



## Correspondence

## Female Sexual Function Index questionnaire must not be used to assess female sexual function



Dear Editor,

Sakinci et al [1] stated that “women who were found to be eligible for the study were instructed to fill the Female Sexual Function Index (FSFI)... FSFI is regarded as a gold standard measure of female sexual functioning”.

Questionnaires are used to establish the diagnosis and to assess the response to treatment of female sexual dysfunction (FSD). Prevalence data suggest that 10–42% of women experience orgasmic disorder. If a woman has an orgasm through clitoral stimulation but not during intercourse, it does not meet the criteria for a clinical diagnosis of female orgasmic disorder. If the orgasmic difficulties are the result of an inadequate sexual stimulation, these cases should not be diagnosed as a disorder of female orgasm [2].

The FSFI questionnaire is the most widely used measures of FSD cited in more than 1500 articles. However, the validity of the FSFI has not been addressed in the literature [3]. Physiologically, the FSFI does not provide an assessment of female sexual function; it contains mainly psychological items, as may be seen in FSFI Items 1 and 2 (domain desire), 6 (domain arousal: satisfaction), 13 (domain orgasm: satisfaction), and 14–16 (domain satisfaction). Items 17–19 (domain pain) measure pain level during or following vaginal penetration. In the questions on arousal, lubrication, orgasm, and pain, the words “satisfaction” and “intercourse” are used. The FSFI seems to assess the degree of lubrication and ease of penetration, whereas very little attention is paid to clitoral sensation. In fact, a decline in desire and a decreased ability to achieve orgasm are associated specifically with penile–vaginal intercourse.

As a matter of fact, FSD as a concept is popular because it is based on something that does not exist, i.e., the vaginal orgasm. Female orgasm is caused by the female erectile organs (i.e., clitoris, vestibular bulbs, labia minora, and corpus spongiosum of the female urethra), and physiologically female sexual satisfaction is based on orgasm and resolution. In all women, orgasm is always possible if the female erectile organs are effectively stimulated during masturbation, cunnilingus, and partner masturbation, or during vaginal intercourse if the clitoris is simply stimulated with a finger [4].

The FSFI questionnaire must not be used to assess female sexual function. Questionnaires for the diagnosis and treatment of FSD must mainly assess the presence or absence of orgasm with

masturbation, and in the questions the words “intercourse” or “satisfaction” must not be used.

Moynihan [5], in 2010, stated: “I described the making of FSD as the freshest, clearest example of the corporate sponsored creation of a disease... The item female sexual function index, published in 2000, was supported by Bayer and Zonagen at a time they hoped to treat so called arousal disorder. The sexual function questionnaire was funded by Pfizer, and half of the authors on the 2002 paper describing its development were Pfizer employees, including the lead author”.

FSD has become the centre of a multimillion dollar business: Is FSD an illness constructed by sexual medicine experts under the influence of drug companies?

## Conflicts of interest

The authors do not have any conflicts of interest to declare.

## References

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