Sexual Dysfunction in Women with Chronic Renal Failure

Kronik Böbrek Yetmezliği olan Kadınlarda Cinsel İşlev Bozukluğu

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To the editor:

We appreciate the merit of the study by Guvel et al. for their contribution in the literature with their study on sexual dysfunction in women with chronic renal failure (CRF). They have put forward the negative effect of CRF on sexual function and stated that quality of life of CRF patients might be improved when this problem is more clearly addressed.[1] We would like to interpret further on the results of the study.

The etiology of sexual dysfunction, especially in women with chronic diseases is complicated and comprises not only of the physical disturbances related with the disease, involving multiple complex mechanisms of psychosocial aspects of the disease on the patient and her spouse.[2] Addressed and timely improved sexual dysfunction in women with CRF may lead to better motivation in confronting other disease related problems in this patient population.[3,4]

Although the Female Sexual Index (FSFI) score difference between the groups was low because patient enrolled were in a relatively older age group as stated by the authors and correlations between sexual function and hemoglobin concentration and secondary hyperthyroidism was not clearly assessed since the number of patients in each group was not high enough to present a conclusive result, some results of the study is clearly guiding. The group of patients on peritoneal dialysis for end stage renal disease (ESRD) has the lowest FSFI scores, probably resulting from the fear of damage to the peritoneal catheter. This clearly shows that this group of patients needs to be informed in detail about their condition. Furthermore, women with a spouse who has no sexual dysfunction not having sexual intercourse in the last year constitute 27% of CRF patients enrolled in the study which shows that abstinence is not rare in women with CRF.

As the authors stated and confirmed by other studies,[5] CRF has negative effects on sexual function. In fact, many CRF patients abstain from sexual intercourse. Ab¬stinence from sexual activity has one of the most important negative impacts on quality of life in CRF patients; however, this problem has not been given the attention it deserves. Sexual problems should not be disregarded during assessment and follow-up of CRF patients, as good sexual function is important for maintaining quality of life in this group. Also; it is documented that transplantation is the most effective way to retain good sexual function in women, and a diagnosis of female sexual dysfunction should be made routinely in CRF patients.

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