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**DOI: <https://doi.org/10.1016/j.cont.2023.101026>**

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**SESSION 38 - TRANSGENDER HEALTH, MALE SEXUAL DYSFUNCTION, URETHRA****Abstracts 309-320**

16:00 - 17:30, Room 101

Chairs: Prof Philip Edward Van Kerrebroeck (Belgium), Dr Alexandra Millman (Canada)

**309** | [www.ics.org/2023/abstract/309](http://www.ics.org/2023/abstract/309)**FACTORS RELATED TO SEXUAL FUNCTION IN TRANSGENDER INDIVIDUALS**Barcelos T<sup>1</sup>, Franceschini S<sup>2</sup>, Brito L<sup>3</sup>, Jorge C<sup>2</sup>, Lara L<sup>2</sup>

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**HYPOTHESIS / AIMS OF STUDY**

Little is known about the sexual function (SF) of transgender (trans) people. Most of the studies use questionnaires that are validated for cisgender individuals.<sup>1</sup> This study aimed to evaluate factors related to SF in trans-men and trans-women.

**STUDY DESIGN, MATERIALS AND METHODS**

Trans individuals who were outpatients at our gender incongruence (GI) center for follow-up of gender affirming hormone therapy with age ranging 27 to 30 years old were invited to participate in this cross-sectional study. Clinical data were collected from the medical records. The scale female sexual function index (FSFI) was administered to all trans-females (n=50) and all trans-males (n=58). The FSFI questionnaire has 19 questions grouped in six domains (desire, arousal, lubrication, orgasm, pain, and satisfaction). The score  $\leq 26.55$  is a risk for sexual dysfunction<sup>2</sup>. Also, each participant also responded to a semi-structured questionnaire that assessed feelings regarding being transgender in Brazil and satisfaction with sexual life. The Hospital Anxiety and Depression Scale (HAD) questionnaire was used to assess the individual's mood. The HAD has 14 items divided in two subscales: seven to assess anxiety, and seven to assess depression. The cutoff score for anxiety and depression is  $\geq 8$  and  $\geq 9$ , respectively<sup>3</sup>. A logistic regression model was constructed to estimate the relationships of different variables with FSFI scores, and the results were reported as odds ratios (ORs).

**RESULTS**

There were 108 participants, 58 (53.70%) trans men, and 50 (46.30%) trans women. These two groups were similar in most characteristics, but differed in comorbidities, body mass index (BMI), duration of relationship, number of sexual partners, and frequency of sexual intercourse.

Analysis of the FSFI scores showed that 32 trans men (55.2%) and 41 trans women (82.0%) had total FSFI scores of 26.55 or less. Relative to trans women, the trans men had a significantly better total FSFI score and in the domains of arousal, lubrication, orgasm, and satisfaction (all  $P < 0.01$ ).

The semi-structured analysis of sexual satisfaction showed that 17 (28.80%) trans men were very dissatisfied or dissatisfied, and 21 (30%) were very dissatisfied or dissatisfied

**INTERPRETATION OF RESULTS**

The Table 1 shows the results of the estimate of the logistic regression model with univariate analysis for being risk of SDF and evidences that age, BMI, years of study, ethnicity, marital status, sexual orientation, GAS, satisfaction with gender affirming hormone therapy, and feeling discriminated do not predispose SDF. While the gender, therefore being women, dissatisfaction with body appearance, having risk for anxiety and depression are factors of risk of sexual dysfunction.

A multivariate analysis of these data showed that being a trans woman (OR: 0.242, 95% CI: 0.095, 0.615) and having score of risk for depression in the HADS (OR: 0.22, 95% CI: 0.055, 0.88) were significant risk factors for SDF (Table 2).

**CONCLUDING MESSAGE**

Our FSFI results indicated a high risk of SDF in trans women (82%), and that more than half of trans men also had a risk for SDF. However, these rates of SDF were lower in our semi-structured questionnaire. This discrepancy suggests the need for more specific validated questionnaires that more adequately assess the sexual function of trans individuals. It also demonstrates

that validated questionnaires that were developed for cis-gender people are inappropriate for assessing sexual function of trans-gender people. Nonetheless, we found that status as a trans-female and depression increased the risk for SDF in our population.

**FIGURE 1**

Table 1. Crude odds ratio estimates followed by the respective 95% confidence intervals of the exploratory variables in relation to the FSFI outcome (score  $\leq 26.55$ )

Variable	Odds ratio	CI 95%	
		IL	UL
Gender	0.252	0.104	0.612
Age	0.995	0.948	1.044
BMI	3.881	0.562	3.881
Education level	2.014	0.178	2.014
Ethnicity	0.921	0.38	2.232
Marital status	0.471	0.158	1.399
Sexual orientation (hetero vs homo)	1.378	0.218	8.688
Sexual orientation (bi vs homo)	2.667	0.1584	45.141
GAS	0.635	0.226	1.784
Satisfaction with GAHT	4.47	0.516	38.727
Satisfaction with body appearance	2.540	1.114	8.702
Discrimination	0.733	0.324	1.658
Anxiety	0.318	0.139	0.73
Depression	0.182	0.051	0.654

BMI: body mass index, GAS: gender affirming surgery, GAHT: gender affirming hormone therapy

Table 1. Crude odds ratio estimates followed by the respective 95% confidence intervals of the exploratory variables in relation to the FSFI outcome (score  $\leq 26.55$ )

**FIGURE 2**

Table 2. Adjusted odds ratio estimates followed by the respective 95% confidence intervals of the exploratory variables in relation to the FSFI outcome (score  $\leq 26.55$ )

Variable	Odds ratio	CI 95%	
		IL	UL
Gender	0.242	0.095	0.615
Satisfaction with body appearance	1.796	0.094	0.614
Anxiety	0.51	0.202	1.289
Depression	0.22	0.055	0.88

BMI: body mass index, GAS: gender affirming surgery, GAHT: gender affirming hormone therapy

Table 2. Adjusted odds ratio estimates followed by the respective 95% confidence intervals of the exploratory variables in relation to the FSFI outcome (score  $\leq 26.55$ )

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**Funding** NONE **Clinical Trial** No **Subjects** Human **Ethics Committee** Research **Ethics Committee** of the Clinical Hospital of Ribeirão Preto Medical School (RPMS) **Helsinki** Yes **Informed Consent** Yes

**Continence 7S1 (2023) 101026**  
**doi:** 10.1016/j.cont.2023.101026