Female Sexual Function in Fibromyalgia.

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Background/Purpose: Fibromyalgia (FM) is a common condition in young and middle-aged women, which is mainly characterized by diffuse chronic pain and is associated with other manifestations such as fatigue, unrefreshing sleep, stiffness, anxiety and depresio´n1. Recent studies have evaluated that chronic pain syndrome and related manifestations could have a negative impact on sexual function of these patients, as well as psychophysical abuse history could act as potential triggers of FM. OBJECTIVE: Assess sexual function in women with FM and correlate with tender points count, clinical severity, anxiety, depression, chronic fatigue and history of physical and psychological violence.

Methods: A case-control study. Between 03/01/12 and 06/30/12 were included consecutively: women 18 years diagnosed with FM according to ACR criteria ’90, and healthy controls 18 years, without history of violence. We excluded patients with other causes of chronic pain disorders and psychotic disorders. We recorded: sociodemographic data, education, employment and menopausal status and sexual function by Female Sexual Function Index2 (FSFI: self-administered questionnaire that assesses six domains). In the FM group tender points count, duration of disease, medication, psychological care, presence of chronic fatigue (by Fukuda Criteria), clinical severity (FIQ-Spanish version), depression (HADS), and history of

physical or psychological violence (Screening Questionnaire of Violence)3 were assessed. We used Chi2test, Student t test and Mann-Whitney test, and Spearman correlation coefficient (significant p 0.05).

Results: We included 52 patients in the FM group and 52 in the control group. Median age: 50

9.2 and 47

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10 years, respectively.

FM Group: Medium evolution time: 60 months, mean pain points:

15

3, FIQ median: 67.8 (28–86). 73.1% received medication for FM and 44.2% demanded psychological care. Patients with FM showed level education (p 0.001) and work activity level (p 0.001).

56% had chronic fatigue, 35% depression and 75% had a history of personal violence. The most common link with the aggressor was, the current partner in cases of psychological violence (28.1%) and former partners for physical violence (31.25%).We found significant impaired sexual function vs controls (median FSFI total: 17.2 (1.2–33.3) vs. 29.4 (1.2–36), p 0.001) and the difference persists analyzing each domain of the FSFI. Having violence history generated a tendency to lower values of FSFI (no statistical significance). No correlation was found between values of FSFI and the other analyzed variables

Conclusion: Our patients with FM had impaired sexual function compared to control group. Physical and psychological violence were frequent but weren
t related with sexuality function.