

# Impact of endometriosis on the quality of sexual life of women of reproductive age in Poland

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## Introduction

Endometriosis remains the second most common (5-30%) gynecologic condition among reproductive women, including 50% of infertile women and 30% of women with chronic pelvic pain. Women with endometriosis rate their quality of life, including sexual functioning, lower than women without endometriosis, and lower than women with other gynecological conditions. Recent reports indicate that costs associated with endometriosis treatment are rising worldwide. This is often due to a diagnosis made too late, which is caused by many women downplaying the pain, treating it as a taboo subject. This has a huge impact on public health not only in Poland, but also around the world. Therefore, it is necessary to educate, increase women's awareness of the condition in order to speed up diagnosis and start treating the disease at an early stage.

## OBJECTIVES

Does and how does endometriosis affect the quality of sexual life of women of reproductive age in Poland?

## MATERIALS AND METHODS

The study was conducted using the validated FSFI questionnaire and the author's supplementary questions. Information about the survey was made available on social networks and groups for women with endometriosis, as well as to healthy women constituting a control group. The CAWI technique was used in the study. The survey consisted of questions divided into modules: metric data, having endometriosis and previous treatment, sexuality before and after possible treatment, and for healthy women - current assessment of the quality of sexual life.

## RESULTS

### Dyspareunia and pain complaints

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To examine the frequency of dyspareunia (a type of sexual dysfunction that manifests itself as pain during intercourse), the questionnaire asked female respondents 3 questions, obtaining a scale of 0-6 after conversion. The higher the score, the better the functioning in a particular domain. The following questions were asked: 1)"How often did you experience discomfort or pain during penetration during sexual intercourse?", 2)"How often did you experience discomfort or pain during penetration and throughout sexual intercourse until it was over?", 3)"How would you describe the degree of discomfort or pain during penetration and the entire sexual intercourse up to its completion?".

In the group of healthy women (N=70), the results show that pain during sexual activity is never or almost never in 39 respondents, which is 56%. (Based on the second question).

Based on the 3 questions, the average score obtained is 4.98, (0-6 scale, where 6 means no pain). This shows that in healthy women the phenomenon of pain occurs sporadically, more often at the beginning than during the entire intercourse. (Chart 1.)

Assuming that the value for which we can call pain-free sexual functioning satisfactory is 4.4 - we note that 57 out of 70 healthy women (81%) fall into this group.

Comparing this situation with women suffering from endometriosis who have not yet begun treatment, we find that a value of 4.4 or higher is achieved by only 13 of 65 women (13%). (Chart 2.)

This means that 69 percent more women indicate the presence of dyspareunia and pain when they have endometriosis, compared to healthy women.

### Sense of sexual attractiveness

The survey asked both healthy and sick women about their feelings of sexual attractiveness. The scale used in the question was qualitative. For the question "Do you feel sexually attractive," the possible answers to be marked were: definitely yes, yes, hard to say, no, definitely no.

Among healthy women, 44 out of 70 respondents find themselves attractive (63%), while among women suffering from endometriosis, not yet treated, and those who retrospectively answered the question, 41 out of 65 find themselves attractive (63%). This shows that women suffering from endometriosis do not show a reduced sense of sexual attractiveness.(Chart 3.)

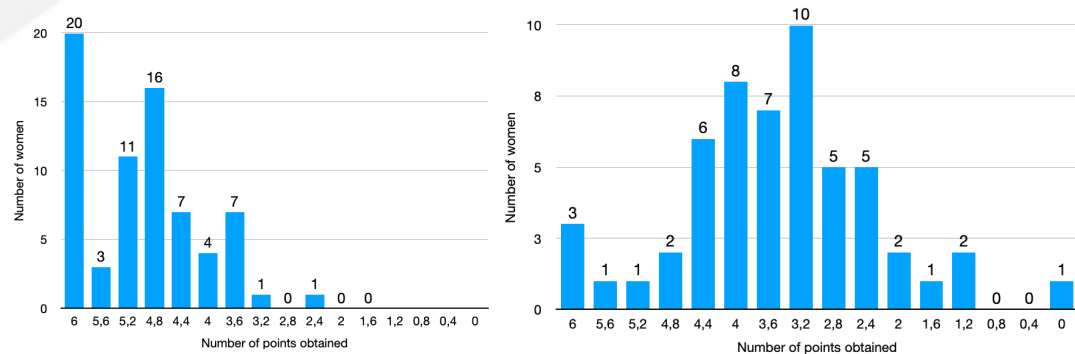


Chart 1. Healthy women - incidence of pain related to sexuality (6 - no complaints, 0 - no attempts to have intercourse).  
Chart 2. Sick women untreated - incidence of pain related to sexuality (6 - no complaints, 0 - no attempts to have intercourse).

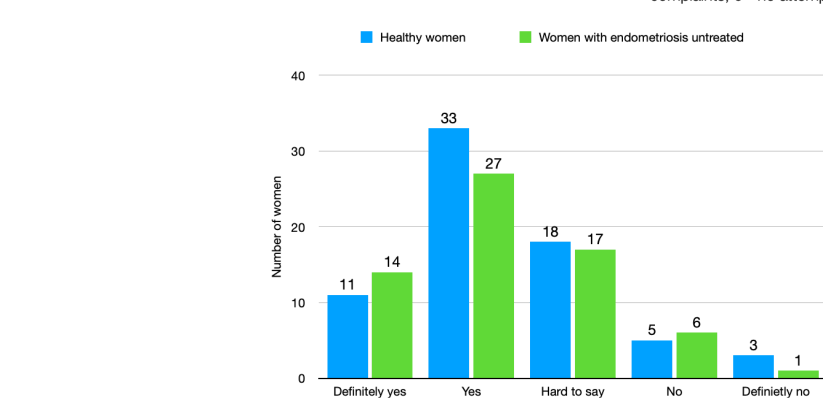


Chart 3. Sense of sexual attractiveness in healthy women and women with endometriosis before treatment

### Sexual activity

Another question asked in the questionnaire concerned the frequency of sexual activity among female respondents. The scale of responses was as follows: 0 times/month, 1-2 times/month, 3-4 times/month, 5-8 times/month, more than 8 times/month.

The most common answer given by healthy women (22 out of 70 healthy women) is to engage in activity between 3-4 times/month (corresponding to less than 1 sexual intercourse per week) (31.43%). In contrast, women with endometriosis most often (23 out of 50 women) indicated the answer more than 8 times a month (35.38%). Comparing healthy women and women with endometriosis, we note that engaging in sexual activity at least once a week (5 or more times a month), is practically at the same level - 52.86% of responses in healthy women and 56.92% in women with endometriosis, we can conclude that despite the presence of pain during intercourse, women with endometriosis do not give up sexual activity. (Figure 4.)

### Overall quality of women's sexual life, with a focus on comparing untreated and treated women

The average quality of sexual life of healthy women is 28.6 points on a 36-point scale. The minimum indicated value is 15.8 points, and the maximum is 35 points. 52 out of 70 healthy women (74%) have no significant clinical sexual dysfunctions (score above 26 points). The remaining 24% of respondents, are women who, according to the questionnaire, show dysfunctions in the functioning of sexual life.

Women patients who did not receive treatment, or those who retrospectively answered the question about the time before treatment, show a significantly lower quality of sexual life. Their scores are between 3.6 and 34.2 points, with a mean of 25.4 points, which is already below the threshold for the presence of dysfunction. A value greater than or equal to 26 points was obtained by 33 out of 65 women, representing 50.8% of the subjects. Compared to healthy women, this is 23.2 percent less.

The survey also directed a question to women who had started treatment a minimum of six months earlier. Of the 54 respondents, 14 women received only pharmacological treatment, 7 received only surgical treatment, and the remaining 33 patients used both pharmacotherapy and underwent a minimum of one surgical procedure in the course of their disease. Analysis of the respondents' answers shows that well-chosen therapy is effective. After a minimum of six months after starting drug therapy and/or undergoing surgery, women show a change in the quality of their sexual life. The distribution of scores indicating the quality of women's sexual life, divided into healthy women, before and after treatment, is shown in Chart 5.

Improvement in quality of life was achieved by 30 patients (56%, N=65).

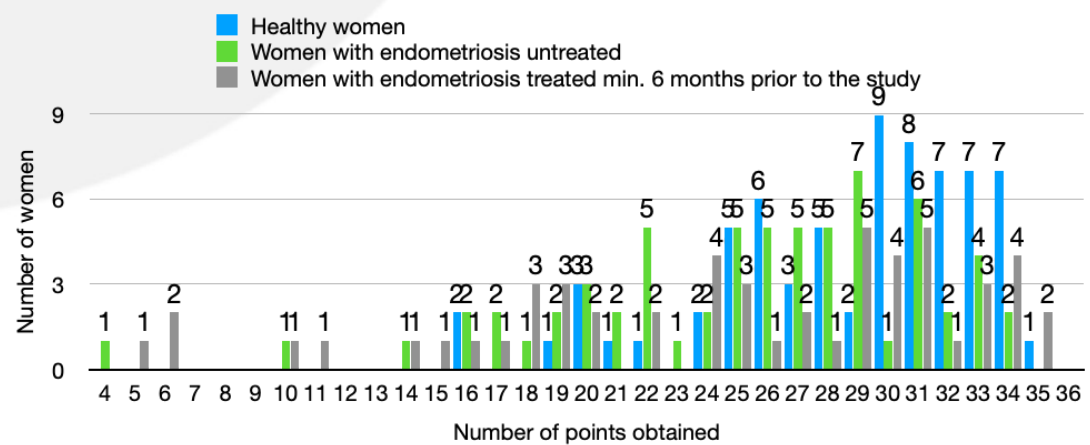
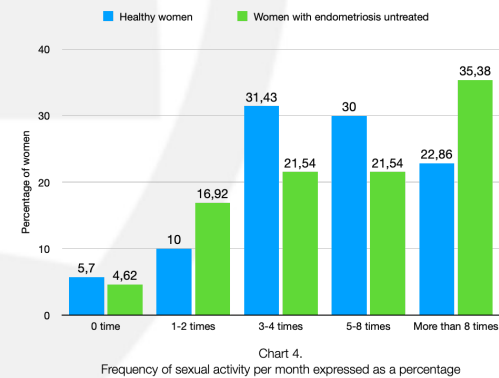


Chart 5. Quality of women's sexual life (scale of 2-36 points. - scores have been rounded to whole numbers for greater clarity)

## Conclusions

Endometriosis negatively affects the quality of sexual life of women of reproductive age in Poland. Decreased quality of sexual life occurring in women with endometriosis indicates the presence of clinically significant sexual dysfunctions.

Dyspareunia (a type of sexual dysfunction that manifests itself as pain during intercourse) is significantly more common in women with endometriosis than in healthy women in Poland. 69% more women indicate the presence of dyspareunia when suffering from endometriosis compared to healthy women.

Treatment reduces pain symptoms in women suffering from endometriosis. 24% more women show no symptoms of dyspareunia after treatment, compared to women before treatment.

The presence of endometriosis does not significantly affect women's sense of sexual attractiveness.

Women with endometriosis, despite the presence of pain, engage in sexual activity as often as healthy women.

Treatment of endometriosis, both pharmacological and surgical, increases the quality of sexual life of women of reproductive age in Poland.