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Newly diagnosed thyroid dysfunction presented as female sexual dysfunction: First report from Basrah- Iraq

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Introduction

Overt and subclinical thyroid dysfunction may present as female sexual dysfunction (FSD), through their hormonal effect or due to their consecutive psychiatric disorders.

Objective

To evaluate effect of thyroid dysfunction on FSD in reproductive-aged married premenopausal women in Basrah- Iraq.

Methods

We received 673 reproductive aged women with different sexually-related complaints. There were 229 women who fulfill the criteria of FSD diagnosis for more than 6 months, with exclusion of any women with any condition, medication, or intervention which might disturb the sexual function. The 229 women were tested by a cascade of hormonal investigations, including: thyrotropin stimulating hormone (TSH), free thyroxine (FT4), total testosterone (TT) with sex hormone binding globulin (SHBG), calculated free testosterone (cFT), estradiol (E2), and prolactin (PRL).

We had diagnosed 42 women with different thyroid dysfunction and considered them as (case group), versus 187 women with normal thyroid function and considered as (control group).

We used the Arabic Version of Female Sexual Function Index (ArFSFI) Scoring, which contains 19 questions in six different sexual domains (desire, arousal, lubrication, orgasm, satisfaction, in). A total score <26.55 points suggested FSD. Cut-off points for each dom. =4.28, arousal=5.08, lubrication=5.45, orgasm=5.05, satisfaction=5.04, and

We used independent sample t-test to study different FSFI domain scores, biochemical parameters, and some personal-related characteristics between women in both groups. Subgroup analysis in the thyroid dysfunction group was done from the point of autoimmunity, and thyroid hormone levels.

Results

The prevalence of subclinical thyroid dysfunction in FSD was 8.30%, compared 10.04% for overt thyroid dysfunction. The women in both groups were nearly matched in their age, weight, parity, duration of marriage, and FSD. All the 229 women across the two group described severely reduced FSFI scores, which were markedly around the third of the cut-off values for all scores. The PRL, TT, SHBG, cFT, and E2 levels did not bear any significant difference in both groups.

The status of thyroid autoimmunity did not affect the sexual domains scores levels between women with autoimmune thyroid dysfunction and those women without.

The pattern which extended to include all the studied hormones, except E2. There were normal levels of E2 for both groups, yet, women with autoimmune thyroid dysfunction had significantly higher normal E2 than women with nonautoimmune thyroid dysfunction. The pattern of nonsignificant association did not change during further subgroup analysis between women with autoimmune hypothyroidism and hyperthyroidism.

Conclusions

This study was a negative case-control study. Although we get markedly reduced FSFI scores for all domains, we did not have a significant difference in women with overt, subclinical, autoimmune, or nonautoimmune thyroid dysfunction compared to control group. Any causal relation of any hormone could not be verified.

Disclosure

Work supported by industry: no.

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