

# A STUDY OF SEXUAL FUNCTION EVALUATED BY THE PREGNANCY SEXUAL RESPONSE INVENTORY (PSRI) AMONG WOMEN WITH GESTATIONAL DIABETES MELLITUS DIAGNOSIS

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## HYPOTHESIS / AIMS OF STUDY

In the light of relationship between gestational diabetes mellitus (GDM) and sexual dysfunction, our hypothesis is that the sexual function in women with GDM will be compromised compared to the pre-pregnancy period. The aim of this study was to compare PSRI composite and specific scores between women who recently were diagnosed and under treatment for GDM and women who were not.

## METHODS

This case-control study was conducted in a tertiary hospital, and was approved by the Research Ethics Committee of the Institution (CAAE: 73305517.5.0000.5411). The diagnosis of GDM was established between 24<sup>th</sup> and 28<sup>th</sup> gestational weeks, by the 75 g-OGTT test according to ADA's criteria (1). Sexual health is defined as "a state of physical, emotional and social well-being in relation to sexuality" and "not merely the absence of disease dysfunction or infirmity" (2, 3). Two hundred seventy six women were classified into two study groups: control group (non-GDM) and case group (GDM), and they were evaluated at third trimester of pregnancy.

## RESULTS

Compared with non-GDM women, women who did develop GDM had lower specific and composite PSRI scores ( $41.2 \pm 17.3$  versus  $54.5 \pm 15.0$ ,  $P < .0001$ ) and higher prevalence of pregnant sexual dysfunction (PSD) in the third trimester (66.7% versus 33.9%).

**Table 1.** Comparisons of specific and composite PSRI scores between GDM and non-GDM groups before and during pregnancy

Specific Scores	Before Pregnancy			During Pregnancy		
	GDM (n=108)	non-GDM (n=168)	P-value	GDM (n=108)	non-GDM (n=168)	P-value
Frequency Score	55.0 ± 22.6	55.9 ± 21.7	<.0001	31.9 ± 19.6	38.2 ± 18.4	<.0001
Desire Score	51.3 ± 49.5	82.4 ± 37.5	<.0001	46.3 ± 12.7	59.2 ± 22.3	<.0001
Arousal Score	50.0 ± 28.1	52.0 ± 24.0	0.5125	21.3 ± 27.5	46.1 ± 25.0	<.0001
Orgasm Score	60.6 ± 32.8	58.0 ± 31.1	0.5058	33.8 ± 29.6	51.4 ± 30.6	<.0001
Satisfaction Score	61.1 ± 23.2	65.9 ± 24.8	0.1086	27.0 ± 26.7	47.9 ± 23.1	<.0001
Dyspareunia Score	86.1 ± 34.7	84.5 ± 36.2	0.7186	49.0 ± 50.2	73.8 ± 44.1	0.4833
Intercourse start Score	58.3 ± 29.4	54.7 ± 29.0	0.3223	47.2 ± 23.5	49.4 ± 26.2	.0009
Female difficulties Score	84.2 ± 36.5	78.5 ± 41.1	0.2432	33.3 ± 47.3	53.5 ± 50.0	0.1863
Male sexual satisfaction Score	70.3 ± 29.8	66.3 ± 30.2	0.2815	32.8 ± 24.8	36.9 ± 24.6	0.7706
Male sexual difficulties Score	90.7 ± 29.1	89.8 ± 30.2	0.8153	89.8 ± 30.3	88.6 ± 31.7	<.0001
Composite score	66.8 ± 14.7	68.8 ± 15.7	0.2801	41.2 ± 17.3	54.5 ± 15.0	<.0001

Data presented as mean ± standard deviation

## INTERPRETATION OF RESULTS

Taken together, the interactions among pregnancy and GDM diagnosis affect the women's sexual function.

## CONCLUDING MESSAGE

This is an innovative study in the investigation the sexual function of women with gestational diabetes. In conclusion, sexual function evaluated by the specific and composite Pregnancy Sexual Response Inventory (PSRI) scores might be useful to identify sexual dysfunction in GDM women.

## REFERENCES

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