46 - RELATION BETWEEN QUALITY OF SEXUAL LIFE AND THE MUSCULAR FUNCTION OF THE PELVIC WOODEN FLOOR

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INTRODUCTION

The Sexuality affects the way as in we relate them with the others and is influenced by the proper cultural and religious aspects of indivíduo[2]. Studies demonstrate that the interest for questions of sexual nature is ubíquo[13].

The sexual performance of each person is something sufficiently singular. Two people do not exist who the same present performance, a time that this depends on a infinity of physical 0 variable, psychological and mannering. As much the mongering 0 variable how much the physics, depend on the experience acquired with practical and the training, and the yearnings pessoais[14].

Two of the physical 0 variable of paper more of the one than basic in the sexual performance of the woman, are exactly the function and the motor coordination of the muscles of the pelvic wooden floor (MAP). The coordination and function degree influences radically in the sexual pleasure in such a way of the woman how much of the partner, in intercourse of the sexual act and during orgasmo[1].

Even because, for the great majority of the Brazilians, if the woman has a unsatisfactory sexual life the guilt is exclusively of it. She goes to take much time to change this mentality. This passes for the education and, in if treating to Brazil, the complexity aumenta[11].

In the truth, the knowledge on the feminine sexuality are recent. Date, for example, of 1953 the discovery on the importance of the clitoris in the pleasure of the woman. To leave of this verification, the theoretical research and of field had started on the physiological mechanisms of certain sexual dysfunction. It was when science discovered that the feminine problems have a very bigger fan of motivations of the one than the masculines. Beyond riots that make it difficult the sanguineous irrigation of the genital agencies, them they are citizens the multiple disequilibria in seesam hormonal that it inhibits the libido. To the biological causes partner-psychological barriers are added that if reveal in the desire lack, in pain during the relation or orgasm inatingíve[16].

METHOD

Clinical study, of transversal cut, the work counted on the participation of 55 women, who had respected the inclusion criteria, as to belong to the age band between 20 and 70 years of age, with absence of pathology associates, to be primíparas or multíparas, and they had not answered to the exclusion criteria, as to inferior age the 20 years or superior the 70 years of age, to be nulíparas, with pathology associates as they possess diabetes and hipertensão, participants had been selected without descrimination and they had not been displayed to no type of physical, mental, social and/or emotional risk.

Instrument of collection was evaluations fiche, contends personal data as the age, corporal mass and height; specific data as number of childbirths, presence of desire and sexual relation. Questionnaire of Feminine Sexual Dysfunction, carried through for a physiotherapist, and consisted of demographic questions how much to the degree of education, civil state, professional situation, number of children, if it makes use of some contraceptive method, if makes hormonal substitution, and sexual questions as, if it practised sexual relation in last the 12 months, which the frequency of the sexual relations, which the number of partners in the last year, if it has sexual desire, if it presents orgasm, if it prevents to have sexual contact, if it presents pain during the relation, if the vagina presents spasm making it difficult the penetration, if she is satisfied with the sexual life, if it is important to have a satisfactory sexual life, and if already looked professional aid for the problem. After to answer the questionnaire, the women had been evaluated by another physiotherapist so that the result of the collection of the muscular function of AP was not suggesteal by the answers of the questionnaire previously applied.

The physical examination was carried through, for examination AFA, being that the result of the evaluation of the muscular function of AP was gotten with the woman placed in gynecological position, with the abdominal regions, pelvic wooden floor and naked inferior members. The woman was, previously, acquired knowledge to make the force as if she needed "to hold" piss contracting only the muscles of AP. The contraction was classified in zero: absentee, one: light contraction, two: moderate contraction not supported per 6 seconds and three: normal contraction supported by six segundos[2]. The result of each contraction was registered and the final result was gotten by the average enters the values of three registros.[14]

RESULTS

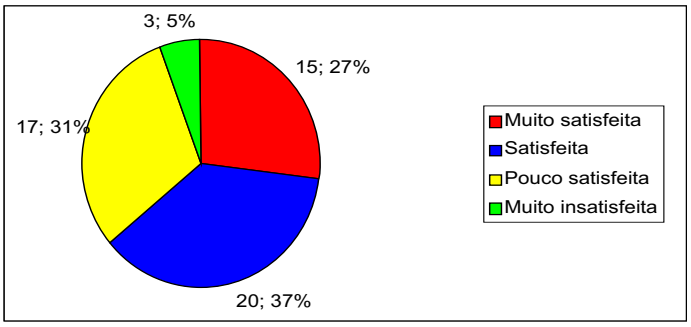
Of the selected sample of 55 women, a tax of 100% reply was gotten, what it corresponded the 55 complete questionnaires. All the questionnaires had been valid for the study.

The minimum age was of 20 years and the principle of 69, being the average of age of 51,2 years.

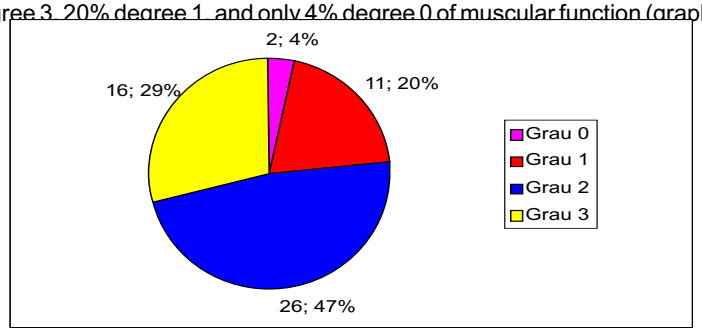
A ratio of sexually active women of 100% was found, what it corresponded to a total of 55 women. Relatively to the frequency of sexual relations in the last year, the majority of the women (52%) had a frequency of sexual relations of 1 the 2 times per week, 28% 1 the 3 times for month, 13% 3 or more times per week and 7% less of one time for month. The types of sexual dysfunction of more frequent occurrence had been the disturbances of the desire, the excitement, and orgasm with coitus and without coitus, described as very frequent respectively for about 29,1%, 27.3%, 27.3% and 21.8% of the participants who fulfilled the disgnostic criteria of each one of these subtypes.

The more prevalent subtypes of DSF in the sample seem, although everything, not to occur with much assiduity in the affected women: but 7.3% of the women with dispareunia and 3.6% of whom they presented criteria of vaginismo had related to be frequent episodes of these complaints during the sexual relationship.

A percentage of 37% of the women very satisfied 27% with its global sexual life are said satisfied and. But 5% are very unsatisfied and 31% are little satisfied (Graphical 1). When the importance given for the sexually active women to a satisfactory sexual life was evaluated, 85% considered very important or important (54% and 31%, respectively). It was indifferent for 2% of the women, little important for 13% and nothing important for 0% of the inquired ones.



Graph 1 - Level of satisfaction When evaluated how much the muscular function of AP, 47% of the participants had presented degree 2, 29% degree 3, 20% degree 1, and only 4% degree 0 of muscular function (graphical 2).



GRAPH 2 - Functional evaluation of AP

The very satisfied women, 40% had presented degree 3, 46.6% degree 2, and 6.7% degree 1 and for degree 0. The ones that had answered satisfied, 40% had presented degree 3, 30% degree 2, 25% degree 1, and 5% degree 0. The little satisfied women with regard to sexual life, 11.8% had presented degree 3, 64.7% degree 2, 23.5% degree 1, and none presented degree 0. Of that they had answered to be very unsatisfied, 66.6% had presented degree 2 and 33.3% degree 1 (Table 1).

Table 1 - Relation between quality of sexual life and muscular function of AP

	Graph 0		Graph 1		Graph 2		Graph 3	
	n	%	N	%	n	%	n	%
Very satisfied	1	6,7	1	6,7	7	46,60	6	40
Satisfied	1	5,0	5	25,0	6	30	8	40
Little satisfied	0	0,0	4	23,5	11	64,70	2	11,80
Very unsatisfied	0	0,0	1	3,3	2	66,60	0	0
	2	11,7	11		26		16	

DISCUSSION

The results of this work point with respect to necessity to not only carry through the diagnosis of the DSF, but as also to investigate the causes at great length, including the muscular function of AP carried through for the physiotherapist. If identified to the dysfunction of the musculature of AP physiotherapeutic the diverse woman it must be submitted to one or more of the existing modality for this reabilitação[10].

In accordance with the degree of existing injury, the treatment of the dysfunction of the pelvic wooden floor can be made with surgery or physiotherapy of whitewashing of the períneo. Therefore, the whitewashing of the períneo is a set of treatments used to restore the functions of the muscles of the pelvic wooden floor feminino[3].

These upheavals can be contouring by means of exercises of self-knowledge and corporal conscience, focused not only in the MAP, but in all the genital region, that in such a way facilitate to the domain and coordination of the MAP how much of the musculature of the hip as one todo9. In the majority of the times, the pelvic exercises can prevent and treat these problems. When we initiate the exercises, the muscles are weak, but they to little go reacting and being stronger. As all exercise, these also need regularity, the results are excellent, and can exactly prevent a treatment for surgery. For many women, these exercises imply in great satisfaction sexual.[9]

Another method is the Biofeedback that also consists of the training of the musculature of the pelvic wooden floor that helps to teach and to improve the execution of the exercises of whitewashing of the períneo. The Biofeedback provides information on its proper body. He has been used to help the people to recognize groups of muscles of the períneo, being facilitated its contraction and relaxation. Therefore, recently, its utility in the treatment of the urinária and fecal incontinence and the pain was recognized that some women feel in the relations sexuais.[8]

As for any another musculature of the body, the force of the MAP can be increased through exercises of fortalecimento [12]. However happily the MAP answer very well simple the daily exercises, that if adopted for the woman, this musculature with the force keeps that it desejar.[16]

CONCLUSION

With the gotten data of this study it could be concluded that it had directly proportional relation of the level of satisfaction of the sexual life with the muscular function of AP, was possible to observe that how much better the muscular function, better the satisfaction in the sexual life. The more frequent sexual dysfunction had been disturbance of the desire in 58,2%, disturbance of the excitement in 55,6%, disturbance of orgasm with coitus in 83,0% and without coitus in 57,4%.

It was verified exactly that 64% of the participants had said to be satisfied or very satisfied global the sexual life, and

had very considered to be important to have satisfactory sexual life, taking itself in account that the majority presented complaints múltilplas in the analyzed majority of itens. The majority of the participants had not looked professional aid for the dysfunction and the minority was boarded for the doctor regarding its sexual life.

REFERENCES:

1-ALLEN, R.E.; HOSKER, G.L.; SMITH, A.R.B.; WARRELL, D.W.- Pelvic floor damage and childbirth: a neurophysiological study. **Br. J. Obstet. Gynaecol.** 97: 770-779, 1990.
2-AMARO JL. **Tratamento clínico da incontinência urinária feminina: eletroestimulação endovaginal e exercícios perineais** [livre docência]. Botucatu: Faculdade de Medicina, Universidade Estadual Paulista "Júlio de Mesquista Filho; 2000
3-CARDOZO, L.- Prolapse. In: **Urogynecology**. New York, Churchill Livingstone, 1997. pp321-, .349.
4-CORDEIRO JCD. **Manual da Psiquiatria Clínica**. 2ª ed. Lisboa: Fundação Calouste Gulbenkian; 2002. p. 157-183.
5-CONTRERAS ORTIZ, O.; COYA NUÓEZ, F.; GUTNISKY, R.; CORTECE, G.- Valoración dinámica de la disfunción perineal en la mujer. Propuesta de clasificación. **Obst.y Ginec. Lat. Americ**. 52: 92-98,1994.
6-CORMAN, M.L.- **Anal incontinence**. In : Colon & Rectal Surgery. Philadelphia, Lippincott, 1993. pp. 188-261.
7-DANNECKER, C.; HILLEMANNS, P.; STRAUSS, A. et al.- Episiotomy and perineal tears presumed to be imminent: randomized controlled trial. **Acta Obstet. Gynecol Scand.** 83: 364-368, 2004.
8-DRAGANIC, B. & SOLOMON, M.J.- **Island flap perioneoplasty for coverage of perineal skin defects after repair of cloacal deformity**. ANZ. J. Surg. 71: 487-490, 2001.
9-LEEMAN, L.; SPEARMAN, M.; ROGERS, R- Repair of obstetric perineal lacerations. **Am. Fam. Physician** 68: 1585-1590, 2003.
10-GE, ZIMMERN PE. Sexual function after vaginal surgery for stress incontinence: results of a mailed questionnaire. **Urology** 2000 Aug 1; 56 (2): 223-7.
11-NACCARATO, A. PERCHON, L. Estudo do impacto da disfunção erétil na qualidade de vida de pacientes pós prostatectomia radical. In: **CONVENÇÃO BRASIL LATINO AMÉRICA, CONGRESSO BRASILEIRO E ENCONTRO PARANAENSE DE PSICOTERAPIAS CORPORAIS.** 1., 4., 9., Foz do Iguaçu. Anais... Centro Reichiano, 2004. CD-ROM. [ISBN - 85-87691-12-0]
12-MAKINEN, J.; KAHARI, V.; SODERSTROM, K. et al- Collagen synthesis in the vaginal connective tissue of patients with and without uterine prolapse. **Eur. J. Obstet. Gynecol. Reprod. Biol.** 24: 319-, 1987.
13-NUSBAUM MR, GAMBLE G, SKINNER B, HEIMAN J. The high prevalence of sexual concerns among women seeking routine gynecological care. **J Fam Pract** 2000 Mar; 49 (3): 229-32.
14-PEPE F, PANELLA M, PEPE G, D'AGOSTA S, PEPE P. Frequency of sexual dysfunction among Roman Catholic women. **Fam Pract** 1989 Mar; 6 (1): 16-8.
15-QUIRK FH, HEIMAN JR, ROSEN RC, LAAN E, SMITH MD, BOOLELL M. Development of a sexual function questionnaire for clinical trials of female sexual dysfunction. **J Womens Health Gend Based Med** 2002 Apr; 11 (3): 277-89.
16-ULMSTEN, U.; EKMAN, G.; GIERTZ, G.et al- Different biochemical composition of connective tissue in continent and stress incontinent women. **Acta Obstet. Gynecol. Scand**. 66: 455-, 1987
17-WILLIAMS, A.- Third-degree perineal tears: risk factors and outcome after primary repair. **J. Obstet. Gynaecol.** 23: 611-614, 2003.
18-KAPLAN D. Female sexual dysfunction: diagnosis and treatment in 2002. **Patient Care** 2002 Feb 28; 36 (4): 15-24.
19-SIGNORELLO, L.B.; HARLOW, B.L.; CHEKOS, A.K.; REPKE, J.T.- **Midline episiotomy and anal incontinence: retrospective cohort study**. B.M.J. 320: 86-90, 2000.

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RELATION BETWEEN QUALITY OF SEXUAL LIFE AND THE MUSCULAR FUNCTION OF THE PELVIC WOODEN FLOOR

ABSTRACT

Sexuality is integrant part of the Health, quality of life and general well-being of the human being. Two of the physical 0 variable of paper more of the one than basic in the sexual performance of the woman, are exactly the force and the motor coordination of the muscles of the pelvic wooden floor. The objectives of this work had been to correlate the quality of sexual life of women with the muscular function of the pelvic wooden floor and to verify where stage of the sexual act the found sexual dysfunction. Study of transversal cut, carried through with 55 women, it consisted of the collection of data for the instrument Questionnaire of Feminine Sexual Dysfunction and the evaluation of the muscular function of AP for the bidigital touch. The joined results had been: 37% of the women are said satisfied, very satisfied 27% with its global sexual life, and only 5% are very unsatisfied and 31% are little satisfied. When evaluated how much the muscular function of AP, 47% of the participants they had presented degree 2, 29% degree 3, 20% degree 1, only 4% degree 0 of muscular function. The very satisfied women, 40% had presented degree 3, 46.6% degree 2, and 6.7% degree 1 and 0. The ones that had answered satisfied, 40% had presented degree 3, 30% degree 2, 25% degree 1, 5% degree 0. The little satisfied women with regard to sexual life, 11.8% had presented degree 3, 64.7% degree 2, 23.5% degree 1, none presented degree 0. Of that they had answered to be very unsatisfied, 66.6% had presented degree 2 and 33.3% degree 1. With the gotten data of this study it could be concluded that it had directly proportional relation of the level of satisfaction of the sexual life with the muscular function of AP, was possible to observe that how much better the muscular function, better the satisfaction in the sexual life. The more frequent sexual dysfunction had been disturbance of the desire in 58,2%, disturbance of the excitement in 55,6%, disturbance of orgasm with coitus in 83,0%, without coitus in 57,4%.

KEY-WORDS: quality of life, sexuality, sexual dysfunction, pelvic wooden floor

RELATION ENTRE LA QUALITÉ DE LA VIE SEXUELLE Et LA FONCTION MUSCULAIRE DU PLANCHER EN BOIS PELVIEN

RÉSUMÉ

La sexualité est partie intégrante de la santé, de qualité de la vie et de bien-être général de l'être humain. Deux des 0 variables physique du papier davantage de celui que de base dans l'exécution sexuelle de la femme, sont exactement la force et la coordination de moteur des muscles du plancher en bois pelvien. Les objectifs de ce travail avaient été corréler la qualité de la vie sexuelle des femmes avec la fonction musculaire du plancher en bois pelvien et de vérifier où étape de l'acte sexuel le disfunções sexuel trouvé. L'étude de la coupe transversale, exécutée avec 55 femmes, d'elle a compris la collecte des données pour le questionnaire d'instrument de Disfunção sexuel féminin et l'évaluation de la fonction musculaire de AP pour le contact bidigital. Les résultats jointifs avaient été : 37% des femmes sont lesdits 27% satisfaits et très satisfaits avec sa vie sexuelle globale, et seulement 5% sont très mécontents et 31% sont peu satisfaits. Une fois évalués combien la fonction musculaire de AP, 47% des participants ils avaient présenté le degré 2, le degré 3, le degré 1, le degré 0 de 29% de 20% seulement de 4% de la fonction musculaire. Les femmes très satisfaites, 40% avaient présenté le degré 3, 46.6% degrés 1 et 0 du degré 2, et 6.7%. Ceux qui avaient répondu satisfait, 40% avaient présenté le degré 3, le degré 2, le degré 1, le degré 0 de 30% de 25% de 5%. Les femmes satisfaites peu en ce qui concerne la vie sexuelle, 11.8% avaient présenté le degré 3, 64.7% degrés 2, 23.5% degrés 1, aucun le degré présenté 0. De cela elles avaient répondu pour être très mécontentes, 66.6% avaient présenté le degré 1 du degré 2 et 33.3%. Avec les données obtenues de cette étude il pourrait conclure qu'il a eu directement la relation proportionnelle du niveau de la satisfaction de la vie sexuelle avec la fonction musculaire de AP, était possible d'observer que combien de meilleur la fonction musculaire, améliorent la satisfaction dans la vie sexuelle. Le disfunções sexuel plus fréquent avait été la perturbation du désir dans 58.2%, la perturbation de l'excitation dans 55.6%, perturbation d'orgasmo avec le coitus dans 83.0%, sans coitus dans 57.4%.

MOTS-CLES: qualité de la vie, sexualité, dysfunctionnement sexuel, plancher en bois pelvien

RELACIÓN ENTRE LA CALIDAD DE LA VIDA SEXUAL Y LA FUNCIÓN MUSCULAR DEL PISO DE MADERA PÉLVICO

RESUMEM

La Sexualidad es parte integrant de la salud, de calidad de la vida y de bienestar general del humano. Dos de las 0 variables física del papel más de el que básico en el funcionamiento sexual de la mujer, son exactamente la fuerza y la coordinación del motor de los músculos del piso de madera pélvico. Los objetivos de este trabajo habían sido correlacionar la calidad de la vida sexual de mujeres con la función muscular del piso de madera pélvico y verificar donde etapa del acto sexual el disfunções sexual encontrado. El estudio del corte transversal, llevado a través con 55 mujeres, de él consistió en la recogida de datos para el cuestionario del instrumento de Disfunção sexual femenino y la evaluación de la función muscular del AP para el tacto bidigital. Los resultados unidos habían sido: los 37% de las mujeres son los 27% satisfechos, muy satisfechos dichos con su vida sexual global, y los solamente 5% son muy insatisfechos y los 31% están satisfechos poco. Cuando estaban evaluados cuánto la función muscular del AP, el 47% de los participantes habían presentado el grado 2, grado 3, grado 1, grado 0 del 29% del 20% del solamente 4% de la función muscular. Las mujeres muy satisfechas, el 40% habían presentado el grado 3, 46.6% grados 1 y 0 del grado 2, y 6.7%. Los que habían contestado satisfecho, el 40% habían presentado el grado 3, grado 2, grado 1, grado 0 del 30% del 25% del 5%. Las pequeñas mujeres satisfechas con respecto a vida sexual, 11.8% habían presentado el grado 3, 64.7% grados 2, 23.5% grados 1, ninguno el actual grado 0. De eso habían contestado para ser muy insatisfecha, 66.6% habían presentado el grado 1 del grado 2 y 33.3%. Con los datos conseguidos de este estudio podría ser concluido que tenía directamente relación proporcional del nivel de la satisfacción de la vida sexual con la función muscular del AP, era posible observar que cuánto mejor la función muscular, mejora la satisfacción en la vida sexual. El disfunções sexual más frecuente había sido el disturbio del deseo en el 58.2%, disturbio del entusiasmo en el 55.6%, disturbio del orgasmo con coitus en el 83.0%, sin coitus en el 57.4%.

PALABRAS-LLAVE: calidad de la vida, sexualidad, disfunción sexual, piso de madera pélvico

RELAÇÃO ENTRE QUALIDADE DE VIDA SEXUAL E A FUNÇÃO MUSCULAR DO ASSOALHO PÉLVICO

RESUMO

Sexualidade é parte integrante da Saúde, qualidade de vida e bem-estar geral do ser humano. Duas das variáveis físicas de papel mais do que fundamental no desempenho sexual da mulher, são justamente a força e a coordenação motora dos músculos do assoalho pélvico. Os objetivos deste trabalho foram correlacionar a qualidade de vida sexual de mulheres com a função muscular do assoalho pélvico e verificar em que etapa do ato sexual as disfunções sexuais encontradas. Estudo de corte transversal, realizado com 55 mulheres, consistiu da coleta de dados pelo instrumento Questionário de Disfunção Sexual Feminina e a avaliação da função muscular do AP pelo toque bidigital. Os resultados encontrados foram: 37% das mulheres dizem-se satisfeitas, 27% muito satisfeitas com a sua vida sexual global, e apenas 5% estão muito insatisfeitas e 31% estão pouco satisfeitas. Quando avaliadas quanto a função muscular do AP, 47% das participantes apresentaram grau 2, 29% grau 3, 20% grau 1, apenas 4% grau 0 de função muscular. As mulheres muito satisfeitas, 40% apresentaram grau 3, 46,6% grau 2, e 6,7% grau 1 e 0. As que responderam satisfeitas, 40% apresentaram grau 3, 30% grau 2, 25% grau 1, 5% grau 0. As mulheres pouco satisfeitas com relação a vida sexual, 11,8% apresentaram grau 3, 64,7% grau 2, 23,5% grau 1, nenhuma apresentou grau 0. Das que responderam estar muito insatisfeitas, 66,6% apresentaram grau 2 e 33,3% grau 1. Com os dados obtidos deste estudo pôde-se concluir que houve relação diretamente proporcional do nível de satisfação da vida sexual com a função muscular do AP, foi possível observar que quanto melhor a função muscular, melhor a satisfação na vida sexual. As disfunções sexuais mais freqüentes foram perturbação do desejo em 58,2%, perturbação da excitação em 55,6%, perturbação do orgasmo com coito em 83,0%, sem coito em 57,4%.

PALAVRAS-CHAVE: qualidade de vida, sexualidade, disfunção sexual, assoalho pélvico.