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The burden of female sexual dysfunction in Basrah-Iraq: The first preliminary report

S Odhaib [1], A Mansour [1], M Altemimi [2], H Alidrisi [1], Z Abdulrazzaq [3], A Mohammed [2], D AlWaeli [2], N Alibrahim [1]

[1] Faiha Specialized Diabetes Endocrine and Metabolism Center (FDEMC)
[2] Thi Qar Specialized Diabetes Endocrine and Metabolism Center (TDEMC)
[3] Arab Board of Medical Specialization, Basrah Health Directorate, Basrah

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Introduction

Help-seeking behavior in women with female sexual dysfunction (FSD) from conservative communities is affected by cultural and religious factors.

Objective

To evaluate psychosexual, social, physical, and biochemical factors which impact FSD in premenopausal women from Basrah.

Methods

This was a cross-sectional observational study in a tertiary endocrine center on 673 reproductive-aged premenopausal women with sexually-related complaints for more than 6 months during (Sep 2018-Jan 2021). Relevant history and examination were done in the initial visit using non-judgmental patient-centered integrative approach, with ubiquity statement followed by a closed-ended question, and then an open-ended follow-up. FSD diagnosis was done (n=219).

A couple-interview session was scheduled, involved intimacy assessment through series of questions, then we used Female Sexual Function Index (FSFI) and Decreased Sexual Desire Screener (DSDS), to diagnose generalized and secondary acquired hypoactive sexual desire disorder (HSDD), and related sexual disorder.

The gonadotropins, androgens, thyroid, adrenal, ovarian, and pituitary function, along with insulin resistance, glycemic and lipid level were assessed. The final number of the women in the study was 166 women. We used Pearson's correlational analysis to confirm the significance correlations between FSD and different parameters. We used Mann-Whitney U test in subgroup analysis HSDD subtypes.

Results

FSD prevalence was 24.67% with mean duration (8±2 months). Intercourse frequency prior to complaint onset (3±1 times weekly), compared to (2±1 times monthly) in the latest month before consultation. All FSFI domains scores were reduced. DSDS diagnosed generalized and secondary acquired-HSDD in 31 and 57 women, respectively. Hormonal investigation did not aid FSD diagnosis. Pearson's correlational analysis did not show any significant correlation between the test variables and FSD.

Conclusions

No significant correlation between FSD and any psychosexual, physical, and biochemical parameter could be seen. Longitudinal multicenter larger scale studies are needed.

Disclosure

Work supported by industry: no.

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