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P242. Exploring the relationship among sexual function, cues for sexual desire and psychological general well-being in a sample of healthy women seeking hormonal contraception.

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Context: The potential impact of hormonal contraception on sexual function has been explored with mixed results and no data are available on cues for sexual desire before prescription. Psychological general well-being may be an important component of women's attitudes toward sexuality and it may influence adherence.
Objective: To investigate the importance of assessing cues for sexual desire and psychological general well-being when evaluating sexual function before a prescription of hormonal contraception.
Methods: Healthy, sexually active, nulliparous women (n°=115) between 15 and 35 years of age entered a 6-month prospective study, which is still on going. In here, we report baseline data on sexual function [Female Sexual Function Index (FSFI)], stimuli associated with sexual desire [Cues for Sexual Desire Scale (CSDS)], presence of hypoactive sexual desire disorder [Sexual Interest and Desire Inventory Female (SIDI-F)] and dimensions of well-being [Psychological General well-being Index (PGWBI)].
Results: 36.5% (n=42) showed female sexual dysfunction (FSD), whereas hypoactive sexual desire disorder (HSDD) was present in 34.8% (n=40) and severe PGWB distress in 27.8% (n=32) of our study sample [mean age: 23.4±4.2 yrs; median BMI: 20.6 (95% CI: 201.-21.3) kg/m2]. Erotic/explicit and implicit/romantic cues were less reported by women with HSDD (p<.004, p<.03, respectively), whereas visual/proximity cues were more reported by women with severe PGWB distress (p<.02). A mild positive correlation was evident between age and erotic/explicit and implicit/romantic cues (r=0.2; p=.02, r=0.2; p=.03, respectively). A strong association was present between HSDD and FSD (n=33/42, 78.6%; chi-square<.001), whereas in around half of the cases HSDD was associated with severe PGWB (n=17/32, 53.1%; chi-square=.01). Among many clinical and socio-demographic variables, only median BMI was different, being lower in women with HSDD (p=.03). Smoking (33%) was more reported by women with severe PGWB distress (n=17/32, 53.1%; chi-square=.005).
Conclusions: The prescription of hormonal contraception is a great opportunity to explore several dimensions of psychosexual well-being and to perform an active counselling on risk factors for FSD, HSDD and other disturbances. Baseline information may be critical to interpret the effects of hormonal compounds on mood and sex and to design appropriate studies.

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