

PS2.300

Female sexual dysfunction and hypertension in a primary health care population

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Introduction: Female sexual dysfunction (FSD) represents a complex disease. Hypertension has been identified as a possible risk factor for FSD. In this study we intend to assess the prevalence of FSD in a group of hypertensive women of a Family Health Unit (FHU), and compare with a group of women without hypertension in the same FHU.

Methods: We conducted an analytic cross-sectional study based on a random sample of sexually active women of a FHU. We applied The Female Sexual Function Index (FSFI) questionnaire, validated in Portuguese, which evaluates six areas of female sexual function, through anonymous self-completion. Biographical and clinical data were obtained by the family physician, with written informed consent. Statistically significant was admitted for $p < 0.005$.

Results: We studied 108 women (54 with hypertension and 54 without history of hypertension). The prevalence of FSD in women with hypertension was 66.7% compared to 46.3% among women without hypertension, and there is a statistically significant association between FSD and hypertension in women (OR = 2.32, 95% CI 1.07 5.05; $p = 0.034$).

The average age among hypertensive women was 63.7 years. There is no significant difference in age between the group of hypertensive and normotensive women with FSD.

The comparison of the FSFI evaluation of the different areas of female sexual function between the two groups showed statistical significance for the desired domain, with evidence of more dysfunction in hypertensive women. The number of years of hypertension were significantly associated with FSD ($p = 0.009$).

Conclusion: The prevalence of FSD was higher in women with hypertension, with an associated risk 2.32 times higher than women without hypertension. This risk tends to increase with the number of years of hypertension. The physician should be alert to this problem to recognize and appropriately guide these patients.