29 - EVALUATION OF FEMALE SEXUAL DYSFUNCTION IN YOUNG WOMEN

LUCIANA APARECIDA UMANN
LIZYANA VIEIRA
FACULDADE ASSIS GURGACZ – FAG CASCAVEL – PR - BRASIL
lucianaapumann@gmail.com

doi: 10.16887/85.a1.29

INTRODUCTION

Female sexual dysfunction is becoming a problem and an increasingly common complaint in gynecology clinics. Defined as a disorder in the sexual response or pain associated with sexual intercourse, cycle results in pain interfering with both the quality of life and interpersonal relationships of women. Female sexual function can be divided into four phases of sexual response: desire phase, the phase of excitement and plateau, orgasm and resolution. It is a multifactorial condition that has anatomical, physiological, psychological, and sociocultural components. Well over biological reproductive function, sexuality is a human experience that embraces pleasure, sexual identity, affection, intimacy and physical experiences, sociocultural, emotional and cognitive (PHILLIPS, 2000).

Female sexual sensations can be aroused by various types of stimuli: fantasies, erotic thoughts, fondling, masturbation and intercourse. A triggered time is expressed by a succession of phases that appear physiologically in shape and sequenced interconnected, thus completing the cycle-human sexual response (LOPES et al., 1992).

The stage of desire is the first phase of this cycle. Consists of fantasies about sexual activity and desire for sexual activity. Understanding why some factors arouse desire in some and not in others is unclear and complex. Sociocultural issues of religious ethnicity and family play an important role. Psychosocial factors determine not only what is desirable, but even what is lawful or appropriate desired (VITIELLO, 1994).

The excitement and plateau phase is the second phase of the female sexual response cycle. Happens when an effective sexual stimulation, brought by the sense organs, or only by the memory of any sexual experience occurs. It is a phase that is closely and directly related to the first phase which is the desire. The excitement can begin by psychological stimuli like smell, phrases, or by physical erotic film touches on exogenous zones. So that during intercourse the vagina receives the penis without pain at this stage will also occur the vaginal lubrication, coming from the walls of the vagina (SEIXAS, 2000).

The female sexual response reaches its climax with an orgasm, which consists of rhythmic, involuntary reflex contractions of the perineal muscles and perivaginal at intervals of 0.8 seconds. These contractions are visible in the lower third of the vagina, forming orgasmic platform which is increased in muscle and tissue surrounding the entrance to the vagina and also some of the pelvic muscles (LOPES et al., 1994).

The resolution was the last phase of the female sexual response and is described as following a few seconds of intense bodily reaction of orgasms, during which the body returns to its normal resting state period (HALBE, 1998).

When there is a break in one of these phases making up the cycle of sexual response is then characterized sexual dysfunction. Which are classified as: dysfunction of desire, which are also called disorders of appetite, libido, and popularly called frigidity. Dysfunction of arousal, erection calls, lubrication and orgasm or impotence which are pleasure and ejaculatory dysfunction (MONTGOMERY, SURITA, 2000).

Therefore characterized by lack, excess, discomfort or even pain itself in the expression and development of the sexual cycle, affecting one or more phases. The earlier focus the commitment of the cycle, the more damage will result to the sexual response are more complex and the clinical features and prognosis and treatment respectively (ABDO, FLEURY, 2006).

It is extremely important to know the motivation of the patient to seek treatment, and the patient does not always willingly seek help to improve their quality of sexual life sometimes makes for imposition of the partner, fear of separation or with the purpose of maintaining the family, where the partner requests a resolution of this dysfunction (LARA, 2008).

According to WHO (World Health Organization), mental health is the integration of somatic, emotional, intellectual and social elements of human being. From this point of view, have decisive importance the right to sexual information and the right to pleasure. And based on this concept is believed to be of great value and importance of an experience of sexuality for the individual to ensure good mental health and consequently a good quality of life (WHO, 1993).

Thus, this study aimed to assess the prevalence of sexual dysfunction in young women.

MATERIALS AND METHODS

This study is characterized as transversal and quantitative. 50 young women students in the health area, a private college in western Paraná were interviewed. First, the questionnaire was explained and only then answered. The participants signed a consent form agreeing to participate in the research being aimed at them a copy of this term.

Among the criteria for inclusion are women 18-30 years of age who have an active sex life. The information was kept confidential and is not divulged any personal data of survey participants. All data have been attached in a Microsoft Excel 2010 spreadsheet.

To meet the objectives the questionnaire Female Sexual Function Index (FSFI), already validated in Brazil was used. It's auto answered questionnaire consisting of 19 questions that cover six domains of sexual response: desire, arousal, lubrication, orgasm, satisfaction and pain / discomfort. The score for each question is individual, varying from 0 to 5. To get the score of the domain is necessary to sum corresponding to each domain issues, multiplied by the correction factor. By the sum of the domain scores, we obtain the total score, which features minimum and maximum values of 2 to 36, with higher values associated with better sexual function (chart 1). It should be noted that if the score of a domain is equal to zero, this means that it was not mentioned by the interviewee intercourse in the last four weeks. The cutoff for a good sexual function is 26.5 (THIEL et al 2008).

Chart 1

Escores de avaliação do *Female Sexual Function Index*.

Domínio	Questões	Variação do escore	Fator de multiplicação	Escore mínimo	Escore máximo
Desejo	1, 2	1-5	0,6	1,2	6
Excitação	3, 4, 5, 6	0-5	0,3	0	6
Lubrificação	7, 8, 9 ,10	0-5	0,3	0	6
Orgasmo	11, 12, 13	0-5	0,4	0	6
Satisfação	14, 15, 16	0 (ou 1)-5 *	0,4	0,8	6
Dor	17, 18, 19	0-5	0,4	0	6

* Questão 14 varia de 0,0 a 5,0. Questões 15 e 16 variam de 1,0 a 5,0.

RESULTS AND DISCUSSION

In the analysis of the results revealed an average of 23.88 years old (SD ± 3.20) in women who responded to the questionnaire. Among the 50 women, 76% were above the sum of 26.5 indicating better sexual function, without any type of dysfunction. 24% had already below the sum of 26.5 thus indicating worse sexual function. The prevalence of improved sexual function in this study might be explained by the age range of participants. How are young women, sexual dysfunction is not part of their daily lives.

The data obtained in these studies corroborate other studies carried out with the same goal. Valadares et al. (2008) evaluated 44 313 women between 40 and 65 years in Belo Horizonte, finding a prevalence of sexual dysfunction in 35.9%.

In another study, Smith et al. (2011) interviewed 41 women aged between 50 and 85 years (mean 66 years), white race, menopausal, underwent surgical correction vaginally with synthetic prosthesis, diagnosed with vaginal prolapse grade III or IV primary or recurrent (POP-Q classification), anterior, posterior or total. Analysis of the FSFI questionnaires of patients with sexual activity showed an average total score of 16.9 (2 minimum score, maximum 36), assessment of sexual activity after surgery, then found a prevalence of sexual dysfunction among respondents.

Kurizky (2013) conducted a case-control study of 150 women with type between 18 and 69 years to evaluate sexual dysfunction among women with psoriasis and / or psoriatic arthritis using the FSFI questionnaire. Were divided into 2 groups: 75 women diagnosed with psoriasis and 75 healthy women in the control group. The prevalence of sexual dysfunction in women with psoriasis was high (58.6% of the sample), showing a statistically higher than the healthy control group, the desire being the most affected area.

The treatment of sexual dysfunctions is very important because the issue of health, sexual practice plays a vital role for both sexes, and the lack of pleasure, can trigger multiple problems as a constant tension and mood swings, depression, insomnia, among others (HANAI, 2007).

Physical therapy emerges as a new treatment option that could minimize dysfunction among women. Seeking a new balance between body and mind, there is a high likelihood of physical therapy become beneficial. However, more important than correctly apply specific treatment protocol, is that the therapist knows the treatment techniques to be used, as well as evaluation methods, so this way you can adapt them to each patient (MEDEIROS; BRAZ; BRONGHOLI, 2004).

The Pelvic floor muscle exercises, for example, are based on the principle that repeated voluntary contractions increase muscle strength. And this strength gain is only obtained by combining the recruitment of a large number of motor units, small frequencies and progressively stronger contractions, with few repetitions daily and gradually increase the intensity of force and contraction time. The cinesioterapia is the only method that has no contraindications. Uses exercises for muscle strengthening, based on the precept that repeated voluntary movements provide increased muscle strength (Mac INTOCH, 1993).

Physiotherapeutic with pelvic floor exercises, the woman increases her ability to reach orgasm or even be multiorgásmica, since an increase in proprioception and the physiological activity of these muscles becomes more coordinated with contractions, improving the function of muscles in the sexual act (MANNOCCI, 2000).

CONCLUSION

Thus this study concludes that in this study population consists of young women there was no prevalence of sexual dysfunction.

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Rua Tranquilo Noro, 642, casa 222 - CEP 85807- 860. Cascavel – PR.

EVALUATION OF FEMALE SEXUAL DYSFUNCTION IN YOUNG WOMEN

ABSTRACT

INTRODUCTION: Female sexual dysfunction is becoming a problem and an increasingly common complaint in gynecology clinics. It is defined as a disorder in the sexual response or pain associated with sexual intercourse cycle, which results in personal distress and can interfere with both the quality of life and interpersonal relationships of women. OBJECTIVE: To assess the prevalence of sexual dysfunction in young women. METHODS: This study is characterized as transversal and quantitative. 50 young women students in the health area, a private college in western Paraná were interviewed. To meet the objectives the questionnaire Female Sexual Function Index (FSFI), already validated in Brazil was used. Is characterized by auto answered questionnaire consisting of 19 questions that cover six domains of sexual response: desire, arousal, lubrication, orgasm, satisfaction and pain / discomfort. Firstly the questionnaire was explained and only then answered. The participants signed a consent form agreeing to participate in the research being aimed at them a copy of this term. Among the criteria for inclusion are women 18-30 years of age who have an active sex life. The information was kept confidential. All data were indexed in a spreadsheet in Microsoft Excel 2010. RESULTS: Among the 50 women, 76% did not have any kind of sexual dysfunction, 24% had some type of sexual dysfunction. CONCLUSION: Therefore this study concludes that the study population consists of young women there was no prevalence of sexual dysfunction.

KEYWORDS: physiological sexual dysfunction. Sexual intercourse. Orgasm.

ÉVALUATION DES DYSFONCTION SEXUELLE FÉMININE DANS LES JEUNES FEMMES

RÉSUMÉ

INTRODUCTION: La dysfonction sexuelle féminine est de plus en plus un problème et une plainte de plus en plus commun dans les cliniques de gynécologie. Il est défini comme un trouble dans la réponse sexuelle ou la douleur associée à cycle de rapports sexuels, ce qui entraîne une détresse personnelle et peut interférer avec la qualité de la vie et des relations interpersonnelles des femmes. OBJECTIF: Évaluer la prévalence de la dysfonction sexuelle chez les jeunes femmes. MÉTHODES: Cette étude est caractérisé comme transversal et quantitative. 50 jeunes étudiantes dans le domaine de la santé, un collège privé dans l'ouest du Paraná ont été interrogés. Pour atteindre les objectifs du questionnaire Femme Indice de la fonction sexuelle (FISF), déjà validée au Brésil a été utilisé. Est caractérisé par un questionnaire de autorrespondido composé de 19 questions qui couvrent six domaines de la réponse sexuelle: le désir, l'excitation, la lubrification, l'orgasme, la satisfaction et la douleur / desconforto.Primeiramente le questionnaire a été expliqué et seulement ensuite répondu. Les participants ont signé un formulaire de consentement acceptant de participer à l'être de recherche visant à leur une copie de ce terme. Parmi les critères d'inclusion sont des femmes de 18-30 ans qui ont une vie sexuelle active. L'information a été gardée confidentielle. Toutes les données ont été indexées dans une feuille de calcul dans Microsoft Excel 2010. RÉSULTATS: Parmi les 50 femmes, 76% n'a pas eu tout type de dysfonction sexuelle, 24% avaient un certain type de dysfonction sexuelle. CONCLUSION: Par conséquent, cette étude conclut que la population d'étude est constituée de jeunes femmes il n'y avait pas la prévalence de la dysfonction sexuelle.

MOTS-CLÉS: dysfonction sexuelle physiologique. Intercourse. Orgasme.

EVALUACIÓN DE LA DISFUNCIÓN SEXUAL FEMENINA EN MUJERES JÓVENES

RESUMEN

INTRODUCCIÓN: La disfunción sexual femenina se está convirtiendo en un problema y una queja cada vez más común en las clínicas de ginecología. Se define como un trastorno en la respuesta sexual o dolor asociado con el ciclo de las relaciones sexuales, lo que resulta en la angustia personal y puede interferir con la calidad de vida y las relaciones interpersonales de las mujeres. OBJETIVO: Evaluar la prevalencia de la disfunción sexual en las mujeres jóvenes. MÉTODOS: Este estudio se caracteriza por ser transversal y cuantitativo. 50 estudiantes mujeres jóvenes en el área de la salud, una universidad privada en el oeste de Paraná fueron entrevistados. Para alcanzar los objetivos se utilizó el cuestionario Índice de Función Sexual Femenino (FSFI), ya validado en Brasil. Se caracteriza por un cuestionario que consta de 19 autorrespondido preguntas que cubren seis dominios de la respuesta sexual: deseo, excitación, lubricación, orgasmo, satisfacción y dolor / desconforto.Primeiramente el cuestionario fue explicado y sólo entonces respondió. Los participantes firmaron un formulario de consentimiento aceptar participar en la investigación destinada a ser una copia de este término. Entre los criterios de inclusión son las mujeres de 18-30 años de edad que tienen una vida sexual activa. La información se mantendrá confidencial. Todos los datos fueron indexadas en una hoja de cálculo en Microsoft Excel 2010. RESULTADOS: Entre las 50 mujeres, el 76% no tenía ningún tipo de disfunción sexual, el 24% tenía algún tipo de disfunción sexual. CONCLUSIÓN: Por lo tanto, este estudio concluye que la población de estudio se compone de mujeres jóvenes no hubo prevalencia de la disfunción sexual.

PALABRAS CLAVE: disfunción sexual fisiológica. El coito. El orgasmo.

AVALIAÇÃO DA DISFUNÇÃO SEXUAL FEMININA EM MULHERES JOVENS

RESUMO

INTRODUÇÃO: A disfunção sexual feminina vem se tornando um problema e uma queixa cada vez mais frequente nos consultórios de ginecologia. É definida como um transtorno no ciclo da resposta sexual ou dor, associada à relação sexual, que resulta em sofrimento pessoal e pode interferir tanto na qualidade de vida quanto nas relações interpessoais da mulher. OBJETIVO: Verificar a prevalência de disfunção sexual em mulheres jovens. MÉTODOS: Este estudo é caracterizado como transversal e quantitativo. Foram entrevistadas 50 mulheres jovens, discentes da área da saúde, de uma instituição de ensino privada do oeste do Paraná. Para atender os objetivos foi utilizado o questionário Female Sexual Function Index (FSFI), já validado no Brasil. Se caracteriza por um questionário autorrespondido e composto por 19 questões, que contemplam seis domínios da resposta sexual: desejo, excitação, lubrificação, orgasmo, satisfação e dor/desconforto.Primeiramente o questionário foi explicado e só então respondido. As participantes assinaram um termo de consentimento livre e esclarecido concordando em participar da pesquisa, sendo destinada a elas uma cópia deste termo. Dentre os critérios de inclusão estão mulheres de 18 a 30 anos de idade, que apresentam vida sexual ativa. As informações foram mantidas em sigilo. Todos os dados foram anexados em uma planilha do Microsoft Excel 2010. RESULTADOS: Dentre as 50 mulheres, 76% não apresentam nenhum tipo de disfunção sexual, 24% apresentam algum tipo de disfunção sexual. CONCLUSÃO: Dessa forma este estudo conclui que na população estudada composta por mulheres jovens não houve prevalência de disfunção sexual.

PALAVRAS CHAVE: Disfunção sexual fisiológica. Relação sexual. Orgasmo.