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Correspondence

Comparative analysis of copper intrauterine device impact on female sexual dysfunction subtypes



Dear Editor,

We've read with interest the Letter to the Editor by Vincenzo and Giulia Puppo [1] commenting upon our article regarding the effect of copper intrauterine devices on female sexual function subtypes.

Female sexual health should be assessed as a whole by considering biopsychosocial factors. Female sexual dysfunction contains disorders of desire, arousal, pain, and inhibited orgasm [2]. In order to differentiate orgasm from the other sexual functions, it is also important to consider physiological aspects, as well. Orgasm is not only caused by female erectile-organ bioactivity (e.g., clitoris, vestibular bulbs, labia minor), but also psychosocial factors mostly discussed in relation to female orgasmic ability, including age, social class, education, religion, personality, and relationship issues [3]. Therefore, we believe that orgasmic disorders (like in all female sexual dysfunctions) should be considered and evaluated as a multidimensional problem instead of a chaos merely relating to the clitoris.

Findings from the National Social and Health Life Survey revealed that orgasmic problems are the second most frequently encountered female sexual problem reported in the United States [4]. Orgasmic disorder may be just one of the causes leading to sexual dysfunction. Nevertheless, orgasm and sexual health can be considered as nested circles. It is true that inadequate sexual stimuli with or without intercourse might result in orgasmic difficulties; however, in the current study, orgasm is not discussed as vaginal orgasm (this issue should be subject to further studies), and also non-discrimination between vaginal and clitoral orgasm is considered. Moreover, achieving orgasm with or without penetration during sexual activity is not used as a vicious circle. If a woman can achieve orgasm without penetration, but cannot achieve a clitoral orgasm (manual or by any stimuli) during penetrative course, her sexual life would also be negatively affected.

Non-discrimination of sexual activities in the Female Sexual Function Index (FSFI) helps patients comprehend all sexual activities and fill out questionnaires simply, as shown in our previous study [5]. As can be seen in FSFI subscales, the items are not only based on intercourse. In the items concerning arousal and lubrication, we used the words "sexual activity" and "during intercourse". Similarly, in the items concerning orgasm, "sexual stimuli" and "intercourse" were used. "Sexual activity" and "sexual stimulation" include self-masturbation or that engaged by a partner,

cunnilingus, and all activities during intercourse (e.g., foreplay, stimulation with a finger, or any other ways to stimulate the clitoris), except penetration. Therefore, while the women were completing the questionnaire, they could easily understand not only intercourse with penetration, but also other types of sexual activity. The Turkish version of the FSFI questionnaire is a valid and reliable instrument that can be used to evaluate the sexual life of Turkish women [6].

In conclusion, FSFI never limits sexuality as penetration or orgasm; it helps patients see the overall picture of sexuality. Therefore, the FSFI questionnaire can be considered a holistic view of the assessment of sexual health.

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