



Female Sexual Dysfunction What's happening in Saudi Arabia?

W A E L A U W A D

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Female Sexual Dysfunction

- Sexuality is an integral part of human life and general well-being

WHO 2006

- FSD is a common problem with detrimental effects on QoL
- Marital and emotional problems

Franklin 2009

Prevalence

Prevalence study of 1749 American women

43% were dissatisfied with sexual function:

- Lack of interest: 33%
- Arousal difficulties: 14%
- Pain: 11%
- No orgasm: 15%

Laumann1999

Prevalence

Prevalence study of 1456 Iranian women

52% had one or more sexual problems:

- Desire difficulty: 64%
- Arousal difficulty: 11.9%
- No orgasm: 21.3%

Goshtasebi 2009

Prevalence

Prevalence study of 1000 Egyptian women

68.9% had one or more sexual problems:

- Dyspareunia: 31.5%
- Decreased desire: 49.6% of the
- Difficult arousal: 36%
- No orgasm: 16.9%

Increased awareness

“The uterus goes wild when deprived of semen”

Hippocrates

Increased awareness

- More women want to discuss their sexual concerns with their doctors
- Rely on their gynaecologists in matters related to sexuality and sexual health
- Routine screening of FSD should be an integrated part of women's health care

Nausbaum 2000

FSD screening

- Gynaecologists know less than half of their patients' sexual concerns
- Unaware of how common they are in their practice

Nausbaum 2000

- Numerous studies reported discomfort among Gynaecologists in addressing sexual health issues due to various reasons

Smith 2009

Age and sexual activity

- Older women and men are not sexual beings

Rheaume and Mitty 08

- Many older adults are sexually active (drops with age and more in men than women)
- Growing market targeting older people: Sexy ageless consumer (ED treatments)

Lindau 07

What's happening in Saudi Arabia?

Aims of the study

- Determine whether ObGyns in KSA address sexual function as part of gynaecologic history
- Assess perceived barriers regarding sexuality and sexual health
- Assess the status of their training and practice and compare it to UK and USA

Materials and methods

- ObGyns in KSA asked to anonymously complete a multiple-choice question survey
- Same questionnaire was previously used to assess practice of members of AUGS and BSUG

Pauls 2005, Thakar 2009

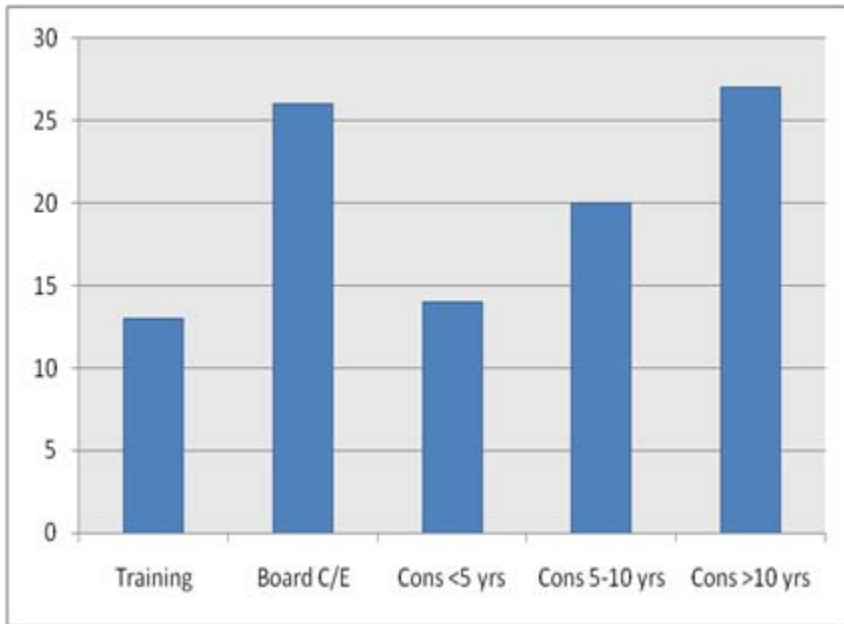
- Questionnaire consisted of 20 questions
- Permission obtained from the authors

Results

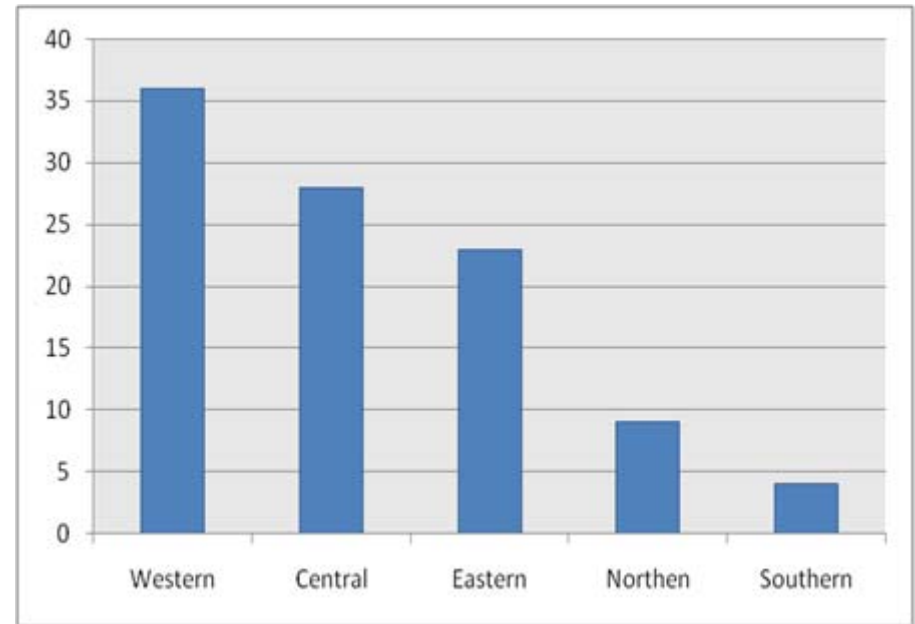
- 450 questionnaires distributed
- 288 (64%) responded
- 271 complete
- 67% females
- 70% 30-50 yrs of age

Results

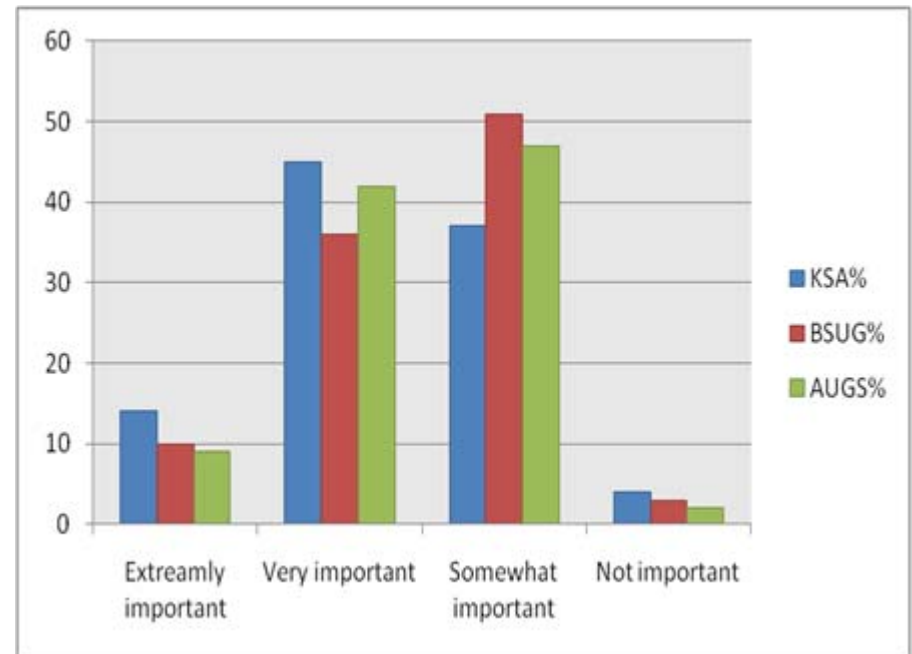
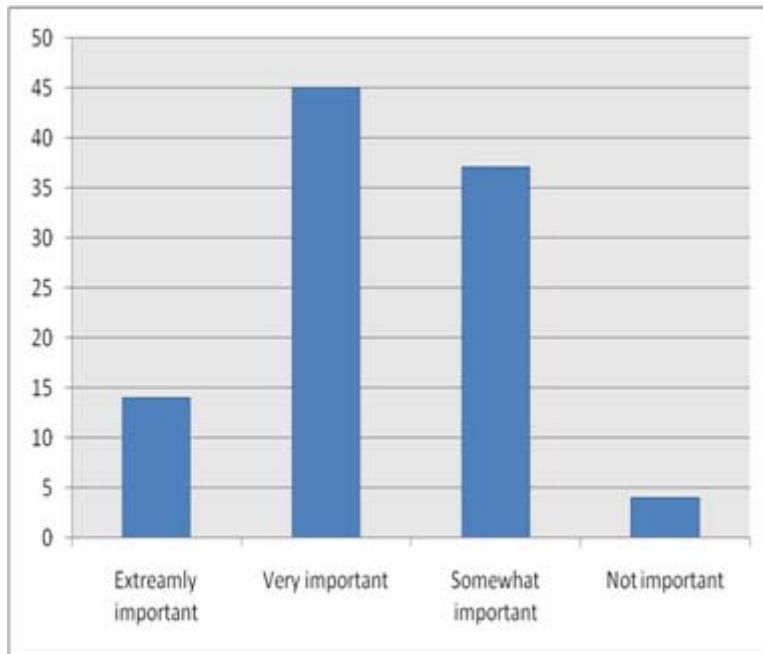
Length of practice



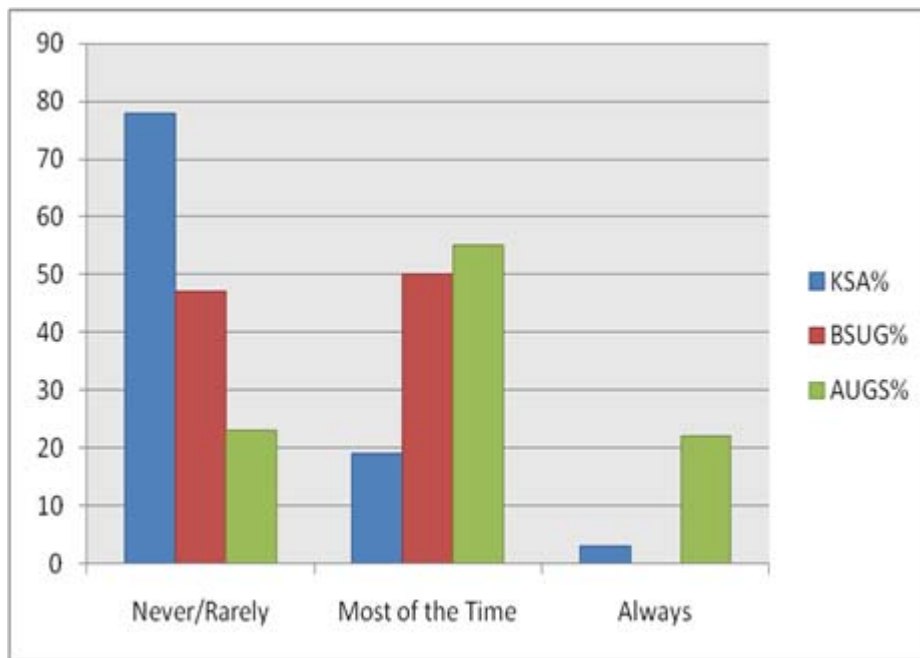
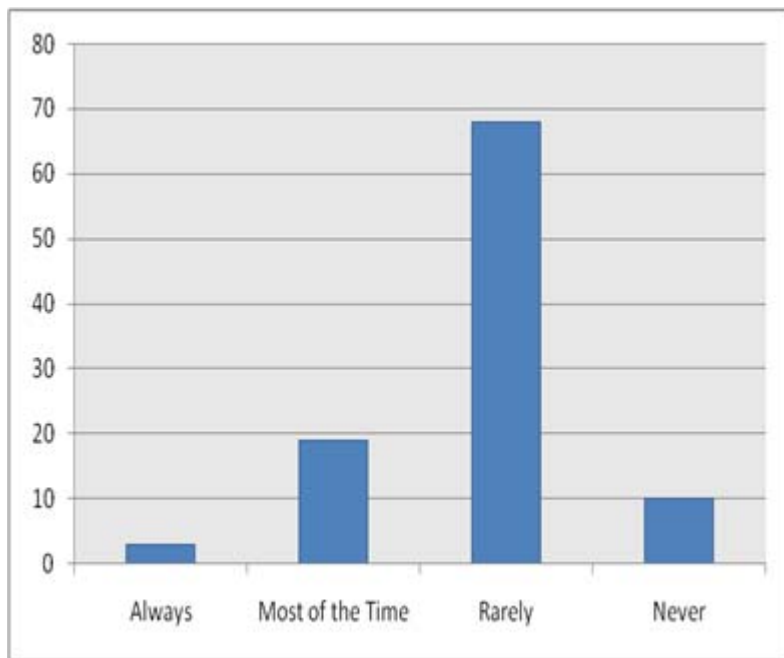
Area of practice



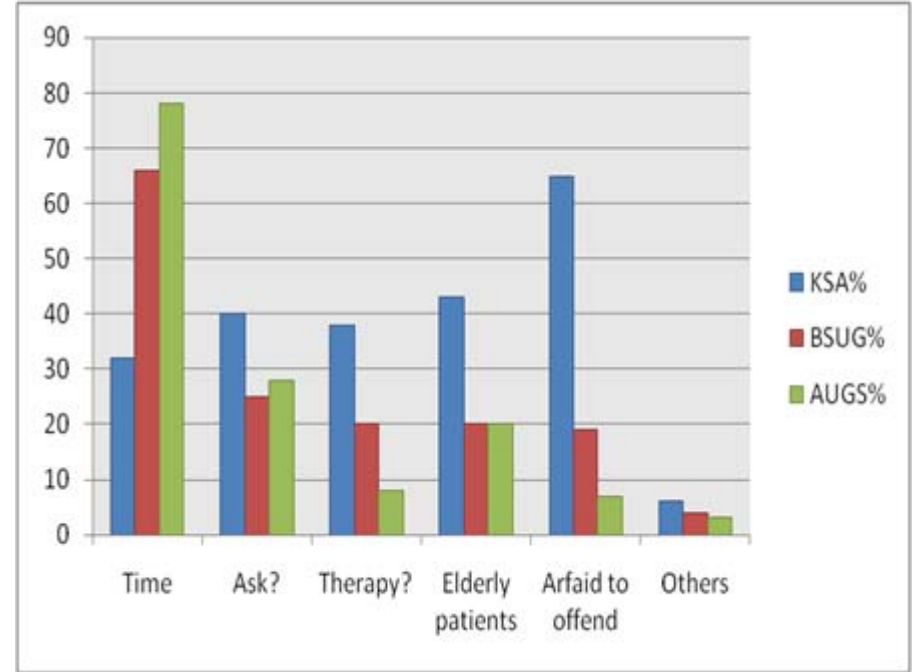
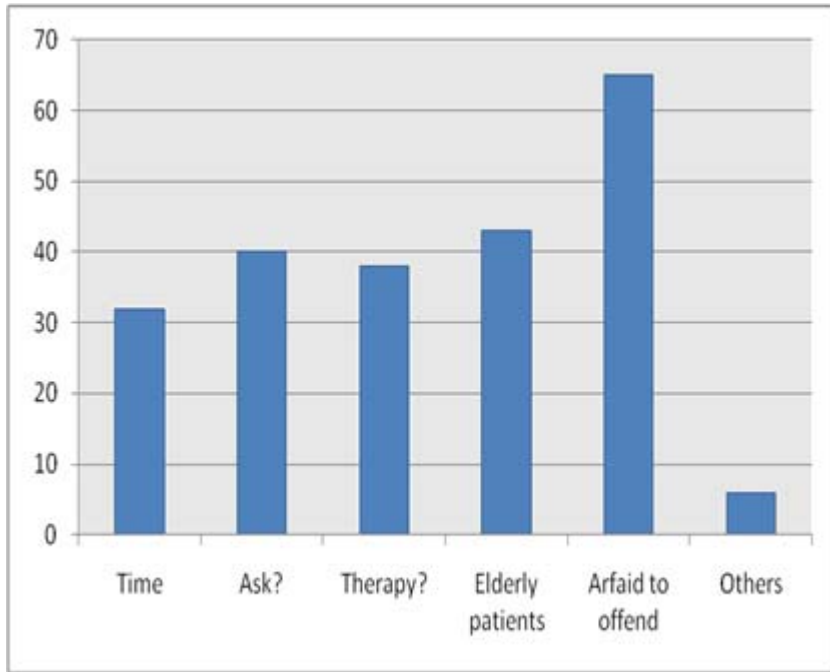
How important is screening for FSD?



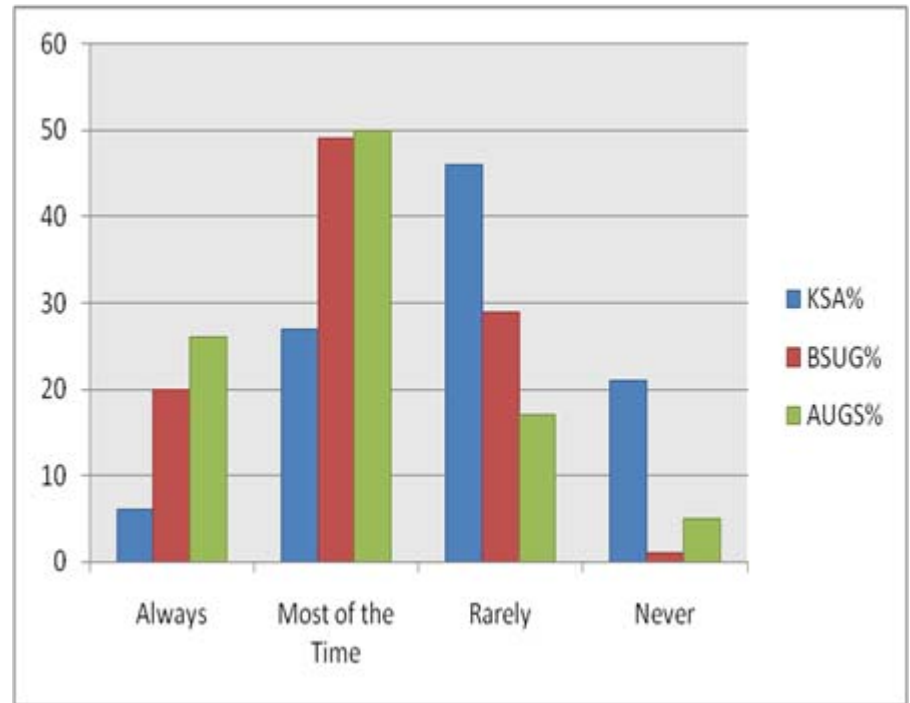
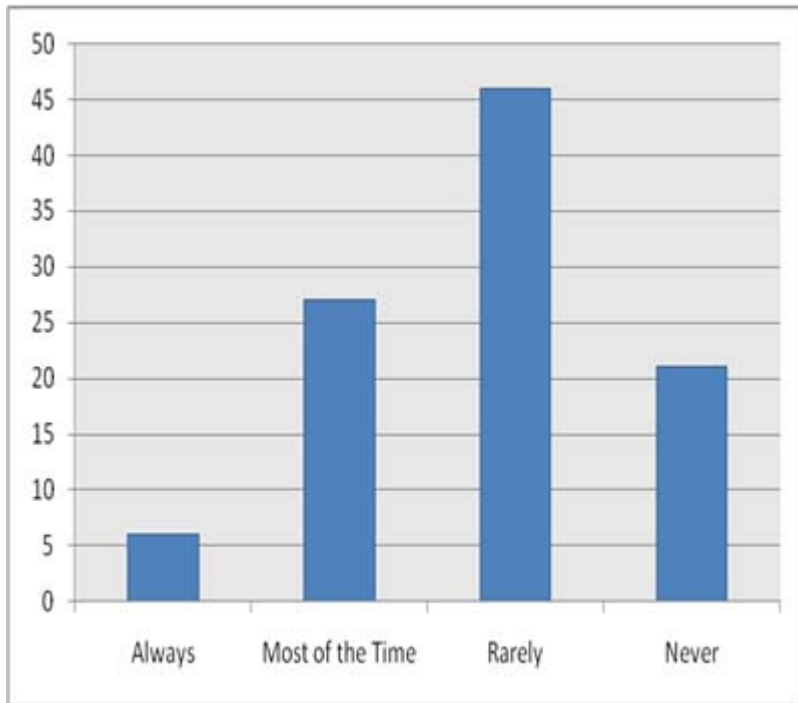
How often do you screen for FSD?



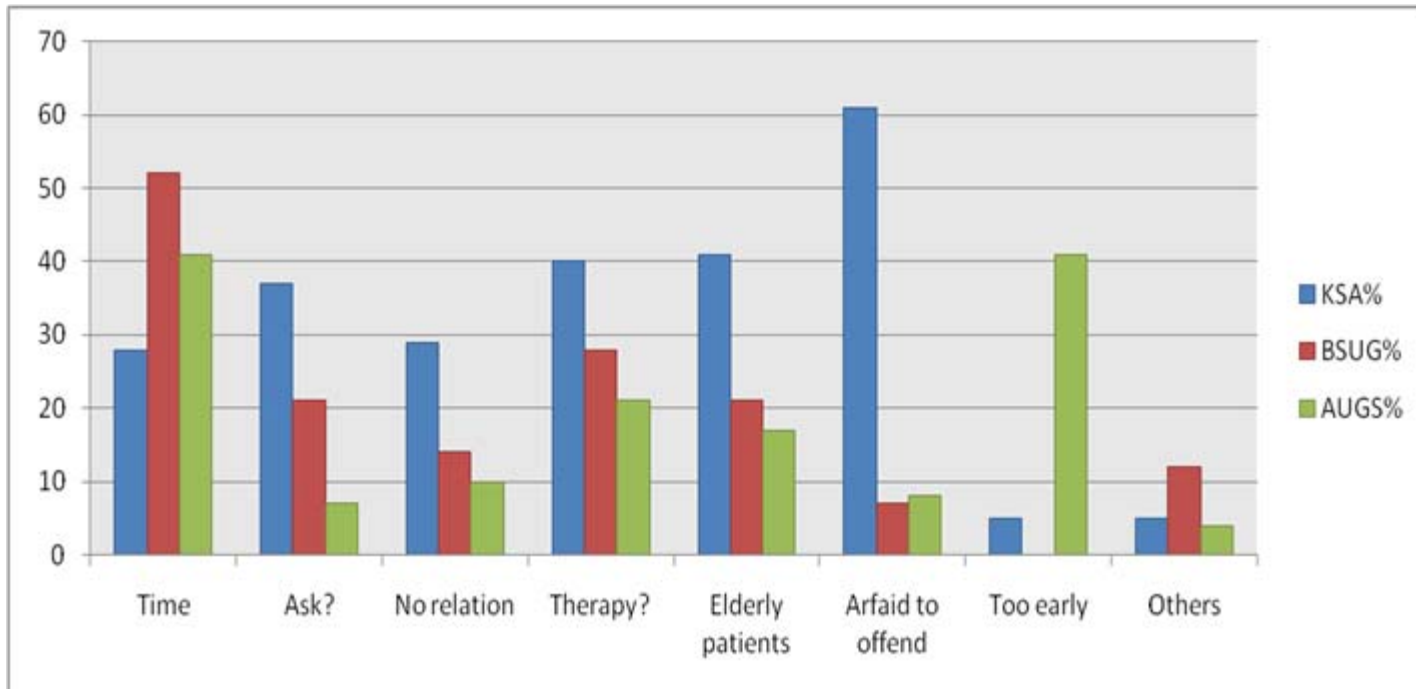
What are the barriers to screening?



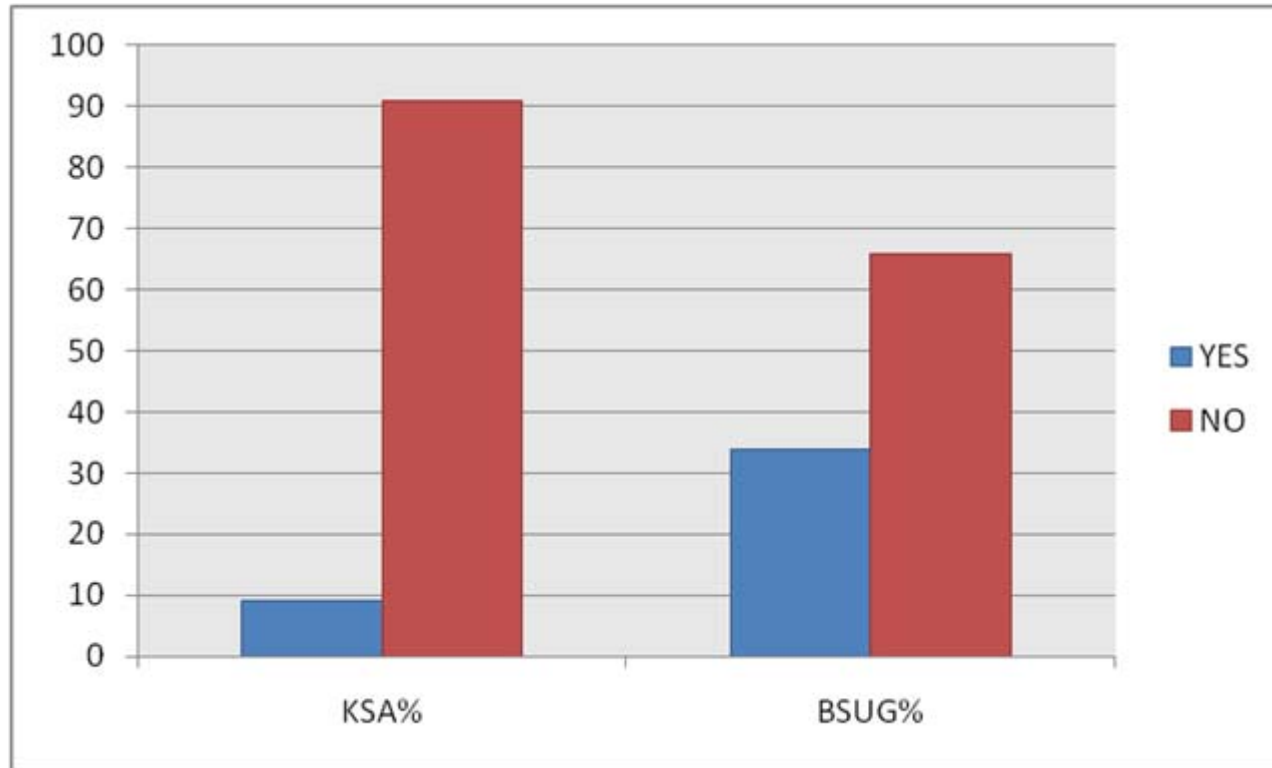
Screening after surgery



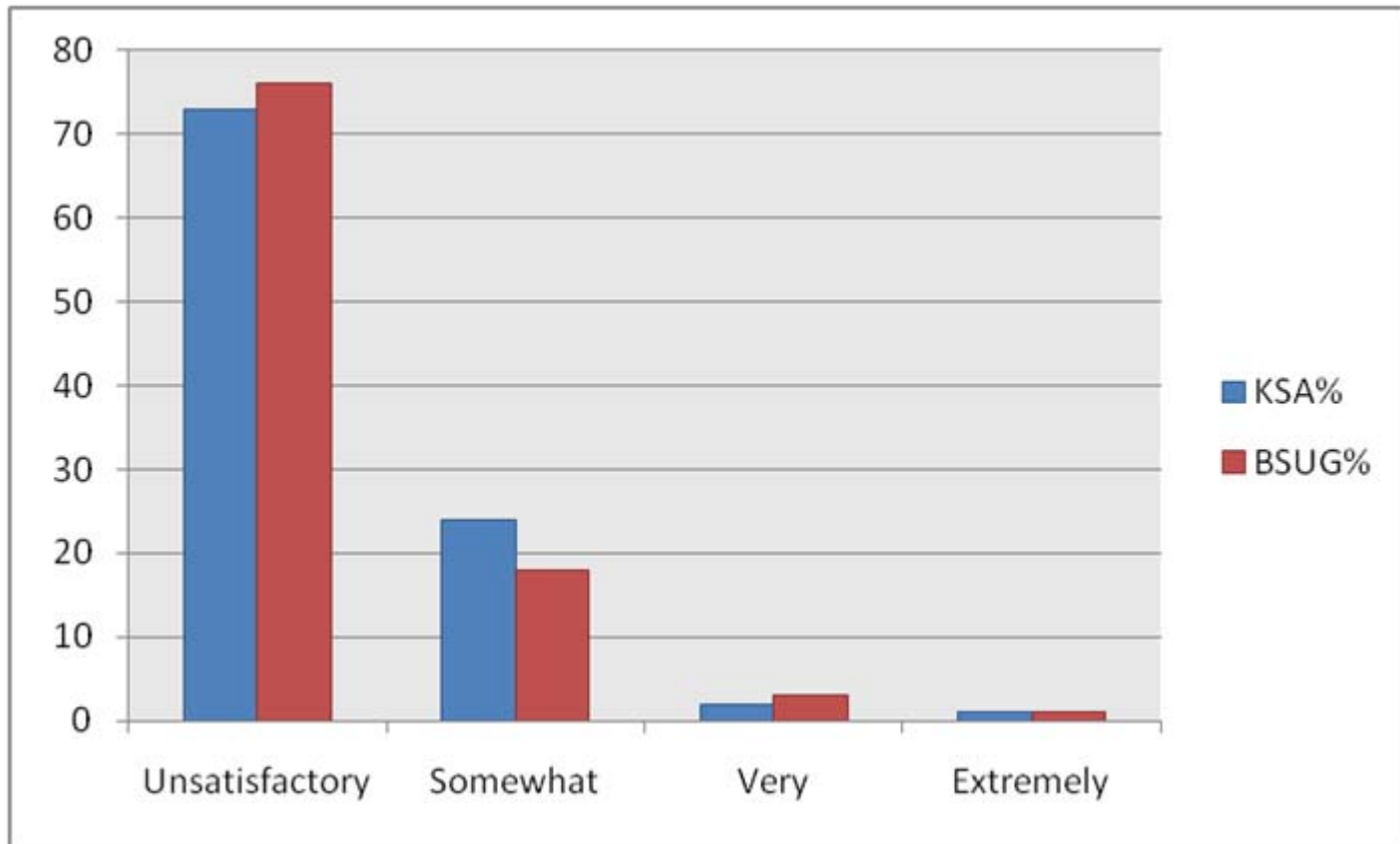
Barriers after surgery



Do you have access to a counsellor?



How do you rate your training in FSD?



Conclusion

- Most ObGyns in KSA felt that it is important to screen for FSD
- Screening was not included in patients assessment by large number of them
- Cultural taboos were the most common barrier for screening
- Weak skills due to lack of focus and encouragement during training

Conclusion

- No mention of sexual function/dysfunction in the Saudi and Arab board certification curricula (apart from dyspareunia)
- Similar trends regarding lack of training in KSA and UK

Recommendations

Training

- Medical curricula and training should involve sexual function and dysfunction
- Multidisciplinary

Practice

- Initiated by gynaecologists
- Non- judgmental
- Algorithms of practice
- Referral system