey showed interesting inter-European variation in female sexual functioning in the women who met the analysis criteria (N = 1,356). The data also allowed the proportion of women to be revealed in each surveyed country reporting sexual dysfunction and the level of distress associated with decreased interest in sex.

Reviewing the Results of the Women's International Survey on Health and Sexuality

Sexual Activity

In all the four countries from which data were collected, the frequency of sexual intercourse declined with age. In the 46–60 years age group, around nine events of sexual intercourse over a 30-day period were recorded in the four countries. In the 61–70 years age group the frequency of sexual intercourse had declined to a mean of less than five events over a 30-day period.

The above trend could also be observed in the frequency of orgasm by age group and country. This goes some way to demonstrating that all types of sexual activity, except masturbation, decline with age, regardless of nationality (Figure 1).

From Sexual Function to Dysfunction with a Cultural and Age-Related Perspective

In the four countries, the lowest proportion of women reporting low desire was recorded in France (21%) while the highest proportion was in Germany (36%). Low arousal was similar across the countries as was orgasm, but UK and German women reported the greatest incidences of low sexual desire, between 34% and 36% (Table 1).

Twenty to twenty-five percent of women aged 20–45 years from Germany and the United Kingdom do present with low sexual desire (Table 2). Between 46 and 60 years of age this rate increases in both countries to more than 33% of women. In the oldest age group (61–70 years), between 47% and 81% of women from Germany, the United Kingdom, and Italy present with low sexual desire.

Separating the nationalities into the three age classes shows that in the youngest age group, similar proportions in the four countries have orgasmic difficulties. In the 46–60 age group and the oldest age group, the highest proportion of women reporting difficulties reaching climax were

Download English Version:

<https://daneshyari.com/en/article/4273331>

Download Persian Version:

<https://daneshyari.com/article/4273331>

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