Effect of Treatment Methods on Sexual Dysfunction in Women with Polycystic Ovary Syndrome: A Systematic Review

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ABSTRACT

Introduction: Polycystic ovary syndrome (PCOS) is the most frequent endocrine disorder in 5-10% of women of reproductive age. Obesity, alopecia, hirsutism, acne, infertility, anxiety, depression, and low self-confidence in this disease affect sexual performance. In women with PCOS, clinical hyperandrogenism is common, but it does not influence sexual function. The purpose of this study was to investigate the effect of treatment methods on sexual dysfunction in women with PCOS.

Search Strategy: In this review article, the search process was performed in the English and Persian scientific databases of PubMed, Scopus, Google Scholar, Magiran, Irandoc, and SID using the main keywords "polycystic ovary syndrome" and "sexual dysfunction" from 2010 to 2024. In the initial search, 371 articles were found, of which 19 were included in the study.

Results: Obesity, alopecia, hirsutism, acne, infertility, anxiety, depression, low self-confidence in this disease, and body image affect sexual performance. In women with PCOS, clinical hyperandrogenism is common, but it does not affect sexual function. Arousal disorder (genital, mental, combined, and stable), orgasm disorder, dyspareunia, vaginismus, and sexual desire and interest disorder were among the sexual function disorders. Also, mental Studies have shown that counseling during four sessions based on the PLISSIT counseling model or couple therapy counseling based on the BETTER model can affect the reduction of dyspareunia, sexual arousal, orgasm, and sexual desire. Also, 16 weeks of resistance training could affect sexual desire and sexual arousal and reduce depression and anxiety. Taking oral contraceptive pills had a significant effect on orgasm, sexual pleasure, and reducing dyspareunia. Also, using medicinal plants such as rose, mallow, chamomile, and malva, herbal capsules such as Moshel Samghi, Raha capsule, and Squill Oxymel capsule increased libido, reduced dyspareunia, and improved ovarian function. Metformin tablets and improving the quality of life also affected sexual performance. Imagination caused sexual dysfunction and fewer orgasms in obese women.

Conclusion and Discussion: About two-thirds of women with PCOS had sexual dysfunction. It seems that the use of medicinal and chemical plants, along with improving the quality of life and sexual counseling, can affect the sexual performance of women with PCOS.

Keywords: Polycystic ovary syndrome, Sexual dysfunction, Therapeutics

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