Female Sexual Dysfunction in Chronic Kidney Disease

Objective: Sexual dysfunction (SD) strongly influences quality of life, but most studies of SD in kidney disease are limited to men.

Methods: We studied trends in psychosocial factors, beliefs, and lifestyle habits in relation to Female Sexual Function Index scores (FSFI) using a telephone survey, conducted in a random convenience sample of female Chronic Kidney Disease, dialysis, and transplant patients. There were no significant differences between the three groups, so data was pooled. Pearson correlation coefficients were calculated with alpha of 0.05.

Results: 43% of patients (n=19/44) answered questions on sexual function. The mean age was 57±10. 63% of patients were Black, 11% Hispanic, 5% white, 5% other, and 16% unreported. 74% had FSFI scores consistent with SD (mean 14±12, out of 36). FSFI was not correlated with PHQ9 (depression), SSS (Stress and Social Support), PSS (Perceived Stress Scale), SEAR (Self Esteem and Relationships), Lubben Social Network, or BIAAQ-5 (Body Image Acceptance and Action) scores. FSFI was also not correlated with age, exercise habits, or comorbidities. FSFI was correlated with dietary intake of sugar (R 0.6, p 0.05), fiber (R 0.7, p 0.01), 4-week herbal supplement history (R 0.6, p 0.01), and decreased intake of total fat (R -0.7, p 0.01) and sodium (R -0.6, p 0.04), using 24-hr dietary recall (ASA-24). 26% and 16% of patients discussed SD with a physician after any chronic disease diagnosis and within the last year, respectively. The latter was correlated with 4-week sexual activity (R 0.5, p 0.05). 11% had discussed treatment for SD. 3 patients noted physician inattention, discomfort, or inadequate patient education when discussing sexual health.

Conclusion: SD is prevalent in female kidney disease patients (74%), multifactorial, and likely contingent on disease management and lifestyle factors. Most patients (74%) never discussed SD with a clinician. Increased physician awareness and care of SD is important for patients.