

Sexual disorders in women hemodialysis

S.Lahlou¹, W. Fadili¹, I. Laaouad¹ and Lahlou Saloua²¹Service de néphrologie-hémodialyse CHU Mohamed VI, Marrakech²CHU Mohamed VI, Marrakech (service de néphrologie-hémodialyse)

ARTICLE INFO

Article history:

Received: 14 May 2014;

Received in revised form:

25 June 2014;

Accepted: 19 July 2014;

Keywords

Sexual Disorders,
Hemodialysis.

ABSTRACT

Disorders of sexual function seriously disrupt the experience of women followed by periodic but unfortunately they are encor taboo hemodialysis. The aim of our study is to determine the prevalence and find a correlation between clinical and biological parameters on the one hand and sexual disorders observed other. This is a multicenter, descriptive and analytical referred conducted in 63 premenopausal women followed by periodic hemodialysis cross-sectional study. The definition of sexual disorders is primarily based on the subjective assessment of patients. They were selected each time the patient reported that alteration of one or more stages of the sexual response. The mean age of patients was 39.25 ± 15.26 years. Causal nephropathy was 14% of glomerular, vascular 9.5%, 4.7% diabetic, tubulo-intrestitielle 4.7% and indeterminate in 66% of cases. Sexual problems were present in 69.2% of cases, in 77% of cases they appeared after the start of hemodialysis. It showed a decreased libido (61.9%), anorgasmia (38.4%), vaginismus (15%), dyspareunia (30%), disorders of arousal (53.8%), lack of sexual satisfaction (69.2%), an irregular cycle (30%) and secondary amenorrhea (15%). Only 30% of patients had previously talked about their troubles: a nephrologist (40%), partner (20%), friends (20%), herbalist (20%). Twenty percent of these patients were using traditional treatment. A comparative study between the group who had sexual dysfunction (group I) and those who had not (group II) was performed. No significant difference was found ($p > 0.05$) Discussion and The sexual problems are common in women hemodialysis. More efforts are needed to better understand their pathogenesis and optimize their care

© 2014 Elixir All rights reserved

Introduction

Disorders of sexual function seriously disrupt the quality of life and body image of women followed by periodic but unfortunately they are still a taboo subject hemodialysis. To our knowledge, until now no study on sexual function in hemodialysis patients Moroccan was made.

The objective of our study is to determine the frequency and nature of various sexual disorders encountered

Patients and Methods:

This is a multicenter, descriptive and analytical referred cross-sectional study conducted in 63 premenopausal women followed by periodic hemodialysis. Free and informed consent was required of all patients who participated in this study.

The definition of sexual disorders is primarily based on the subjective assessment of patients. They were held whenever the patient reported the alteration of one or more stages of the sexual response that disrupted the sexual experience of the subject as well as a clinical assay of biological parameters studied examination has also been made in our patients.

Results:

The average age of patients was 39.25 ± 15.26 years. Their average duration of dialysis was 7.40 ± 0.36 years. Causal nephropathy was undetermined in 66% of cases, 14% of glomerular, vascular, 9.5%, 4.7% diabetic, tubulointerstitial 4.7%.

Sexual disorders were present in 69.2% of cases. It showed a decreased libido (61.9%), anorgasmia (38.4%), vaginismus (15%), dyspareunia (30%), disorders of arousal (53.8%), lack of sexual satisfaction (69.2%), an irregular cycle (30%) and

secondary amenorrhea (15%). In 77% of the sexual disorders have appeared after the start of hemodialysis.

A comparative analysis between the group who had sexual dysfunction (group I) and those who had not (group II) was performed. The significance level was set at 0.05. No significant differences were noted.

Only 30% of patients had previously talked about their troubles: a nephrologist (40%), partner (20%), friends (20%), herbalist (20%). Twenty percent of these patients were using traditional treatment.

Discussion:

It has been widely demonstrated that hemodialysis patients are subject to more frequent sexual dysfunction or months and can be corrected after renal transplantation (1). However, few studies are devoted to the exploration of these disorders in women hemodialysis.

In our study we noted sexual abnormalities variables whose values are consistent with those of the literature. Thus, in patients undergoing hemodialysis sexual dysfunction may affect 36% to 70% of women.

These disorders can be partly explained by the psychological impact of the "dependency to a machine." The libido disorders are responsible for dissatisfaction with the level of sexual activity, sexual desire and frequency of orgasms, resulting in a lack of interest vis-à-vis the sexual act and advances partner. These problems reduce the quality of social life of the patient with her partner and overall quality of life (2,3).

The menstrual abnormalities are common. Indeed, less than 10% of patients on dialysis have regular cycles (4). In our

study, 30% of patients have an irregular cycle and 15% of secondary amenorrhea. These differences could be due at least in part to the young age of our population.

The decrease in estradiol levels and the frequent absence of the preovulatory LH and estradiol explain ovarian dysfunction and menstrual irregularity. Endorphins accumulate due to renal failure and may inhibit the release of gonadotrophins and consequently ovulation (5,6).

Prolactin levels are high, probably by increasing the production and perhaps decreased renal elimination (7).

The incidence of pregnancy in women on dialysis is rare (1-7%) and often punctuated evolution of maternal complications and / or fetal. Finally, menopause appears earlier in women with chronic renal failure (8).

Conclusion:

The sexual problems are common in women hemodialysis. They can be psychological or organic origin. More efforts should be made to demystify the subject, understand its pathogenesis and optimize its management. When it is possible, renal transplantation is the treatment of choice with a potential reversibility of all disorders, but observed so imperfectly constant

Bibliography:

1-M, Forêt. La fonction sexuelle chez l'insuffisant rénal : un sujet à ne pas

éviter. In Laboratoires Janssen-Cilag, editer, Les cahiers Dyalog. volume 2, chapter. Janssen-Cilag, january 2001.

2-Peng YS, Chiang CK, Kao TW, et al. Sexual dysfunction in female hemodialysis patients: a multicentre study. *Kidney Int* 2005; 68: 760–65.

3-Kadri N, Mchichi Alami Kh, Tahiri S. Sexual dysfunction in women. A population-based epidemiological study. *Arch Womens Ment Health* 2002;5:59—63.

4-Handelsmml and Dong, DJ Handelsman and Q Dong. Hypothalamo-pituitary gonadal axis in chronic renal failure. *Endocrinol Meta Clin North Am*, 22(1) :145-161

5-Basson RJ, Rucker BM, Laird PG, Conry R. Sexuality of women with diabetes. *J Sex Reprod Med* 2001; 1: 11–20.

6- Shalender Bhasin, Paul Enzlin, Andrea Coviello, Rosemary Basson. Sexual dysfunction in men and women with endocrine disorders. *The Lancet*, Volume 369, Issue 9561, 17–23 February 2007, Pages 597-611

7-Caticha et al. Total body zinc depletion and its relationship to the development of hyperprolactinemia in chronic renal insufficiency, *J Endocrinol Inoest*, 19(7) :441-448. July-August 1996.

8- J Guiserix. Grossesse en hémodialyse chronique. *Néphrologie*, 17(5) :297301, 1996.