

Reflections about the Impact of Infertility on Female Sexual Function

Laganà AS,¹ La Rosa VL,² Rapisarda AM,³ Vitale SG¹

¹Unit of Gynecology and Obstetrics, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University of Messina, Via Consolare Valeria 1, 98125 Messina, Italy.

²Unit of Psychodiagnostics and Clinical Psychology,

³Department of General Surgery and Medical Surgical Specialties, University of Catania, Via Santa Sofia 78, 95124, Catania, Italy.

Sexual function is an important aspect of women's health and quality of life. Therefore, the presence of sexual dysfunctions can significantly affect quality of life as well as a couple's relationship. Sexual dysfunctions are more common in women than in men,¹ and it has been estimated that about 95% of women suffer from one or more sexual problems. Female sexual dysfunction (FSD) is defined as a disorder relating to sexual desire, sexual arousal, orgasm, or dyspareunia, that causes a woman personal distress.¹ Sexual dysfunctions can be determined by several etiologic factors such as advanced age, chronic diseases, menopause, previous operative vaginal delivery, urinary incontinence and pelvic organ prolapse.¹⁻³

Furthermore, psychosocial stressors may represent risk factors for the development of FSD.¹ Infertility is a common problem which has a significant impact on a woman's emotional and psychological wellbeing; for this reason, it may be a risk factor for FSD.⁴⁻⁵ Infertility is defined as the inability to achieve a pregnancy after at least one year of regular unprotected sexual intercourse.⁵ According to the World Health Organization (WHO), 8-10% of couples experience difficulties in conceiving. Infertility can be the result of organic diseases such as gynecological cancer or endometriosis ("organic infertility") or can be linked to certain non-organic causes ("functional infertility").⁶⁻¹³ Infertility is described as an unexpected and stressful event in the life of a couple: both the man and woman within a couple can, as a result, suffer from low self-esteem, depression, guilt, anxiety, frustration, emotional distress and relational problems.^{5,12,13}

Only a few studies have investigated the impact of infertility on female sexual function, underlining that sexual disorders are more common in infertile women and that these women are more at risk of developing anxiety, depression and stress.^{14,15} Keskin et al. have demonstrated that sexual dysfunction is highly prevalent in infertile women, especially those with secondary infertility, and that the domains of arousal, orgasm, and satisfaction were the aspects of sexual function which were subsequently most impacted.⁴ Both the diagnosis and treatments for infertility may cause sexual dysfunctions due to their negative impact on a couple's emotional wellbeing and the quality of the relationship. Nevertheless, the exact nature of the relationship between infertility and sexual dysfunctions is still under debate: infertility could be the result of sexual problems but it could be possible that attempts to conceive cause sexual dysfunction.¹⁴ Indeed, sexuality can lose its pleasure and erotic component, which transforms it instead into a mechanical act aimed solely at procreation.¹⁵

Moreover, it is appropriate to take other factors into account that may influence sexual function in infertile women, such as infertility etiology (male or female causes), depressive symptoms, coping strategies and the quality of the relationship between partners.

According to these data, we strongly suggest that further studies be conducted regarding this topic in order to understand better which factors are involved in the relationship between infertility and sexuality. The majority of studies in literature used the Female Sexual Function Index (FSFI) in order to evaluate the presence of sexual disorders in infertile women. This instrument is very useful and provides an objective assessment of the quality of sexual relationships and sexual functioning. It consists of 19 items that assess sexual function in six specific domains: desire, arousal, lubrication, orgasm, satisfaction, and pain. We believe that the assessment of sexual function through instruments as the FSFI should become an integral part of the diagnostic and therapeutic pathways of infertility. Physicians should take the impact on the couple's sexual activity into consideration to increase both partners' psychological and emotional wellbeing and to avoid inadvertently ending the relationship.

REFERENCES

1. Basson R, Berman J, Burnett A, Derogatis L, Ferguson D, Fourcroy J, et al. Report of the international consensus development conference on female sexual dysfunction: definitions and classifications. *J Urol* 2000 Mar;163(3):888-93.
2. Laganà AS, La Rosa VL, Rapisarda AM, Vitale SG. Comment on: "Effect on Sexual Function of Patients and Patients' Spouses After Midurethral Sling Procedure for Stress Urinary Incontinence: A Prospective Single Center Study". *Low Urin Tract Symptoms* 2017 Jan;9(1):62.
3. Caruso S, Bandiera S, Cavallaro A, Cianci S, Vitale SG, Rugolo S. Quality of life and sexual changes after double transobturator tension-free approach to treat severe cystocele. *Eur J Obstet Gynecol Reprod Biol* 2010 Jul;151(1):106-9.
4. Keskin U, Coksuer H, Gungor S, Ercan CM, Karasahin KE, Baser I. Differences in prevalence of sexual dysfunction between primary and secondary infertile women. *Fertil Steril* 2011 Nov;96(5):1213-7.
5. El Kissi Y, Romdhane AB, Hidar S, Bannour S, Ayoubi Idrissi K, Khairi H, et al. General psychopathology, anxiety, depression and self-esteem in couples undergoing infertility treatment: a comparative study between men and women. *Eur J Obstet Gynecol Reprod Biol* 2013 Apr;167(2):185-9.
6. Vitale SG, La Rosa VL, Rapisarda AM, Laganà AS. Comment on: "The consequences of gynaecological cancer in patients and their partners from the sexual and psychological perspective". *Prz Menopauzalny* 2016 Nov;15(3):186-7.
7. Laganà AS, Vitale SG, La Rosa VL, Rapisarda AM. Comment on: "Needs and priorities of women with endometrial and cervical cancer". *J Psychosom Obstet Gynaecol* 2017 Mar;38(1):85-6.
8. Vitale SG, Petrosino B, La Rosa VL, Rapisarda AM, Laganà AS. A Systematic Review of the Association Between Psychiatric Disturbances and Endometriosis. *J Obstet Gynaecol Can* 2016 Dec;38(12):1079-1080.
9. Vitale SG, La Rosa VL, Rapisarda AM, Laganà AS. Impact of endometriosis on quality of life and psychological well-being. *J Psychosom Obstet Gynaecol* 2016 Oct 18:1-3. doi: 10.1080/0167482X.2016.1244185.
10. Vitale SG, La Rosa VL, Rapisarda AM, Laganà AS. Comment on: "Impact of endometriosis on quality of life and mental health: pelvic pain makes the difference". *J Psychosom Obstet Gynaecol* 2017 Mar;38(1):81-2.
11. Laganà AS, La Rosa V, Petrosino B, Vitale SG. Comment on "Risk of developing major depression and anxiety disorders among women with endometriosis: A longitudinal follow-up study". *J Affect Disord* 2017 Jan 15;208:672-3.
12. Fassino S, Pierò A, Boggio S, Piccioni V, Garzaro L. Anxiety, depression and anger suppression in infertile couples: a controlled study. *Hum Reprod* 2002 Nov;17(11):2986-94.
13. Vitale SG, La Rosa VL, Rapisarda AM, Laganà AS. Psychology of infertility and assisted reproductive treatment: the Italian situation. *J Psychosom Obstet Gynaecol* 2017 Mar;38(1):1-3.
14. Lo SS, Kok WM. Sexual functioning and quality of life of Hong Kong Chinese women with infertility problem. *Hum Fertil (Camb)* 2016 Dec;19(4):268-74.
15. Wischmann T. Sexual disorders in infertile couples: an update. *Curr Opin Obstet Gynecol* 2013 Jun;25(3):220-222.