

## A comment on a study by Yazdanpanahi *et al.* (2018)

Sir,

A facility-based, descriptive, cross-sectional research conducted on postmenopausal women in Shiraz by Yazdanpanahi *et al.* (2018) showed the relationship between a mental state-like depression, anxiety, and stress with sexual dysfunction. These findings draw the much-needed attention to the need to investigate the menopausal symptoms, the psychological problems of couples, and their lack of sexual knowledge in order to give them the necessary counseling and instruction.<sup>[1]</sup>

The following is a comment on an omission in the methodology and certain conclusions drawn by the authors:

1. Yazdanpanahi *et al.* in their study mentioned that their participants were recruited from clinics with a high attendance, but it was not indicated whether it was the participants' first attendance at the clinic or they were follow-up cases. The study also did not mention the type of clinic in question. Since the participants attending the clinic were trying to manage their postmenopausal symptoms either with hormonal therapy or by means of counseling, whichever expertise the clinic presented, it was evident that hormonal therapy brought about relief in sexual dysfunction in postmenopausal women.<sup>[2]</sup> Similarly, counseling effected a lot of changes in the mental status of the women.<sup>[3]</sup> Therefore, the participants who had received some intervention and those who had not (treatment naïve) would have had differing opinions, which would have produced a clearer picture of how sexual dysfunction affected their mental state. This would have helped clarify the efficacy of the health care delivery system of the area in dealing with postmenopausal symptoms
2. The study put greater emphasis on the mental state of the participants as a result of sexual dysfunction. However, it is obvious that most other postmenopausal symptoms such as insomnia, hot flashes, and bone resorption are equally troublesome for most postmenopausal women. These symptoms

could also affect the mental status. Similarly, not much stress was placed on the obstetric variable and family history unlike what some similar studies had done by emphasizing their importance in their mental status of postmenopausal women<sup>[4]</sup>

3. The study indicated that sexual dysfunction is a cause of depression, anxiety, and stress. It is evident that postmenopause curtails reproduction; knowing the number of children the participants have becomes an important factor since not having the desired number of children tends to put a great pressure on the individual. Some of the several consequences of infertility are societal repercussions, personal suffering, marital discord, psychological disorders, and sexual dysfunction.<sup>[5]</sup> Furthermore, women with a history of infertility experience lower libido. This should be considered when studying sexual dysfunction in postmenopausal women.

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### Conflicts of interest

There are no conflicts of interest.

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