



Comparison of Different Sexual Dysfunction Scales in Females Patients on Renal Replacement Therapy

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INTRODUCTION AND AIMS: Sexual dysfunction (SD) is commonly seen in the female dialysis population and is associated with depression and a lower quality of life. Although there have been many reports regarding the improvement of SD after kidney transplantation, those outcomes are not consistent. SD frequency in female patients has been evaluated with different scales in previous studies, and the ratios varies according to the used scales. In addition, there is no study comparing several scales for SD in this population. This study aims to investigate SD frequency with different scales, and risk factors in the females under renal replacement therapy and in the healthy ones.

METHODS: A total of 70 kidney transplant patients (Tx), 46 hemodialysis (HD) and 45 predialysis (PreD) patients and 54 healthy females were included into the study. Sociodemographic and risk factor survey forms, the hospital anxiety depressions scale, the 36-Item Short Form Health Survey, Arizona Sexual Experiences Scale (ASEX), the Golombok Rust Inventory of Sexual Satisfaction (GRISS) and the Female Sexual Function Index (FSFI) were used.

RESULTS: Ages of the patients in the control and Tx groups were significantly lower than those of the HD and PreD groups. There were differences in the ratios of asthenia and fatigue, pelvic surgery, urinary incontinence, cystitis history, dyspareunia, smoking, use of antidepressant and beta blockers between the groups. The depression and anxiety ratios of the groups were similar. The physiological health scores of the control group were significantly higher than those of the PreD and Tx groups, and also scores of the Tx group than those of the HD and PreD groups. Mental health scores of the control group were significantly higher than those of the PreD and HD groups.

The prevalence ratio for SD with ASEX in HD group (54.3%) was significantly higher than those of Tx (24.3%) and the control (25.9%) groups, and also the rate of PreD group (44.4%) than that of Tx. SD ratios of the groups with GRISS were similar. The SD ratio of Tx group with FSFI (16.1%) was significantly lower than that of HD group (41.9%). Logistic regression analysis showed systolic blood pressure, finding sexual information adequate and presence of anxiety with ASEX; age, presence of anxiety and education time of mother with GRISS; finding sexual information adequate, presence of anxiety and depression with FSFI as independent risk factors for SD.

There were significant differences in all study population and Tx group between SD ratios with FSFI and GRISS. In all study population 15 persons had SD according to FSFI, but not to GRISS, and 31 persons had SD according to GRISS, but not to FSFI ($p=0.026$). According to FSFI, sensitivity of GRISS was 0.70, and specificity was 0.71. In Tx group 4 persons had SD according to FSFI, but not to GRISS, and 16 persons had SD according to GRISS, but not to FSFI ($p=0.012$). According to FSFI, sensitivity of GRISS was 0.60, and specificity was 0.69.

CONCLUSIONS: As a result, different results were obtained when SD frequency and risk factors in the patients on renal replacement therapy were assessed with different scales in our study. Therefore, new scales in these patients should be developed and their reliability should be evaluated in larger patient groups.

Table 1. The frequency of sexual dysfunction with different scales in the groups

Groups	ASEX n(%)	GRISS n(%)	FSFI n(%)
Hemodialysis	25 (54.3)	21 (45.7)	18 (41.9)
Kidneytransplant	17 (24.3)	25 (35.7)	10 (16.1)
Predialysis	20 (44.4)	17 (37.8)	11 (31.4)
Healthycontrol	14 (25.9)	17 (31.5)	12 (23.1)