

PREDICTIVE FACTORS OF SEXUAL DYSFUNCTION IN GYNECOLOGICAL CONSULTATION

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Objective: Sexological interview in gynecological consultation remains a practice that is not routinely undertaken, despite the importance of sexual health. The aim of our study was to investigate the main sexual dysfunctions in gynecological consultation and their predictive factors.

Design: This study was a cross sectional study performed at a tertiary care center in Tunis over a period of one year, from May 2022 to May 2023.

Method: We included in our study consenting patients aged over 18 who consulted for a given gynecological reason outside of any emergency or pregnancy. Initially, we distributed three self-administered standardized questionnaires: the Female Sexual Function Index (FSFI), the French version of the Locke and Wallace Marital, and The Short Form (SF36). Subsequently, we conducted a semi-structured interview in order to gather sexual dysfunction reported, and the predictive factors of sexual dysfunction.

Results: Our study included 200 patients with a mean age of 41 years (± 10). The average duration of sexual activity was 14 years. 77.5% of patients indicated that their current gynecological pathology affected their sexuality. Sexual dysfunctions were reported by 55% of women. The mean FSFI score was 25.05 (± 5.03), the area most affected being desire, with an average of 3.54 (± 1.05). 50.5% of our patients had sexual dysfunction. The mean Locke-Wallace marital agreement score was 91.5 (± 12), and 42.5% of our patients had serious marital problems

Table: Main Risk factors of female sexual dysfunction of patients in gynecological consultation

Risk Factor	P	Adjusted odds ratio (OR)	CI
Age < 40	0,122	0,9	0,789- 2,9
Age > 40	0,03	2,1	0,978- 2,37
History of diabetes	0,053	3,5	0,967-11,4
History of HBP	0,432	0,358	0,028-4,64
Endometriosis	0,009	3,12	0,085-12,11
History of gynecologic cancer	0,005	3,11	0,962-10,6
Duration of sexual activity >10 years	0,129	1,4	0,897-4,3
Parity > 3	0,03	1,45	0,666-3,16
No Source of Information about Sexuality	0,009	2,7	0,877-5,45
current pathology:			
▪ Malignant pathology	0,009	2,5	0,314-20,06
▪ Chronic pelvic pain	0,043	2,09	0,354-12,4
▪ Abnormal uterine bleeding	0,044	1,4	0,065-3,27
▪ infertility	0,087	1,18	0,149-9,41
Degree of marital satisfaction:			
▪ Locke and Wallace Score <80	0,0001	2,08	1,039-2,33
▪ Locke and Wallace Score >80	0,055	1,07	1,017-1,120

The mean SF36 score was 72.5 (± 6.5), and 63% of the participants had an impaired quality of life. The predictive factors of sexual dysfunction were: age over 40 (OR= 2.1), lack of sexual education (OR= 2, 7), endometriosis (OR= 3.12), gynecological cancers (OR=3.11), chronic pelvic pain (OR=2.09), lack of marital harmony (score < 80) (OR=2.08) and impaired quality of life (OR=2.37).

Conclusion: Desire disorder was the main sexual dysfunction. The predictive factors for sexual dysfunction were: age > 40 years, endometriosis, gynecological cancer, and abnormal uterine bleeding. Thus, it's important to check these patients for sexual dysfunction and consult a clinical sexologist if needed.