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PREVALENCE OF SEXUAL FINDINGS ON THE MEDICAL RECORDS OF PATIENTS WITH CHRONIC PELVIC PAIN

Hypothesis / aims of study

To describe the sexual profile of patients with chronic pelvic pain

Study design, materials and methods

This is a retrospective study, in which we evaluated 600 medical records between de years of 2005 to 2009. Every first patient goes through medical evaluation, and a record is made containing several datas about osteomuscular symptoms, urinary symptoms, gastrointestinal symptoms, sexual e obstetric history and the physical exam. We focudes this study on the sexual history and collected datas regarding sexual activity, sexual frequency per week, presence of superficial and deep dyspareunia, pain after intercourse, presence of libido and orgasm. The project was approved by the ethics committee before being made.

Results

Of the records studied, 4% of patients were virgins, 7.6% had no more sexual activity, 0.83% had practiced the last sexual encounter a month ago, 2.2% had no sexual relationship for over a month, and about 27% did not report frequency of sexual activity by not knowing for sure an average frequency. When asked about their sexual frequency, about 17.8% had a frequency of once a week, 10.8% twice per week, 10.3% three times per week, 2.5% four times a week, and 0.83% five times weekly, 1.5% daily sexual frequency, and 12.3% showed no rhythm in the sexual frequency varying from week to week. Regarding the complaint of dyspareunia, 39.7% reported deep dyspareunia and 14% superficial dispareunia, and about 27.3% complained of pain after intercourse. As for libido, 49.7% claimed to have desire to have sexual intercourse, and 23.2% reported lack of libido. Of the women studied were able to note that 51.3% had an orgasm, and 19.3% denied the presence of orgasm.

Interpretation of results

Considering that women with chronic pelvic pain are usually women who are in the reproductive period, we observed that the predominant sexual frequency is once per week, which may be related to complaints of dyspareunia, or lack of willingness to sex that is related to chronic pelvic pain, and not related to low estrogen. Pain after intercourse was the major cause of complaint, which leads us to believe that this could also interfere so that women do not engage in sex more frequently. However, the frequency of sexual consent is a personal issue, where there is no standard of normality, but a individual perception. In the datas about dyspareunia we observed that many women complain of pain in depth and that this complaint may be related to the cause of chronic pelvic pain, such as endometriosis, for example. Often superficial dyspareunia may be associated with musculoskeletal changes and a spasm of the perineal muscles. This event occurs as a reaction to painful stimulation, where the muscles tense up as compensation. However, despite the pain complaints and low sexual frequency, a large proportion of patients presented libido, and more patients reported orgasm, which leads us to believe that the patient can participate in sexual intercourse without desire, but during intercourse, the act becomes pleasurable.

Concluding message

Chronic pelvic pain can lead to changes in sexual habits of women, and take them to practice less sex, despite having the desire to do it. Dyspareunia is a very common complaint that deserves a larger investigation of the factors surrounding this issue in patients with chronic pelvic pain. Multidisciplinary treatment, physicians, nurses, physiotherapists and psychologists should be routine in the attendance of these women.

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Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes