Reviewer's report

Title: Determinants of sexual dysfunction in women with multiple sclerosis

Version: 4 Date: 18 December 2012

Reviewer: Gila Bronner

Reviewer's report:

Remarks to authors:

I wish to congratulate you on this study. Sexual problems are common among patients with neurological diseases, and frequently they are under-diagnosed and under-treated. Investigation of women with MS is even more required, due to their occurrence and lack of treatment.

I hereby describe my remarks and hope that you'll be able to make the desired changes and enable publication of this important research.

Major Compulsory Revisions

1. Page 5, last 2 lines: How many women with MS were asked to take part in your study? How many refused? Participation in a sexual study is embarrassing and I assume that some of your recruited consecutive population rejected your proposal. Please specify.

2. Page 4, last line: You suggest that those who score equal or less than 28 on the FSFI are suffering from sexual dysfunction. I don't understand the choice of this cut-off point which is higher than the one which is used in other studies. Most studies chose a cut-off point of lower than 26.55 for the FSFI, based on Wiegel et al. 2005: “On the basis of sensitivity and specificity analyses and the CART procedure, we found an FSFI total score of 26.55 to be the optimal cut score for differentiating women with and without sexual dysfunction [J Sex Marital Ther. 2005 Jan-Feb;31(1):1-20. The female sexual function index (FSFI): cross-validation and development of clinical cutoff scores.Wiege Wiegelm, Meston C, Rosen R.].

Please explain or change cut-off point, since choosing a higher cut-off point for your study population, might increase the percentage of sexual dysfunction among these women with MS.

3. Page 5, last 2 lines: See remark 2 and correct all your result data accordingly.

4. Results and Discussion:

Your article is lacking analysis of the six dimensions (scales) of the FSFI. It is very interesting to know whether the associations that you found are stronger for specific scales (e.g. desire, arousal, lubrication, orgasm, pain or satisfaction). These dimensions of sexual function might be explained by other variables in your study. You also don’t specify which scales received lower score, meaning
worse sexual function. I think that physicians who read your study may learn a lot by understanding the detailed changes in female sexual function imposed by MS.

5. Page 7:
Please explain your finding in more details: Why there is no association with age in your population, while usually age is a significant factor in the frequencies of sexual dysfunctions.
Depression: how does it affect female sexuality directly and as a side-effect of medications.

Minor Essential Revisions
The whole article needs language editing. (e.g. Page.2 line.2 Determinant- is it a verb in English? / page 6' last line and page 7 first line: “there was no a significant”..delete the “a”. / p-age 7 – middle paragraph.)

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests'
Gila Bronner