

## EVALUATION OF SEXUAL SATISFACTION IN WOMEN SUFFERING FROM CHRONIC PELVIC PAIN WITH OR WITHOUT ENDOMETRIOSIS

### Hypothesis / aims of study

To evaluate the sexual satisfaction of women who suffer from chronic pelvic pain with or without endometriosis.

### Study design, materials and methods

Across-sectional study was carried out with 134 women between the ages of 18 and 50, from January to June of 2008. The project was previously approved by the Research Ethics Committee, and all the patients received and signed a consent form allowing their inclusion in the study. They were divided into diagnosis-related groups. Group I consisted of 49 patients with chronic pelvic pain and a diagnosis of endometriosis, confirmed by laparoscopy and anatomopathological study (24.49% - stage I; 12.24% - stage II; 8.16% - stage III; 55.10% - stage IV) seen at the clinic of Chronic Pelvic Pain and Endometriosis Unit of the General Gynecology Discipline. Group II consisted of 35 patients with chronic pelvic pain seen at the clinic of Chronic Pelvic Pain and Endometriosis Unit of the General Gynecology Discipline; laparoscopy did not show any lesions suggestive of endometriosis in these patients. After re-evaluation, the patients were diagnosed with adenomyosis (40%), myoma (34.29%), pelvic adhesions (8.57%), pelvic varicose veins (2.86%), ovarian cysts (11.43%), or teratoma (2.86%). Group III consisted of 50 healthy patients with no complaints of dysmenorrhea, dyspareunia, CPP, or infertility, seen at the Family Planning Clinic Unit of the Department of Gynecology. The Golombok-Rust Inventory of Sexual Satisfaction (GRISS) was administered, it is a semi-structured questionnaire related to female function and sexual satisfaction. It consists of 28 questions, with 4 general questions and 24 specific questions, which are divided into seven aspects of sexual functioning: frequency of relations (FR – two questions), sexual communication (SC – two questions), sexual satisfaction (SS – four questions), sexual aversion (SA – four questions), lack of expression of sensuality (LES – four questions), vaginismus (VAG – four questions), and anorgasmia (ANO – four questions). The responses were classified according to intensity in the following categories: “Never”, “Rarely”, “Occasionally”, “Generally”, and “Always”. This questionnaire was administered by a single examiner. The patients answered the questionnaire privately in a single meeting. The presence of family, a spouse, or a companion was not allowed so that the patients could feel free to answer all of the questions. The questionnaire was filled out by the patients; only the demographic data sheet was filled in by the researcher. When the patient showed some form of disability (e.g., illiteracy, significant visual disability, lack of clinical condition, etc.), the questionnaire was administered by the researcher, who neither influenced the patient’s responses nor discussed the questions, the meaning of the questions, or the response scale. In case of doubt, the researcher simply re-read the question slowly, avoiding giving synonyms for the words in the questions. For the statistical analyses, we used the SPSS (Statistical Package for Social Sciences) program, version 13.0. We set a significance threshold of 5% ( $p < 0.050$ ) for the application of statistical tests. For the parametric variable of age, the non-parametric variables of educational level, marital status, health state, form of questionnaire administration, and the sections of the questionnaire, GRISS, the Kruskal-Wallis test was used. For the variables that had a statistically significant difference, the Mann-Whitney test was performed to identify which groups differed from each other. To assess the relationship between the stages of endometriosis (group I) and the different diagnoses (group II) with the sections of the questionnaires, the Spearman rank correlation analysis was used.

### Results

There were no observed differences between the groups in relation to the following variables: age ( $p=0.375$ ), educational level ( $p=0.385$ ), and marital status ( $p=0.219$ ). Nine women in group I needed help to answer the questionnaire, as did eight in group II and five in the control group ( $p=0.219$ ). When the health state of the patients was analyzed, it was observed that, in the group of women with endometriosis and the group with CPP, approximately 35% of the patients described their health as being bad or very bad, versus only 2% in the control group ( $p < 0.001$ ). There were no statistical differences when the group of women with endometriosis was compared to the group with CPP ( $p=0.266$ ). There was a significant statistical difference when groups I and II were compared with the control group ( $p < 0.001$ ). In relation to sexual satisfaction, when the sections of the GRISS questionnaire were analyzed, there were significant differences in the general GRISS questions ( $p=0.001$ ) and also in the five areas (FR,  $p=0.010$ ; SS,  $p=0.009$ ; SA,  $p=0.004$ ; LES,  $p=0.003$ ; VAG,  $p=0.013$ ) when groups I and II were compared with the control group. Evaluating the groups separately, there were no significant differences in the five areas between groups I and II. Significant reductions were observed in sexual frequency ( $p=0.031$  and  $0.004$ ) and sexual satisfaction ( $p=0.044$  and  $0.006$ ), as well as significant increases in sexual aversion ( $p=0.002$  and  $0.022$ ), lack of expression of sensuality ( $p=0.001$  and  $0.020$ ), and vaginismus ( $p=0.006$  and  $0.035$ ), when groups I and II were compared with group III. There were no significant differences observed when the many stages of endometriosis were compared or when the different diagnoses of group II were compared.

### Interpretation of results

In relation to the state of health of the patients, we noted that in the group of women with endometriosis and the group with chronic pelvic pain, close to 35% described their health as bad or very bad. There was no difference in this issue between the two groups of symptomatic patients, leading us to believe that pelvic pain, on its own, leads to the deterioration of perception of health status, regardless of the underlying condition. Sexual satisfaction is important for a good quality of life. In our study, sufferers of endometriosis or of other gynecological diseases reported substantially decreased sexual satisfaction. They reported decreased frequency of sexual intercourse, as well as vaginismus, sexual aversion, and reduced expression of sensuality. Dyspareunia is a frequent symptom in women with endometriosis. Women with CPP are more anxious and depressed in comparison to asymptomatic women; this would explain a reduction in the quality and frequency of sexual activity. These data were also reproduced in this study, since 40% were sexually unsatisfied. The sexual dysfunction can be explained

by pain during intercourse, as well as by the deterioration of overall quality of life and of the physical and psychological profiles as observed in our study, which undoubtedly influenced sexual activity.

Concluding message

Our results stress the importance of the comprehensive care of women who suffer from CPP or endometriosis because they experience a significant decrease in sexual satisfaction. The attention directed toward these patients must be focused not only on the disease but also on the woman as a whole. As treatment solely of the underlying disease is not acceptable, the care of these suffering women should also address the emotional, sexual, and social scars that the disease causes.

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<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	Research Ethics Committee of the Federal Universtity of São Paulo/ São Paulo Hospital
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes