Letter to the Editor

Sexual function, depression, anxiety, and vulvovaginal candidiasis
Candidiasis and psycho-sexual symptoms

Emre Başer¹, Demet Aydoğan Kırmızı¹, Mustafa Kara², Ethem Serdar Yalvaç¹

¹Department of Obstetrics and Gynecology, Yozgat Bozok University Faculty of Medicine, Yozgat, Turkey
²Department of Obstetrics and Gynecology, Ahi Evran University Training and Research Hospital, Kırşehir, Turkey

Adress for Correspondence: Emre Başer
Phone: +90 505 274 92 03 e-mail: emrebasermd@gmail.com


Received: 23 October, 2020 Accepted: 06 January, 2021

To the Editor,

Dear Editor, We read the paper by Zeinab Moshfeghy et al. entitled "Association of sexual function and psychological symptoms including depression, anxiety, and stress in women with recurrent vulvovaginal candidiasis" published in June 2020, volume 21, issue 2 of your journal with great interest (1). Female sexuality is a highly complex and multifactorial issue. The effect of the vaginitis that every woman experiences 'at least once' in her lifetime, especially candidal, on sexual function cannot be overseen. The authors aimed to make an objective assessment as much as possible using the most commonly used Female Sexual Function Index (FSFI) questionnaire in the world. However, determining some other variables while evaluating the problem could strengthen the study. Also, examining the regression analysis, it is seen that it cannot be understood whether it is univariate or multivariate and, therefore, the relationship of the variables with the subject is not revealed. We would like to point three issues on this subject; First and the most important that the demographic characteristics of the patients have not been presented. The characteristics of the study and control groups such as age, body mass index, occupation, education level, and substance addiction have not been given. Especially, age affects sexual functions concerning body mass index body perception. The second important issue is the 'male sexual' functions. According to the Global Study of Sexual Attitudes and Behaviors, 28% of sexually active men in the general population have at least one sexual problem (2). Periodic to frequent early ejaculation was reported by 14% of the men, slightly more frequently than erection difficulties (10%), and a total of 9% complained of lack of interest in sex (2). These dysfunctions affect female sexual functions (3). In all societies, especially in developing countries, the effect of male sexual dysfunctions on women is overseen. It is acceptable that this evaluation was not made, but it might be appropriate to mention it as an important limitation. The third and last issue is that conditions such as polycystic ovary syndrome (PCOS), endometriosis, pelvic masses, and urinary incontinence, which can cause...
psychological and sexual dysfunction in women, have not been excluded. For instance, although different results have been reported on sexual dysfunctions in PCOS patients, it has been stated that depression and anxiety are more common in these patients and, in evaluations made with FSFI, there are often variations in satisfaction scores, especially concerning hirsutism and body mass index (4, 5). Considering the results reported by the authors, mentioning these factors, which have been reported to be effective for both depression, anxiety, and sexual functions, would provide a healthier evaluation for us readers.

Conflict of Interest: No conflict of interest is declared by the authors.
Financial Disclosure: The authors declared that this study received no financial support.

References