

همایش جنبه های خاص بیماری مغز و اعصاب در دوران بارداری سازی تسرماه ۱۳۹۱

Sexual dysfunction in Multiple Sclerosis (MS)

Rahnama Parvin¹* Mohammadi Khadijeh² Shafighe Piri²

- *Assistant Professor, Dept of midwifery, Faculty of Nursing and Midwifery, Shahed University
- Instructor, Dept of midwifery, Faculty of Nursing and Midwifery, Shahed University

*Email: p_rahnama1381@yahoo.com

Introduction: The hormonal changes that occur during pregnancy induce a physiological shift from Th1 to Th2 immune response, reflecting a favorable profile of anti-inflammatory cytokines. This shift may, at least in part, be the reason for the reduced relapse rate observed during pregnancy. Sexual dysfunction (SD) in patients with multiple sclerosis (MS) is common, but often overlooked symptom multiple sclerosis. The purpose of this study was to determined sexual dysfunction in women with multiple sclerosis.

Materials and Methods: This was a cross sectional study. Participants were MS patients that who recruited from two MS clinics in Tehran. Data on sexual dysfunction and demographic characteristics were collected. Participants were examined to determine the clinical characteristics by a neurologist. Descriptive analyses were carried out to explore the data. In all 226 MS patients were studied. The mean age of participants was 35.77 years (SD = 8.07). Of total participants in this study, 125(55/3%) were diagnosed as having sexual dysfunction. 23.3% of participants perceived that severity of sexual dysfunction were as same before diagnosis of MS, also 64.1% reported that the severity of sexual dysfunction more than from before diagnosis MS and 12.6% was not married in this study. Also, the result of this study showed that in the participants who had experienced MS exacerbation, in these participants 85.4% experienced sexual dysfunction more than before diagnosis MS disease. Conclusions: This article was research on female sexual dysfunction in MS women's to gain a better understanding of how these aspects of a woman's life impact the health care services. Since pregnancy caused increase of sexual dysfunction, it seems that this complication in women with MS disease and pregnancy must be more than women who they have not pregnancy. Women's health care practitioners have an opportunity to advance patient satisfaction and overall health by evaluating and communicating with female patients about their sexual function.