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Sexual function and quality of life among hemodialysis patients

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Sexual dysfunction (SD) occurs in both among men and women with end-stage renal disease (ESRD) undergoing hemodialysis (HD). There are contradictory data about SD's impacts on patients' quality of life (QOL) according to gender. It seems that impacts of SD on QOL can be quite different among men and women. Indeed, there are studies showing that women are less emotionally affected by SD than men. We conducted three studies in this area encompassing ESRD patients undergoing HD in the only two dialysis centers in Northern Ceará state, Northeast Brazil. In all studies, we used the Brazilian version of the Medical Outcomes Study 36-Item Short Form Health Questionnaire (SF-36) to assess QOL level. SF-36 covers eight dimensions of QOL: Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional, and Mental Health. Among men between 20 and 50 years of age, the International Index of Erectile Function Index (IIEF) was used to measure erectile function. In turn, among sexually active women with age between 18 and 55 years, we used the Female Sexual Function Index (FSFI), which evaluates six domains of sexual function: Desire, Arousal, Lubrication, Orgasm, Satisfaction, and Pain. We found 42.4% prevalence of erectile dysfunction (ED) among men. Men with ED presented lower scores concerning all QOL dimensions when compared to men without ED. However, only the Mental Health dimension was significantly different. On the other hand, we found SD in 79.3% of women. Scores related to Physical Functioning, Bodily Pain, Vitality and Social Functioning were significantly lower among women with SD compared to women without SD. Moreover, the presence of SD was an independent predictor of depression among women on HD, increasing nearly six times the risk of depressive symptoms, as assessed by the Center for Epidemiologic Studies Depression Scale (CES-D). We concluded that ED and SD affect QOL of men and women in different ways. Among men with ED, the mental aspect of QOL (represented by the dimension Mental Health) is more affected, while among women the physical aspect of QOL (represented by the dimensions Physical Functioning, Bodily Pain, Vitality and Social Functioning) is more affected by SD. We concluded that routine screening of sexual function is necessary among HD patients aiming to detect SD, which is a treatable variable associated with poor QOL. In addition, after the start of therapy for SD, effects of the treatment on QOL dimensions should be checked to ensure an efficient result, taking into consideration the differences regarding gender.

Biography

Paulo Roberto Santos is Associate Professor at Federal University of Ceará, Brazil and coordinates the Graduate Program in Health Sciences of the Sobral Faculty of Medicine. His main research interests are self-perceived outcomes (quality of life, depression, coping strategies and sexuality) among end-stage renal disease patients.

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