VAGINITIS, FEMALE SEXUAL DYSFUNCTION, AND SEXUAL DISTRESS

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PURPOSE

To examine the relationship between vaginitis (bacterial vaginosis and vulvovaginal candidiasis) and female sexual dysfunction, as well as the prevalence of sexual distress among women attending a Federally Qualified Health Center.

BACKGROUNDS & SIGNIFICANCE

- Vaginitis (BV & VVC) and female sexual dysfunction (FSD) are common complaints among women worldwide.
- Female sexual dysfunction affects approximately 20% of American women; FSD is a complex condition and is defined as sexual problems that cause distress.
- Vulvovaginal candidiasis is the second most common vaginitis caused by Candida species; accounts for up to 39% of vaginitis diagnosis.
- Bacterial vaginosis is the most common type of vaginitis; accounts for up to 50% of vaginitis diagnosis.
- Multiple studies have shown correlation between vulvovaginal symptoms and female sexual dysfunction.
- Though these conditions are common among women and sexual function is directly related to quality of life; the relationship between these conditions has not been well studied.

AIMS AND OBJECTIVES

- Gain a better understanding of the impact of vaginitis (BV & VVC) on female sexual dysfunction and sexual distress level.
- Compare the prevalence of FSD and sexual distress level among women with BV compared to women with VVC.
- Equip healthcare providers with information about the relationship between vaginitis (BV & VVC) and FSD.
- Examine rates of FSD and sexual distress level in women with BV and VVC.
- Compare rates of FSD and sexual distress among women with BV and VVC.

THEORETICAL FRAMEWORK

Neuman Systems Model by Betty Neuman

- Environmental Stressor: vaginitis (BV & VVC), abnormal vaginal discharge, vaginal odor, vulva/vaginal burning, vulva/vaginal pruritis, vaginal dyspareunia.
- Lines of Defense: flexible & normal lines of defense penetrated (decreased coping mechanisms & support system), strong flexible lines of defense (good support system & coping mechanisms).
- Client Stress Response (Central Core): normal sexual function and low sexual distress level.

PROJECT DESIGN AND METHODS

- Cross-sectional design; survey based.
- Convenience sample of non-pregnant, sexually active women aged 18 to 44, clinically diagnosed with BV and/or VVC the same day of visit or within the last 4 weeks who understand the English language and can complete the questionnaires independently.
- Menopausal and pregnant women were excluded.

METHODS

- Three questionnaires were used to collect data.
- Demographic, inclusion, and exclusion criteria questionnaire.
- Female Sexual Function Index, Revised, a validated, 13-item self-report tool; assess sexual desire, arousal, lubrication, orgasm, satisfaction, and pain.
- Female Sexual Distress Scale Revised, a validated, 13-item self-report tool; assess sexual distress level; scoring.
- Protection of human subjects: IRB approval through Office of Human Research.

SETTING

- FQHC in Camden, N.J.; majority of patients were black and Hispanic; total population 74,532; 51% women; 48% Hispanic, 42% black, 5% white, and 2% Asian; 48% non-English speaking.

RESULTS & OUTCOMES

- Sample: n=15.
- Most common diagnosis was BV (73.3%); VVC (26.7%).
- Of the 2 predictor variables, FSD and sexual distress, neither were statistically significant and the ORs were all close to 1.
- 54% of women with BV met criteria for FSD.
- 50% of women with VVC met criteria for FSD.
- Rate of FSD among all participants was 53.3%.

DISCUSSION

- Binary logistic regression model was not statistically significant in identifying general relationship between vaginitis (BV & VVC), FSD, and sexual distress.
- No predictability between vaginitis (BV & VVC), FSD, and sexual distress.
- More women with BV met criteria for FSD than women with VVC.
- Though results were not statistically significant; 53.3% of all women met criteria for FSD and sexual distress.
- Limitations: small sample size, lack of randomization, survey-based.

IMPLICATIONS AND RECOMMENDATIONS

- Implications: This study provided information to increase provider awareness on the impact of vaginitis symptoms on female sexual function and improve patient education.
- Recommendations: Continuation of the study and further studies on this topic.
- Conclusion: Health care providers should go beyond traditional care and inquire about sexual dysfunction and sexual distress.

REFERENCES


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