

Validation of the Female Sexual Function Index and the Female Sexual Distress Scale-Desire/Arousal/Orgasm in Chinese Women

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Abstract : Introduction: Distressing low sexual desire is common in China, while the lack of reliable and valid instruments to evaluate symptoms of hypoactive sexual desire disorder (HSDD) impedes related research and clinical services. Aim: This study aimed to validate the reliability and validity of the Female Sexual Function Index (FSFI) and the Female Sexual Distress Scale-Desire/Arousal/Orgasm (FSDS-DAO) in Chinese female HSDD patients. Methods: We administered FSFI and FSDS-DAO in a convenient sample of Chinese adult women. Participants were diagnosed by a psychiatrist according to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR). Results: We had a valid analysis sample of 279 Chinese women, of which 107 were HSDD patients. The Cronbach's α of FSFI and FSDS-DAO were 0.947 and 0.956, respectively, and the intraclass correlation coefficients of which were 0.86 and 0.89, respectively (the interval was 13-15 days). The correlation coefficient between the Revised Adult Attachment Scale (RAAS) and FSFI (or FSDS-DAO) did not exceed 0.4; the area under the receiver operating characteristic (ROC) curve was 0.83 when combined FSFI-d (the desire domain of FSFI) and FSDS-DAO to diagnose HSDD, which was significantly different from that of using these scales individually. FSFI-d of less than 2.7 (1.2-6) and FSDS-DAO of no less than 15 (0-60) (Sensitivity 65%, Specificity 83%), or FSFI-d of no more than 3.0 (1.2-6) and FSDS-DAO of no less than 14 (0-60) (Sensitivity 74%, Specificity 77%) can be used as cutoff scores in clinical research or outpatient screening. Clinical implications: FSFI (including FSFI-d) and FSDS-DAO are suitable for the screening and evaluation of Chinese female HSDD patients of childbearing age. Strengths and limitations: Strengths include a thorough validation of FSFI and FSDS-DAO and the exploration of the cutoff score combining FSFI-d and FSDS-DAO. Limitations include a small convenience sample and the requirement of being sexually active for HSDD patients. Conclusion: FSFI (including FSFI-d) and FSDS-DAO have good internal consistency, test-retest reliability, construct validity, and criterion validity in Chinese female HSDD patients of childbearing age.

Keywords : sexual desire, sexual distress, hypoactive sexual desire disorder, scale

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