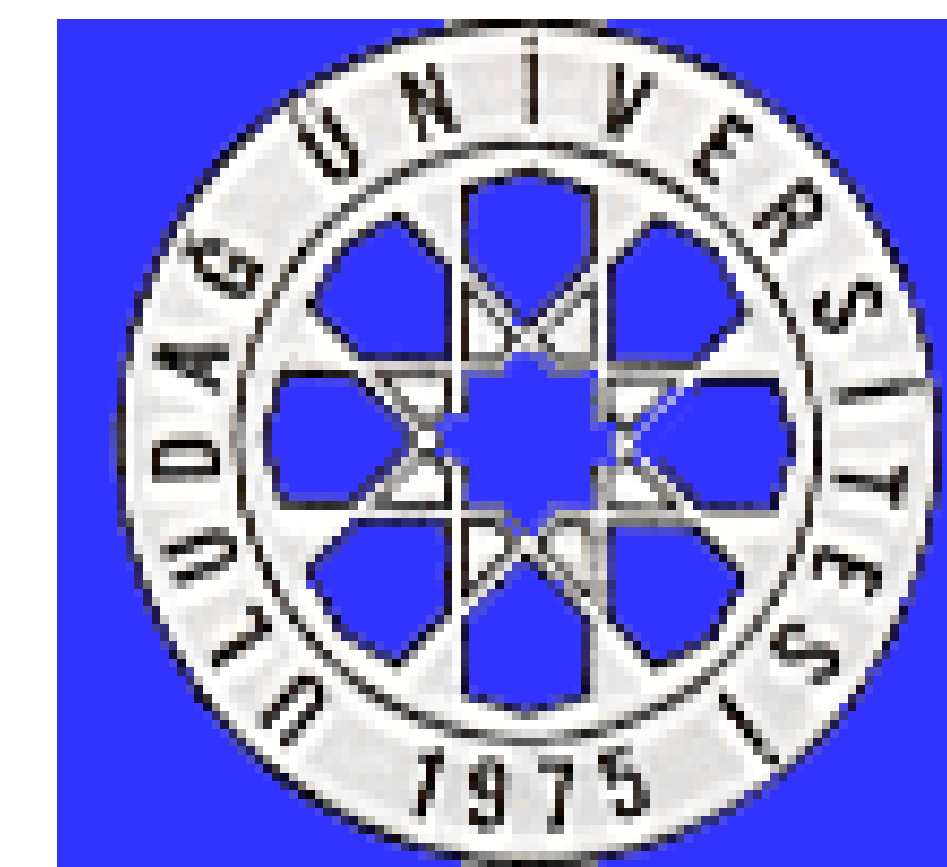


HYPOACTIVE SEXUAL DESIRE DISORDERS IN FEMALE PATIENTS AFTER KIDNEY TRANSPLANTATION

Nihal Yılmaz¹, Alparslan Ersoy¹, Abdulmecit Yıldız¹, Aysegul Oruc¹, Yavuz Ayar¹, Canan Ersoy²

¹Department of Nephrology and ²Department of Endocrinology and Metabolism, Uludag University Medical Faculty, Bursa, Turkey



Introduction

Hypoactive Sexual Desire Disorder (HSDD) is the most common female sexual dysfunction in premenopausal and postmenopausal women. HSDD is present in 8.9% of women ages 18 to 44, 12.3% ages 45 to 64, and 7.4% over 65. Although HSDD can have a serious effect on emotional wellbeing and interpersonal relationships, it is underdetected and undertreated. There was no study about HSDD in uremic patients. In this study, we aimed to investigate HSDD frequency in female patients who received renal replacement therapy and healthy women.

Materials and Methods

The study included 62 kidney transplant (Tx), 43 hemodialysis (HD), 35 predialysis (PreD) patients and 52 healthy women. We used 13-item Sexual Interest and Desire Inventory-Female (SIDI-F) for measurement of HSDD severity in women. The total score ranged from 0 to 51, with higher scores indicating better sexual functioning. The cut-off score for SIDI-F was 33. Values below 33 were considered as HSDD.

Results

The median age of the all population is 43 (range: 23-67) years. Mean ages of Tx and the control groups were significantly lower than HD and PreD groups ($p < 0.001$). The mean ages of HD and PreD groups were similar. There were significant differences between blood pressures, weight and body mass index values of the groups. The ratios of diabetic and hyperlipidemic patient in HD, Tx and PreD groups were significantly higher than those of the control group ($p = 0.006$), but the ratios of three groups did not differ. Hypertensive patient ratios in HD group were significantly lower than those of the PreD and control groups, but similar to Tx group. HSDD was detected in 132 (68.8%) persons in all population: 36 (83.7%) in the HD group, 36 (58.1%) in the Tx group, 29 (82.9%) in the PreD group and 31 (59.6%) in the control group ($p = 0.005$). The HSDD ratios of HD and PreD groups was higher than those of Tx ($p = 0.01$ vs. HD and $p = 0.023$ vs. PreD) and control ($p = 0.019$ vs. HD and $p = 0.039$ vs. PreD) groups. The comparison of mean SIDI-F scores of women in PreD, HD, Tx and control groups was given in table 1. Relationship-Sexual scores in HD group were higher than that of Tx group ($p = 0.037$). Initiation score of control group was higher than in those of other groups. There were significant differences between Desire-Frequency scores in HD vs. control ($p = 0.007$); PreD vs. Tx ($p = 0.01$) and control ($p < 0.001$) groups. Erotica score of HD groups were higher than that of control group ($p = 0.009$). Erotica score of Tx group was lower than those of HD ($p = 0.003$) and PreD ($p = 0.029$) groups. Thoughts-Positive, Arousal-Ease, Arousal-Continuation and Total scores of HD and PreD groups were differ than those of Tx and control groups. There was no significant correlation between current total score with dialysis, transplant or CKD durations in the groups. The total SIDI-F score of all participants showed a negative correlation with age ($r = -0.397$, $p < 0.001$).

Table 1. The Sexual Interest and Desire Inventory-Female (SIDI-F) of all groups

| SIDI-F | Control | Tx | PreD | HD | P value |
|-----------------------------|-------------|------------|-------------|-------------|---------|
| Relationship-Sexual | 3.11±1.14 | 2.52±0.98 | 3.0±1.06 | 3.11±1.23 | 0.028 |
| Receptivity | 2.94±1.59 | 3.08±1.33 | 2.82±1.58 | 3.0±1.66 | 0.874 |
| Initiation | 1.48±1.17 | 0.58±1.04 | 0.42±0.86 | 0.95±1.1 | <0.001 |
| Desire-Frequency | 2.2±1.5 | 1.23±1.5 | 0.84±1.24 | 1.72±1.49 | <0.001 |
| Affection | 2.46±1.25 | 2.15±1.6 | 2.15±1.77 | 2.77±1.44 | 0.088 |
| Desire-Satisfaction | 2.77±1.16 | 2.28±0.98 | 2.22±1.49 | 2.7±1.39 | 0.059 |
| Desire-Distress | 3.14±0.87 | 3.17±0.99 | 3.04±1.26 | 3.37±1.06 | 0.394 |
| Thoughts-Positive | 2.33±1.51 | 1.04±1.49 | 1.06±1.46 | 1.97±1.71 | <0.001 |
| Erotica | 0.75±0.93 | 0.19±0.65 | 0.31±0.73 | 0.78±1.01 | <0.001 |
| Arousal-Frequency | 1.57±0.94 | 1.32±1.03 | 1.35±1.17 | 1.65±1.08 | 0.279 |
| Arousal-Ease | 1.85±0.97 | 1.23±0.97 | 1.28±1.05 | 1.81±1.09 | 0.002 |
| Arousal-Continuation | 1.5±1.04 | 0.84±0.94 | 0.8±0.96 | 1.48±1.01 | <0.001 |
| Orgasm | 2.31±1.25 | 1.76±1.3 | 1.68±1.53 | 2.31±1.48 | 0.028 |
| Total score | 28.46±10.89 | 21.45±10.5 | 21.02±10.05 | 27.67±11.59 | <0.001 |

Conclusion

HSDD is among the most common sexual problems in women with chronic kidney disease. As a result, we observed that HSDD improved after kidney transplantation. Few women seek medical assistance for sexual problems. However, our results need to be supported by further studies.