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ORIGINAL ARTICLE

Sexual dysfunction in Tunisian patients living with HIV[☆]

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Summary

Introduction. – Infection with HIV remains a major global health priority. It is a source of physical and psychological pain as well as relational difficulties and deterioration of sexual health. The objectives of our study were to assess the different sexual dysfunctions of Tunisian patients living with HIV and to look for a link between these dysfunctions and socio- and demographic characteristics, the course of infection, the presence of depression and the quality of self-esteem.

Patients and methods. – A descriptive and comparative cross-sectional study was conducted about 74 Tunisian patients suffering from HIV infection. We have used a semi-structured interview and three scales: the Rosenberg scale to determine the quality of self-esteem, the Hamilton scale for the assessment of depression, the International Index of Erectile Function (IIEF-15) for men and the female Sexual Function Index (FSFI) to assess sexual function in women.

Results. – For men, we noticed a severe erectile dysfunction in 33.3% of cases, a severe disorder of the orgasm in the same percentage and a slight to severe disorder of desire in 85.7% of cases. The severity of male sexual dysfunction was related to depression and alcohol consumption. Majority of women ($n = 19$; 59.4%) had total sexual abstinence since the announcement of the HIV infection. Only the geographical origin and the low level of education influenced significantly female sexual function. Depression had no effect on sexual function of these female patients.

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Conclusion. – Sexual lives of Tunisians living with HIV are worsened. Collaboration between infectious disease doctors and sex therapists is necessary to improve the quality of sexual life of these patients.

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Introduction

Sexual dysfunction has been widely reported among individuals living with HIV infection. In fact, between 13 and 74% of men living with HIV and treated with highly active antiretroviral therapy suffer from sexual dysfunction (Guaraldi et al., 2007). HIV itself as well as antiretroviral agents may induce this dysfunction (Amini Lari et al., 2013). To our knowledge, no Tunisian study has yet tackled this issue although there is a risk that this epidemic turns into an epidemic with high prevalence.

Objectives

The purpose of this study was to assess the prevalence of sexual disorders in the PLWHAs and to study their correlation to the socio-demographic factors, the clinical and therapeutic characteristics of the infection, the presence of depression, and the quality of self-esteem.

Patients and method

To serve these objectives, we have carried out a descriptive and comparative cross-sectional study including 74 patients treated for HIV infection at the departments of Infectious Diseases in the University Teaching Hospitals Farhat Hached in Sousse and La Rabta in Tunis during January 2013. Inclusion criteria were Tunisian patients who are 18 or more and have verbally agreed to participate in the research and are able to respond to the questions they were asked.

The research data were collected by a semi-structured interview. Three scales were used: the International Index of Erectile Function (IIEF-15) (Rosen et al., 1997), the Female Sexual Function Index (FSFI) (Rosen et al., 2000) to evaluate the female sexual function, the Hamilton Rating Scale for Depression (HRSD) to evaluate depression and the Rosenberg Self-Esteem Scale (Rosenberg, 1965) to determine the quality of the self-esteem.

Statistical study

Data analysis was performed using SPSS windows version 19. It consisted in a comparison of averages using analysis of variance and a percentage comparison with the Chi² test. Similarly, we conducted a multivariate analysis using logistic regression. The significance level adopted was $P < 0.05$.

Results

Socio-demographic characteristics

The average age of our population was 40.3 ± 2.87 years. The majority of participants were males ($n = 42$; 56.8%), from urban areas ($n = 44$; 59.4%), illiterate or with primary level ($n = 39$; 52.7%) and jobless ($n = 44$; 59.5%). As for the marital status, 25 (33.8%) subjects were single, 28 (37.8%) married, 14 (18.9%) divorced and seven (9.4%) were widowed. Only 10 (13.5%) participants lived alone, the rest lived with their families ($n = 64$; 86.5%) and nine (12.2%) regularly participate in the activities of the Tunisian Association for the Fight against sexually transmitted infections and Acquired Immune Deficiency Syndrome (ATL STI/AIDS). Regarding their addictive conducts, 40 (54.1%) were regular smokers, 24 (32.4%) were non-smokers, and 10 (13.5%) had quit smoking, 35 (47.3%) never consumed alcohol, 19 (25.7%) still drank alcohol and 20 (27%) had already stopped alcohol consumption. Half of the participants had a somatic history, which was unrelated to the HIV infection. Eight (10.8%) had cardiovascular diseases, four (5.4%) had pulmonary diseases and five (6.7%) had diabetes. Sixteen patients (21.6%) had already consulted a psychiatrist. Among those, 12 (16.2%) did it after the announcement of the HIV infection. Twelve patients (16.2%) of which seven males and five females had attempted to commit suicide before. Most of the patients were heterosexual ($n = 67$; 90.5%), four were homosexual (5.4%) and three were bisexual (4.1%). The average age for their first intercourse was 20.3 ± 2.56 years. Eighty patients (59.2%) were sexually active at the time of the interview with an average 3.4 sexual intercourses per month. The majority of the patients ($n = 33$, 73.3%) use condoms but among them only 20 (44.4%) do it regularly. The disclosure of HIV serostatus to the sex partner (whether spouse or not) was only done by 27 patients (36.4%).

Clinical characteristics of the HIV infection

The average age at the time of the diagnosis of the HIV infection was 32.7 ± 2.54 years. The average time since the diagnosis of the HIV infection was established was 7.16 ± 4.24 years.

The transmission of HIV was sexual for the most of patients ($n = 52$; 70.2%); it was heterosexual for 46 among them (62.2%) and homosexual for six other patients (8.1%). The transmission was through blood transfusion in four patients (5.4%). This transfusion occurred in the early 1980's. Nine patients (12.2%) were contaminated by intravenous toxicomania and another (1.4%) was infected by his

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