Metabolic Syndrome Linked to Sexual Dysfunction in Older Women
Postmenopausal women with metabolic syndrome report lower sexual activity, desire, and sexual satisfaction, according to a new report in The American Journal of Medicine

Philadelphia, PA, July 12, 2016 – Understanding the effects of age and disease on sexual wellbeing is crucial as sexual health is increasingly associated with vitality. In a new study published in The American Journal of Medicine, researchers looked at the role metabolic syndrome and cardiovascular disease play in postmenopausal women's sexual health. They found that metabolic syndrome was strongly associated with decreased sexual activity, desire, and sexual satisfaction and that specific cardiovascular events were linked to reduced rates of sexual activity, but not with sexual desire or satisfaction. The study also showed that coronary artery disease was more prevalent in women with low rates of sexual activity.

Past studies have suggested that sexual dysfunction in women is more closely related to psychosocial factors such as depression and marital status than to any physical cause. Investigators from the University of California San Diego School of Medicine surveyed 376 postmenopausal women from the Rancho Bernardo community using a Female Sexual Function Index (FSFI) questionnaire. They found that women with metabolic syndrome reported low sexual satisfaction, decreased desire, and diminished sexual activity. Waist size, diabetes, and hypertension were additionally associated with decreased sexual activity and elevated triglycerides were linked to lower desire.

“In these healthy community-dwelling older women, the prevalence of low sexual desire was significantly higher in women who met the diagnostic criteria for metabolic syndrome,” explained Susan Trompeter, MD, lead investigator and clinical professor in the Department of Medicine at the University of California San Diego School of Medicine/Veterans Affairs San Diego Healthcare System. “In addition, we observed a higher prevalence of dysfunction by FSFI criteria in desire, arousal, orgasm, and satisfaction, comparing sexually active women with metabolic syndrome to those without.”

Researchers also looked at various cardiovascular events and their effects on sexual health. They discovered that heart attack, coronary artery bypass, and angina were associated with decreased sexual activity, but that those cardiovascular factors did not influence sexual desire or satisfaction. Additionally, women with low sexual activity were more likely to have coronary artery disease. “Metabolic syndrome in women may be more closely related to coronary artery disease than other cardiovascular outcomes,” noted Elizabeth Barrett-Connor, MD, corresponding author and Distinguished Professor in the Department of Family Medicine and Public Health at UC San Diego School of Medicine.
While some cardiovascular events lead to lower sexual activity, the study found that a past diagnosis of heart failure, poor circulation, and stroke had no association with sexual function and that no cardiovascular disease was linked to sexual desire or sexual satisfaction.

“Decreasing estrogen levels have been reported to precede a decrease in sex hormone-binding globulin and testosterone, which may decrease sexual desire or sexual activity, or both,” said Dr. Trompeter. “Therefore, the decrease in endogenous estrogen during perimenopause may be linked both to a decrease in sexual function and to an increase in cardiovascular risk.”

This new study shows that metabolic syndrome can play a part in the decline of sexual desire and function in postmenopausal women. It was associated with decreased sexual activity, as well as desire and satisfaction. Coronary artery disease was more prevalent among women with low rates of sexual activity; and women who had suffered a heart attack, had a coronary artery bypass, or angina were also less sexually active.

“Overlapping pathways affecting sexual function in women are complex and still poorly understood; however, both physiological and psychological variables contribute to sexual activity and function,” concluded Dr. Trompeter. “Prevention of chronic disease and optimization of health may preserve sexual activity and satisfaction.”

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NOTES FOR EDITORS


Full text of this article is available to credentialed journalists upon request. Contact Jane Grochowski at +1 215-239-3712 or ajmmedia@elsevier.com to obtain copies. Journalists who wish to interview the authors may contact Susan E. Trompeter, MD, at +1 858-756-9226, +1 619-977-8613 (cell), Susan.Trompeter@va.gov, susan@drtrompeter.com; Elizabeth Barrett-Connor, MD, at +1 858-534-0511, ebarrettconnor@ucsd.edu; or Michelle Brubaker, Senior Communications and Media Relations Manager, UC San Diego Health Marketing and Communications, at +1 858-249-0456, mmbrubaker@ucsd.edu.

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