

Sexual Functioning Impaired by Loss of Ovaries

BY DOUG BRUNK

SAN DIEGO — Women who underwent bilateral oophorectomy at the time of hysterectomy reported significantly decreased levels of sexual functioning, compared with women who underwent hysterectomy with ovarian conservation, results from a survey of 50 women showed.

The findings underscore the potential impact of prophylactic ovary removal on women's sexual functioning, Elizabeth Plourde, Ph.D., said in an interview during a poster session at the annual meeting of the North American Menopause Society.

"The potential for loss of ability to respond sexually is a very important consideration for women who are being advised to do prophylactic oophorectomy," said Dr. Plourde, a psychologist in Irvine, Calif., with research interests



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DR. PLOURDE

in the biochemical and structural changes that arise from removal of reproductive organs.

"They're not really being apprised of the significance" before undergoing the procedure, she said.

Dr. Plourde and her associates asked 25 women who underwent hysterectomy with ovarian conservation and 25 women who underwent bilateral oophorohysterectomy to complete the Changes in Sexual Functioning Questionnaire—Female (CSFQ-F) and the Sexual Response Questionnaire—Hysterectomy (SRQ-H).

The latter measure was designed for the study to compare the changes in sexual response before and after surgery. The mean age of the respondents was 49 years.

Only women with functioning ovaries, based on their responses to a survey of menopause symptoms, were retained for the hysterectomy-only group, she said.

Compared with women who underwent a hysterectomy with ovarian conservation, those who underwent bilateral oophorectomy at the time of hysterectomy had significantly lower scores in total sexual functioning, as well as lower scores in the subscale aspects of pleasure, desire/frequency, and desire/interest.

The number of women who were orgasmic was also lower among those who had bilateral oophorectomy, the study found.

Significant interactions favoring the hysterectomy with ovarian conservation group were also detected before and after surgery in total sexual functioning

scores and in the subscales of pleasure, desire/frequency, desire/interest, and orgasm/completion.

"I redid all of the calculations to make sure that they were right, because the degree of significance between the two groups surprised me," Dr. Plourde commented.

There were no statistically significant differences between the two groups of women in their rating of the impor-

tance of sex before and after surgery.

"The complexity and multifaceted nature of the human sexual response is demonstrated by the fact that not all the women who had their ovaries removed lost their interest in sex or ability to respond sexually, and not all of the women who retained their ovaries maintained their sexual functioning," the study investigators wrote in their poster.

"These conflicting results indicate

there are other factors that influence sexual functioning and need further research," they said.

Dr. Plourde acknowledged that the small sample size was a limitation of the study.

She disclosed no financial conflicts of interest. ■

A related video is at www.youtube.com/InternalMedicineNews (search for 69620).



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*NPRS = Numeric Pain Rating Scale.

†Zipsor (25 mg) was evaluated in multicenter, randomized, double-blind, placebo-controlled, parallel group studies. The baseline pain intensity ranged from 4-10 on the NPRS in both groups.

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