

Utility of the female sexual function index (FSFI) to evaluate patients who consult for sexual dysfunction

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Objective: Frequently women with female sexual dysfunction (FSD) complain for disorders at the different phases of the sexual response instead of identifying the triggering symptom that probably caused the others.

The aim of the present study was to evaluate the utility of the FSFI in detecting the primary cause of complaint.

Material and Methods: We retrospectively analysed 91 clinical records of women with FSD. Fourteen were excluded for not having sexual activity during the analysed period. Assessment of FSD was firstly performed by general and sexual interview, general and gynaecological exam, psychosexual evaluation and hormonal and vascular evaluation.

Results: Table: Mean & median values of FSFI according to FSD

Sexual Dysfunction	n:	%	Age Median	SD	Age Mean	FSFI Median	SD	FSFI Mean
Global	77		37	13,9	39	19	6,1	19,7
Orgasm	32	41.6	31	15,1	36,8	21,1	5,5	21,4
Desire	22	28.6	45,5	10,9	43,3	19,1	5,8	18,5
Dispareunia	12	15.6	40,5	14,5	38,6	17,7	7,7	19,8
Arousal	6	7.8	54	16,6	45,3	16,6	3,1	16,3
Vaginism	5	6.5	30	5,6	28,8	20,1	9,2	19

Patients with hypoactive sexual desire presented a domain median value of 2.4 vs 3.5 of the rest of them, with arousal disorder 2.05 vs 3, orgasmic disorder 1.8 vs 3.6, dispareunia 2 vs. 3.4 and vaginism 1.2 vs 3.9.

Conclusion: The global value of FSFI is not useful to diagnose the altered phase of the sexual response. However, the median value of the domain helped us to identify the triggering symptom.

Key word: FSFI, female sexual dysfunction, Psychometric Assessment.