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M. Ahmet Tunçkiran & M. Burak Hoşcan

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CLINICAL STUDY

Sexual Partner Satisfaction of the Patients with Chronic Renal Failure

M. Ahmet Tunçkiran and M. Burak Hoşcan

Faculty of Medicine, Department of Urology, Alanya Practice and Research Center, Başkent University, Alanya, Turkey

Abstract

Objectives: Sexual satisfaction is one of the important components in social life. It can be spoiled by many factors such as chronic diseases. Therefore, chronic diseases may spoil partners' sexual satisfaction. In this study, we aimed to evaluate sexual partner satisfaction of the patients with chronic renal disease. **Methods:** Forty-three couples attempted the study. A total of 24 female (age: 32–67) and 19 male (age: 25–72) partners answered the questionnaire forms. Turkish validated form of "International Index of Erectile Function (IIEF)" for male participants and Turkish validated form of "Female Sexual Function Index (FSFI)" for female participants were used. Partners who have chronic diseases were excluded. Female partners were divided into premenopausal ($n = 11$) and postmenopausal ($n = 13$) groups. **Results:** Mean score of male partners was 15.4 (10–22) and overall female partners was 13.5 (4–20). The mean score of premenopausal female partners was 14.8 (10–20) and postmenopausal group was 12.4 (4–18). Generally, all the scores for bothersome questions were low for all male and female partners. There was no statistically significant difference between the scores of premenopausal and postmenopausal female partners' groups ($p > 0.05$). After male patients had used 20 mg tadalafil, their premenopausal partners' FSFI scores improved significantly. **Conclusions:** The study shows that chronic diseases such as chronic renal failure affect not only the patients' sexual life but also their partners' sexual life, and it is clearly seen that the decrease of sexual satisfaction is not age demanding. Evaluating sexual functions of both patients with chronic renal disease and their partners should be a routine procedure in urological practice.

Keywords: sexual dysfunction, sexual partner, chronic renal failure

INTRODUCTION

Chronic renal failure (CRF) is a relatively common disease in the general population that affect not only kidneys but also most of the organs and systems. After the introduction of dialysis, deaths due to CRF had decreased and survival time had increased. Increase of survival has taken new chronic problems among the patients who underwent hemodialysis for years. But the lack of effective treatment modalities about this chronic disease yields some social problems.

Due to the physiological and emotional complications of chronic disease such as loss of physical strength, decrease of sexual hormones, and emotional lability, sexual functions for patients with chronic renal disease became secondary issues. But numerous studies suggest that most of the patients suffer from sexual insufficiency.^{1–3}

Chronic renal disease cause capillary obstruction and arterial insufficiency. Hormone metabolism changes and sexual hormones decrease due to the decrease in the

production of sex hormone-binding globulin and conversion of sexual hormones to the active forms. Most of the studies suggest that endocrine metabolism especially sexual hormone metabolism breakdown because of chronic disease. Combinations of organic and psychological factors take part in the pathophysiology of this condition.^{4,5}

Sexual functions of the patients with CRF were investigated several times since 1970s and those studies have highlighted the high prevalence of sexual dysfunction among patients of both sexes with CRF.^{4–7} However, there is no study that considers the satisfaction of partners of the patients with chronic renal disease. Sexuality is a social aspect and can be important for all interactions among couples. Since sexual activity is general among a couple, sexual insufficiency of one of the couple can affect both of them, and also chronic diseases like CRF may spoil sexual and social status. Inadequate psychological, medical, or surgical treatments may decrease patients' and partners' well being and resistance to the

Address correspondence to M. Ahmet Tunçkiran, Department of Urology, Alanya Research and Practice Center, Baskent University, Alanya-Antalya, Turkey. Tel.: +90542 2635620; Fax: +90242 5115563; E-mail: atunckiran@yahoo.com

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complications of main treatment. Therefore, satisfaction of the partner of patients with chronic renal disease should be another goal for the long-term treatment.

In this study, we considered the partner satisfaction among the patients who underwent hemodialysis for chronic renal disease.

PATIENTS AND METHODS

A total of 46 couples attempted the study. Partners who have chronic diseases or who used drugs chronically were excluded ($n = 3$) (Table 1). All the couples were heterosexual and declared that they do not have any polygamic relations.

Twenty-four female (age: 32–67) and 19 male (age: 25–72) partners answered the questionnaire forms. Male partners answered Turkish validated form of “International Index of Erectile Function (IIEF)” and female partners answered Turkish validated form of “Female Sexual Function Index (FSFI).” Female partners were divided into premenopausal ($n = 11$) and postmenopausal ($n = 13$) groups. Premenopausal group aged between 32 and 52 and postmenopausal group aged between 54 and 67.

Male partners underwent penile Doppler study and no organic erectile dysfunction was revealed. In addition, free testosterone and prolactin levels were in normal range. All erectile dysfunctions among male partners were substantiated to have psychological origin.

No male patient had contraindication for the usage of tadalafil. Nine male patients who have premenopausal female partners and seven male patients who have postmenopausal partners received 20 mg tadalafil 1 h before the sexual activity and the female partners filled FSFI forms again after the sexual intercourse.

Table 1. Exclusion criteria for partners.

Exclusion criteria for partners:

- Other chronic diseases
- Drug usage
- Any sexual disorder

Statistical analysis was performed to compare the groups. Student’s t test was performed to evaluate the difference between the groups.

RESULTS

A total of 43 couples completed the study. Mean score of male partners was 15.4 (10–22) and overall female partners was 13.5 (4–20). The mean score of premenopausal female partners was 14.8 (10–20) and postmenopausal group was 12.4 (4–18). Generally, all the scores for both some questions were low for all male and female partners.

The main manifestations among female partners were decreased libido and lack of orgasm. Decreased libido was significantly higher in postmenopausal partner group than premenopausal group ($p < 0.05$). Twelve female partners (50%) suffered from both decreased libido and lack of orgasm.

The main manifestations among male partners were decreased libido, erectile dysfunction, and premature ejaculation. Decreased libido was the most established problem among male partners (47.36%, $n = 9$). Erectile dysfunction and premature ejaculation rates were 36.84 and 15.78, respectively (Figure 2). Age was a significant predictive factor for both decreased libido and erectile dysfunction but not for premature ejaculation.

After the use of 20 mg tadalafil twice a week, there was a significant improvement in sexual dysfunctions among female partners, particularly among premenopausal group. The mean score of premenopausal partners increased to 21.2 ($p < 0.05$) and postmenopausal to 14.8 ($p > 0.05$) (Figure 1). Improvement of the scores of premenopausal partners after tadalafil usage was particularly due to the improvement of the scores related with sexual arousal, orgasm, and satisfaction.

DISCUSSION

Sexual activities are one of the most important parts of marital life. Chronic diseases are also known to affect social life. Therefore, partners should be aware of being affected by chronic diseases in their lifetime and also in their sexual life.

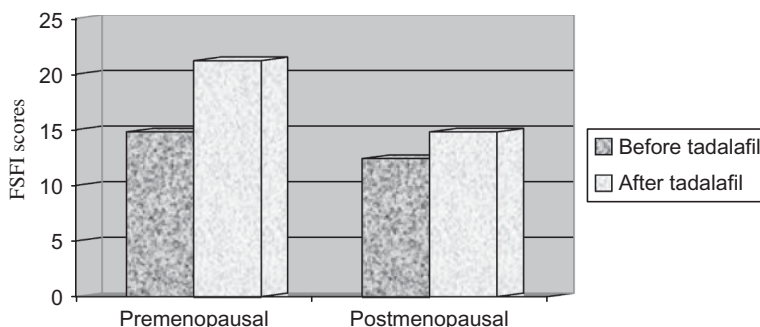


Figure 1. FSFI scores of female partners before and after tadalafil usage of male patients.

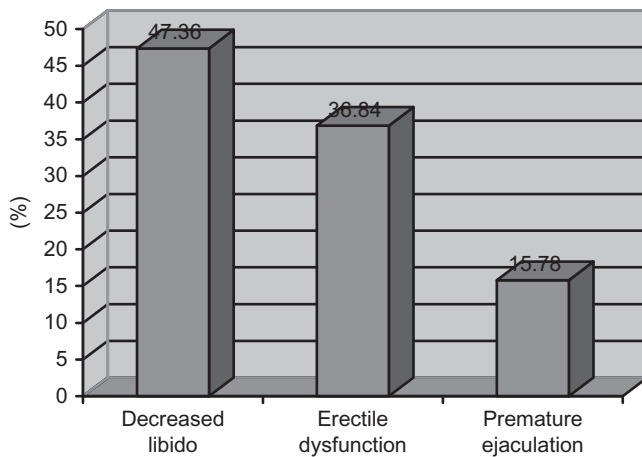


Figure 2. Distribution of sexual dysfunctions among male partners.

Chronic hemodialysis is a realistic and rational treatment for CRF. After the introduction of hemodialysis for chronic renal diseases, life time of the patients with CRF extended significantly. This brought into some social problems for occupation, for social life, and certainly for sexual life. It is mentioned in a meta-analysis study that sexual dysfunction is highly prevalent in both men and women with CKD, especially among those on dialysis.⁸ Accordingly, partner satisfaction is a complementary part of the sexual life, and it must be considered important. Therefore, partner satisfaction of the patients with CRF should not be ignored any more. It should be considered as the most impressive factor in the patient's sex life.

In the recent study, it is very obvious that nearly all male and female partners are problematic at different stages about sexual life. Unfortunately, none of them mentioned it before. Sexual dysfunction in chronic diseases such as CRF is accepted as an anticipated result of these kinds of situations, and it is accepted as if it is a kind of "destiny". Therefore, no clinical studies for the partners' sexual satisfaction could be found.

Decreased libido was the most frequent problem among all male and female partners. This result seems to be multifactorial like low quality of life, lack of social life, psychological depression due to a chronic disease, and lack of personal care. The significant difference between premenopausal and postmenopausal partners was also unsurprising. Levy⁹ compared women with CRF before and after starting a hemodialysis program and showed that abstinence from sexual intercourse was raised from 9% to 33%, respectively, and the anorgasmia was recorded 9% and 31%, respectively.

Erectile dysfunction rates also should not be undervalued. In a study, erectile dysfunction rate was 57.9% among 119 patients.¹⁰ As the male partners are known to not have any organic erectile dysfunction, the reason may be blinded to psychological bases. It is also

obvious that age is a predictive factor for both decreased libido and erectile dysfunction. However, this may not be an explanation for premature ejaculation. Both decreased libido and erectile dysfunction in male partners are seemed to be due to similar reasons like the female partners.

Phosphodiesterase-5 inhibitors are seemed to have a key role over the satisfaction of the partners of CRF patients. Although neurological, endocrinal, and vascular causes are not allocated, erectile dysfunction among CRF patients is mostly known to be due to organic causes.⁴ Beside these, erectile dysfunction may be a side effect of antihypertensives and elevated parathormone levels. Hypotension also can cause erectile dysfunction.⁴ Therefore, the usage of any phosphodiesterase-5 inhibitor is controversial in hemodialysis patients.¹¹ In the recent study, tadalafil was favored due to its less hypotensive potential among the other phosphodiesterase-5 inhibitors. After the use of tadalafil, the improvement of FSFI scores of the partners was significant. It should be annotated that erectile dysfunction affects female partners abundantly. Additionally, improvement of erectile dysfunction or presumptive hormonal dysfunctions of male patients should be the main goal for the female partners' sexual satisfaction. This strengthens the hypothesis claiming that the partner satisfaction is important and very relevant to patient's sexual performance and satisfaction. Furthermore, partner satisfaction should not be underestimated and be included in the evaluation of CRF patients in order to expedite solutions for social and sexual problems of CRF patients and endure the couples for a long treatment period like hemodialysis. Informing, educating, and encouraging patients with CRF and their sexual partners about the estimated sexual problems should be one of the main goals of the long-term treatment.

CONCLUSION

Sexual dysfunction is a widespread problem among the patients with CRF and their sexual partners. It is commonly seen in both male and female partners. Partner satisfaction can be improved by the treatment of the patients, and particularly, premenopausal female partners significantly respond to those kinds of treatments. Therefore, sexual partner satisfaction should be taken into consideration while evaluating and informing the patients, and sexual treatment of the couples should be one of the main goals for CRF treatment process.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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