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Sexual dysfunction in female patients with multiple system atrophy

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Objective: To characterize sexual dysfunction in female patients with Multiple System Atrophy (MSA).

Background: The diagnosis of probable MSA relies on the presence of parkinsonian and/or cerebellar signs along with a severe cardiovascular or urogenital dysautonomia. Erectile dysfunction is required to fulfil the urogenital dysautonomia criterion in males, whereas no correlating item has been established for females. Up to date, the characterization of sexual disturbances in female patients with MSA has been neglected.

Methods: We administered a standardized questionnaire, the Female Sexual Function Index (FSFI) and investigated the effect of mood and concomitant gynecological comorbidities in female patients with MSA and in age-matched controls. We additionally interviewed patients and controls about presence of "genital hyposensitivity" [1].

Results: We recruited 25 MSA female patients (12 of cerebellar type) and 42 female controls. FSFI scores in MSA females were significantly lower as compared to controls (16,2(8,7;20,1) versus 28,4(21,3;30), p=0,001). The largest difference concerned the items desire (p=0,007), arousal (p=0,01) and lubrication (p=0,02). Genital hyposensitivity was reported by 14 MSA (56%) and 4 controls (9%, p<0,0001).

Conclusions: Sexual dysfunction is highly prevalent in MSA female patients. Screening for disturbances of specific sexual domains should be implemented in the clinical evaluation of female patients with suggestive motor symptoms.

References

[1] W. Oertel, T Wächter, NP Quinn, G Ulm, D Brandstädter, Reduced genital sensitivity in female patients with multiple system atrophy of parkinsonian type, Mov. Disord. 18 (2003) 430–432. https://doi.org/10.1002/mds.10384.