

Poster presentation

Sexual dysfunction in HIV-infected women: prevalence and related factors

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Purpose of the study

Sexual dysfunction (SxD) in HIV-infected men has been well studied. Limited information on this topic exists in women. The objective of the study was to know the prevalence and related factors of SxD in HIV-infected women.

Methods

A cross-sectional study has been done in an HIV Unit in Barcelona, Spain, throughout 2007–2008. An interview and structured questionnaire was carried out by a female health staff. The SxD was defined when sexual dissatisfaction; and/or lack of sexual desire; and/or lack of sexual intercourse in the last 6 months were reported. Statistical analysis was performed with ANOVA using chi-square test for categorical variables and Mann Whitney U-test for continuous variables.

Summary of results

100 patients have been interviewed. The mean age was of 40.4 years; Spaniards 74; Caucasians 87. 90% were taking HAART and 80% had undetectable viraemia; the median of CD4 cell count was 494/ml. SxD was referred by 56% (dissatisfaction 28; lack of desire 37; lack of relations 28). The main reasons for the absence of sexual intercourse were loss of interest (64%) and fear to infect their partner (65%). Among the patients who had maintained sexual intercourse, 19% referred significant libido, lubrication, or orgasm decrease. The SxD began after the diagnosis of HIV infection in 78.5%, and after the beginning of HAART in 10.7% of the cases. Only eight women shared this problem with their doctor. The factors associated with SxD were menopause (80% of SxD, $p: 0.02$), psychological

disorders (66.7% of SxD, $p: 0.02$), not having higher levels of education (62% of SxD, $p: 0.01$), and not having a stable relationship (75.6% of SxD, $p: 0.001$). Low CD4 cell count was associated with SxD (380/ml against 605/ml; $p: 0.003$). Neither HIV-RNA nor class of HAART were related to SxD.

Conclusion

High prevalence of sexual dysfunction was detected in HIV-infected women. Usually this begins after HIV diagnosis; it is very rarely referred spontaneously. It is related to low CD4 cell count; low education level; the absence of stable relationship; menopause; and psychological disturbances.