



HYPOACTIVE SEXUAL DESIRE DISORDER IN CLIMACTERIC AFRO-DESCENDANT COLOMBIAN WOMEN *



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Objective: To establish the prevalence of severe deterioration of the quality of life and sexual dysfunction in climacteric afro-descendant Colombian women with hypoactive sexual desire disorder

Design:

861 afro-descendant women, natural and resident in municipalities of the Atlantic and Pacific coasts of Colombia, were assessed by pollsters in their communities with Menopause Rating Scale (MRS) and Female Sexual Function Index (FSFI). They were women between 40 and 59 years of age. Hypoactive sexual desire disorder (HSDD) is defined as a score <5 in the total sum of the 1 and 2 items of the FSFI.

Results:

The average age of all population was 48.4 ± 5.5 years of age. Women with HSDD: 12% (40-44 years), 25.3% (45-49 years), 30.3% (50-45 years). 23.0% of women were in premenopause*, 23.7% in perimenopause and 53.3% in postmenopause* (p<0.001). 43.8% of postmenopausal women had less than five years without menstruations.

MENOPAUSE RATING SCALE	NO HSDD n=561		WITH HSDD n=300		P
Hot Flashes, Sweating	1.7	1.1	1.8	1.1	0.54
Heart Discomfort	0.2	0.5	0.7	0.8	<0.001
Sleep Problems	0.8	0.9	1.3	1.1	<0.001
Depressive Mood	0.3	0.6	0.9	0.9	<0.001
Irritability	0.3	0.6	0.7	0.8	<0.001
Anxiety	0.2	0.6	0.8	0.8	<0.001
Physical Mental Exhaustion	0.6	0.9	1.3	1.1	<0.001
Sexual Problems	0.3	0.6	1.5	1.1	<0.001
Bladder Problems	0.1 ± 0.4		0.6	1.0	<0.001
Dryness of Vagina	0.1	0.4	0.8	1.0	<0.001
Joint/Muscular Discomfort	0.7	0.9	1.3	1.2	<0.001

SEVERE DETERIORATION OF MRS AND QoL		
DOMAIN	NO HSDD	WITH HSDD
SOMATIC	26 (4.6%) [3,1-6,8]	49 (16.3%) [12,3-21]
PSYCHOLOGICAL	19 (3.4%) [2,1-5,3]	36(12.0%) [8,5-16,2]
UROGENITAL	22(3.9%)[2,5-6,0]	102 (34.0%) [28,7-39,7]
QUALITY OF LIFE	20 (3.6%) [2,2-5,5]	60 (20.0%) [15,6-25]

SEXUAL DYSFUNCTION	NO HSDD n=561	WITH HSDD n=300
YES	206 (36.7%) [32,7-40,9]	288 (96.0%) [93,1-97,9]
NO	355 (63.3%) [59,1-67,3]	12 (4.0%) [2,1-6,9]

Conclusion: Afro-descendant Colombian women with HSDD have significantly worse quality of life, higher severe deterioration and greater prevalence of sexual dysfunction than women without HSDD

