

Egyptian Fertility Sterility Society

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What is the prevalence of sexual dysfunction in couples with newly diagnosed unexplained infertility?

**Prof. Ibrahim Mahrous, Al Azhar University
Dr. Mohamed El Sherbiny, MOH**

What Is Known Already?

Sexual functioning is important for natural conception. The ability to conceive naturally relies on successful coitus, which is associated with sexual functioning [1&2] Although sexual problems are generally believed to arise as a consequence of infertility rather than being considered the cause of infertility, some authors have speculated that sexual problems could ‘hide’ in the diagnosis of unexplained infertility [3&4]). Findings on whether the cause of infertility increases the risk of sexual dysfunction remain conflicting [5]. Sexual functioning is understudied in unexplained infertility; consequently, evidence on the prevalence of sexual dysfunctions and its predisposing factors among couples with unexplained infertility is scarce [6-9]

A shortcoming of the current literatures related to this issue is that it is mainly based on individual-level data [5]. This approach neglects the fact that observations, such as sexual functioning, arising from couples are not independent since partners influence each other’s sexual functioning [10-17]

What Is New?

A recent cross-sectional survey, which also serves as the baseline assessment of

a randomized controlled trial of a total of 700 couples (female age 18–38 years) that recently diagnosed with unexplained infertility were addressed for sexual questionnaires [18] .

The main outcome measures were sexual functioning as a continuous variable and female and erectile dysfunction based on cut-off scores of the Female Sexual Function Index and International Index of Erectile Function

A total of 581 (83%) women and 478 (68%) men completed the questionnaires. Complete couple data were available for 451 (68.9%) couples.

This recent study reported that:

1-About 1 in 4 women (24.3%) and 1 in 14 men (7.3%) were at risk for, respectively, female sexual dysfunction and erectile dysfunction after a fertility work-up.

2- Couples had a mean coital frequency of seven times per month (SD: 2.7).

3-Lower female sexual functioning (β) or dysfunction (OR) was associated with own age (β : -0.64 , OR: 1.12), anxiety (β : -9.47 , OR: 4.22), depression (β : -7.61 , OR: 3.23), relationship distress (β : -8.97 , OR: 2.04)

4- Lower male sexual functioning was associated with anxiety (β : -5.03), depression (β : -3.65), relationship distress (β : -5.77), and partner's age (β : -0.46) and couple's duration of infertility (β : -0.24 , OR: 1.06).

Wider implications of the findings:

Clinicians advising couples with unexplained infertility to be aware that at least one in four couples are at risk for a sexual dysfunction.

Clinicians should consider risk factors of reduced sexual functioning, take a sexual anamnesis, and advise face-to-face or digital (e.g. via website or app) sex counselling and treatment, if indicated.

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