Menorrhagia Treatments Improve Sexual Function

BY BRUCE K. DIXON
Chicago Bureau

La Jolla, Calif. — Hypo menorrhagia and lev onorchestrol-releasing intrauterine system are equally effective for improving sexual functioning in women being treated for menorrhagia, according to Dr. Karolina Halmesmaki.

“One-third of women suffer from menorrhagia during their reproductive years, and as a result have a lower quality of life,” she said at the annual meeting of the Association of Reproductive Health Professionals.

The most common surgical treatment for this condition is hysterectomy, which has the po tential to affect sexual functioning by disrupting the vaginal nerve supply and changing pelvic anatomy, explained Dr. Halmes maki, a professor in the depart ment of obstetrics and gynecology at the University of Helsinki.

“Previous randomized controlled trials comparing hystereotomy with medical treat ment … have produced contro versial results. The aim of our study was to compare these two treatments for sexual functioning,” she said.

The study included 236 non depressed women aged 35-49 years who were referred for menorrhagia to five university hospitals in Finland. Equal numbers of women were matched and random ized to either surgery or a levonorgestrel-releasing intrauterine system (LNG-IUS).

Sexual functioning was assessed by a modified McCoy sexual scale, a questionnaire addressing sexual satisfaction, partner satis faction, and sexual problems.

“Sexual satisfaction increased in both groups at 6 months’ fol low-up, but more so in the hys terectomy group,” Dr. Halmes maki said. “However, the two groups did not differ at 12 months and 5 years.”

Sexual problems decreased among women with hystere comies at 6 and 12 months, but again, there was no group differ ence at the 5-year follow-up.

“Interestingly, even though the two groups did not differ with re gard to sexual satisfaction or sex problems at 5 years, the women using LNG-IUS were less satisfied with their partners at 1 year and beyond; they generally felt their partners were not as good [sexu ally],” Dr. Halmesmaki said.

In explicity, smoking on the part of the women also was associated with lower partner satisfaction, she commented.

Polycystic Ovarian Morphology
Does Not Raise Risk of PCOS

BY MELINDA TANZOLA
Contributing Writer

Hormone therapy with conjugated equine estrogen, with or without progestin, does not appear to reduce the risk of early-stage age-related macular degenera tion in older women.

The Women’s Health Initiative (WHI) Sight Exam study was designed to assess the association between hormone therapy and age-related macular degeneration (AMD) in women at least 65 years of age. A total of 4,262 women were recruited from the WHI randomized clinical trials of hormone ther apy, in which they had been randomized an average of 5 years earlier to receive conjugated equine estrogen (CEE) with or without progestin, or placebo. Two previous studies had shown a reduction in risk of AMD of 30%-40% with hormone therapy.

For the current study, the women under went fundus photography and the images were graded for AMD severity based on a six level scale. The primary outcome of the WHI Sight Exam was any AMD.

After adjustment for confounding factors, CEE with or without progestin had no effect on the overall incidence of early AMD. Over all, 21.0% of women in the study had any AMD, with the incidence ranging from 14.7% in women aged 65-69 years to 20.8% in women aged 75 or older. Only 1.1% of women had evidence of late AMD (Arch. Ophthalmol. 2006;124:988-92).

To minimize the effect of preexisting AMD, study investigator Dr. Mary N. Haan, of the University of Michigan, Ann Arbor, and her associates excluded women who had been diagnosed with AMD before the WHI randomized clinical trials and investigators could not be completely certain which women had disease at randomization and which developed AMD after randomization.

Moreover, they were not able to evaluate the women with a longer follow-up because the WHI trials were discontinued early.

Women taking CEE and progestin were 17% less likely than those taking placebo to have soft drusen, which has been associated with a risk of developing late-stage AMD and visual impairment.

If this treatment does reduce the develop ment of soft drusen, it could be beneficial for prevention of later-stage disease,” the re searchers noted. But they also concluded that hormone treatment “does not influence the occurrence of early AMD.”

Hormone Therapy Doesn’t Cut Risk of Macular Degeneration

BY MELINDA TANZOLA
Contributing Writer

The results also showed that women with controlled hypertension had a significantly lower prevalence of sexual dysfunction than did women whose hypertension failed to reach goal levels during treatment; Dr. Michael Doumas reported at the annual meeting of the American Society of Hypertension.

But a third finding was that women who were treated with antihyper tensive drugs had a higher prevalence of sexual dysfunction than did untreated women. Dr. Doumas speculated that this was caused by the effects of certain antihypertensive drugs, such as diuretics and β-blockers. Treatment with other drug types, the angiotensin re ceptor blockers and angiotensin-con verting enzyme inhibitors, appeared to reduce sexual dysfunction, he said.

“We need to treat hypertension be cause of its effect on adverse cardiac outcomes. But there is a hint that we can lower blood pressure with some drugs and also have good effects on female sexual function,” said Dr. Doumas, a physician in the depart ment of internal medicine at the Hos pital of Alexandroupolis in Athens.

The study enrolled 492 women with hypertension and 201 normotensive women. Their average age overall was about 48, and all were sexually active.

The women completed a 19-ques tion form that has been validated as a way to evaluate sexual function. The questions dealt with several domains of female sexual function: desire, sexual lubrication, orgasm, satisfac tion, and pain.

Among the women with hyperten sion, 42% had scores indicating sexual dysfunction, compared to 19% among the normotensives, a statisti cally significant difference.

The prevalence of sexual dysfunc tion increased significantly with the duration of hypertension. Among women who had been hypertensive for fewer than 3 years, 16% had a score indi cating sexual dysfunction; the rate rose to 33% among women with hypertension for 3-6 years and 79% among women with hypertension for more than 6 years. Age also showed a significant interaction with prevalence. Among women aged 31-40 years, the prevalence of dysfunction was 21%; the rate rose to 38% among women aged 41-50 and to 57% among women older than 50.

The prevalence of sexual dysfunc tion was 48% among women treated for hypertension, compared with 33% among the untreated hypertensives, a significant difference. The average age was 48 in both groups. But the prevalence was lower still among the hy pertensive women who had their pressure controlled by treatment. With control defined as a pressure of less than 140/90 mm Hg, the prevalence of sexual dysfunction in women with controlled hypertension was 27%, sig nificantly less than the 51% of women with uncontrolled hypertension who had dysfunction.

It’s not yet known how antihyper tensive drugs exert differing effects on sexual function. In general, drugs that cause vasodilation appear to im prove sexual dysfunction, Dr. Doumas said.

Hypertension Boosts Sexual Dysfunction in Women

BY MELINDA TANZOLA
Contributing Writer

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