

Which are the male factors associated with Female Sexual Dysfunction (FSD)?

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Introduction

The role of interpersonal factors in determining Female sexual dysfunction (FSD) has been increasingly recognized. Among male sexual dysfunctions, the adverse effects of erectile dysfunction and premature ejaculation on the partner's sexual experience have been widely investigated. In contrast, male hypoactive sexual desire disorder is largely ignored, especially in the context of FSD.

Objectives

The present study aimed to evaluate the role of the male partner's sexual function and of the relational factors, as perceived by women, in determining female sexual dysfunctions, using a structured interview and the Female Sexual Function Index (FSFI; Rosen et al., 2000)

Methods

A consecutive series of 156 heterosexual women consulting our clinic for FSD was retrospectively studied. All patients underwent a structured interview and completed the FSFI (Rosen et al., 2000).

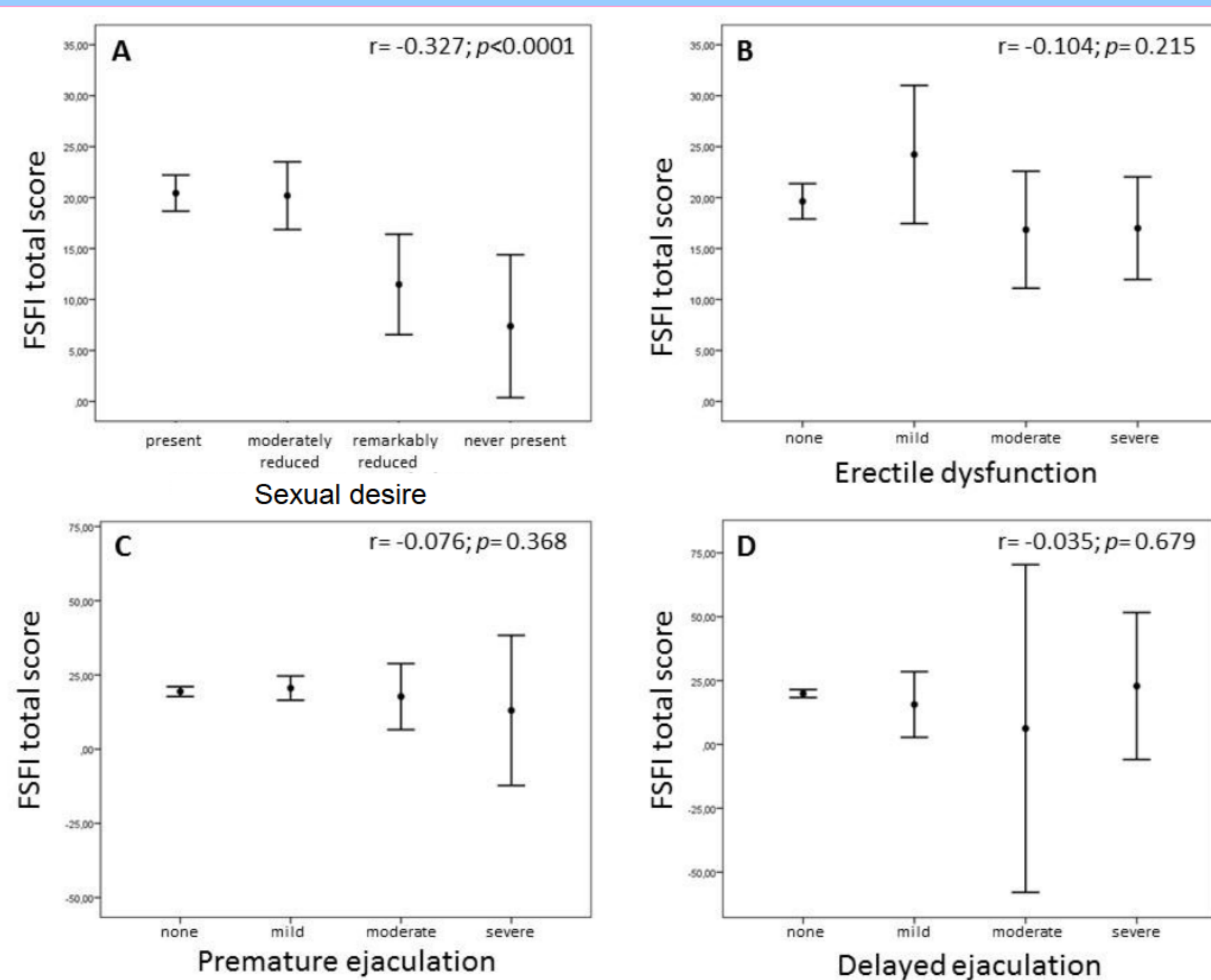


Fig 1. Means and 95% confidence intervals of FSFI total score, stratified according to the increasing severity of perceived partner's hypoactive sexual desire (panel A), erectile dysfunction (panel B), premature ejaculation (panel C) and delayed ejaculation (panel D).

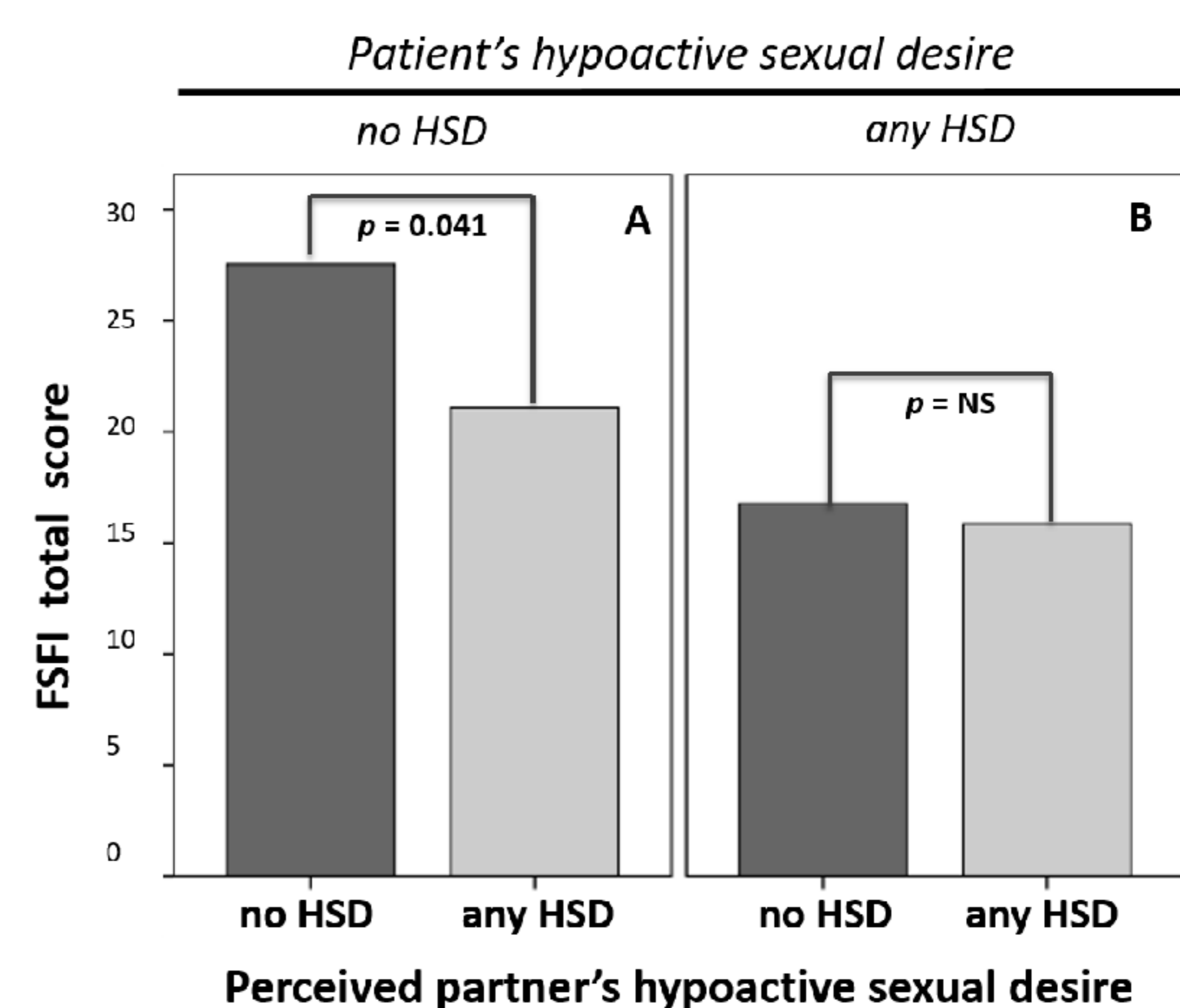


Fig 2. Panel A: FSFI total score as a function of perceived partner's hypoactive sexual desire (HSD) in patients not reporting HSD. Panel B: FSFI total score as a function of perceived partner's HSD in patients reporting HSD. Both patient's and perceived partner's HSD were codified as dummy variables. NS = not significant.

Results

FSFI total score decreased as a function of partner's age, conflicts within the couple, relationship without cohabitation and the habit of engaging in intercourse to please the partner; FSFI total score increased as a function of frequency of intercourse, attempts to conceive and fertility-focused intercourse. **FSFI total score showed a negative, stepwise correlation with partner's perceived hypoactive sexual desire ($r=-0.327$; $p<0.0001$), whereas no significant correlation was found between FSFI and erectile dysfunction, premature and delayed ejaculation.** In an age-adjusted model, **partner's HSD was negatively related to FSFI total score** (Wald=9.196, $p=0.002$), **arousal** (Wald=7.893, $p=0.005$), **lubrication** (Wald=5.042, $p=0.025$), **orgasm** (Wald=9.293, $p=0.002$), **satisfaction** (Wald=12.764, $p<0.0001$) and **pain** (Wald=6.492, $p=0.011$) domains. Partner's HSD hypoactive sexual desire was also significantly associated with somatized anxiety, low frequency of intercourse, low partner's care for the patient's sexual pleasure and with a higher frequency of masturbation, even after adjusting for age. In patients not reporting any reduction of libido, FSFI total score was significantly lower when their partner's libido was low ($p=0.041$); the correlation disappeared if the patient also experienced HSD.

Conclusions

In conclusion, the presence of erectile dysfunction, premature and delayed ejaculation of the partner may not act as a primary contributing factor to FSD, as determined by FSFI scores; conversely, women's sexuality seems to be mostly impaired by the perceived reduction of their partner's sexual interest.

References:

Rosen R, Brown C, Heiman J, Leiblum S, Meston C, Shabsigh R, Ferguson D & D'Agostino R Jr. (2000) The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. *J Sex Marital Ther* 26, 191-208.