

Examining the Relationship Between Uterine Fibroids and Dyspareunia Among Premenopausal Women in the United States

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ABSTRACT

Introduction. Despite estimates of a high prevalence of deep dyspareunia (DD) among women in the United States, risk factors for this important area of sexual dysfunction have been largely understudied.

Aims. The purpose of this study was to examine the relationship between uterine fibroids and the prevalence of DD.

Methods. We used data from the Uterine Fibroid Study (enrollment 1996–1999 in a U.S. metropolitan area). Participating women were ages 35–49 and were randomly selected from the membership rolls of a prepaid health plan. Women were asked to provide detailed health information including a symptom questionnaire with questions about DD and to have a study ultrasound to screen for fibroids ≥ 0.5 cm in diameter. The analysis included 827 women, after restriction to participants who were premenopausal with an intact uterus, sexually active, completed the symptom questionnaire, and had fibroid status adequately assessed. Logistic regression was conducted to estimate the adjusted prevalence odds ratio (aPOR) for the association of DD with presence of fibroids after adjusting for age, ethnicity, education, depression, physical activity, parity, and pelvic pathology.

Main Outcome Measure. Our main outcome measures were the presence and severity of DD.

Results. The presence of fibroids was significantly associated with DD (aPOR = 1.7 95% confidence interval [CI] 1.1, 2.5). The aPOR was stronger for severe DD, DD that interfered with normal activity “some” or “a lot” (aPOR = 3.1 95% CI 1.2, 8.2). However, there was not a significant dose response relationship between fibroid burden (measured by uterine volume) and DD. Fundal fibroids were more strongly associated with DD than other fibroids. Additional factors associated with significantly elevated odds of DD were parity, depression, younger age, and pelvic pathology.

Conclusion. Our results suggest that fibroids are associated with DD. The association may not be causal but may reflect shared etiology and/or pathologic pathways. **Moshesh M, Olshan AF, Saldana T, and Baird D. Examining the relationship between uterine fibroids and dyspareunia among premenopausal women in the US. J Sex Med 2014;11:800–808.**

Key Words. Dyspareunia; Fibroids; Sexual Dysfunction; Pelvic Pain; Sexual Pain; Pelvic Pathology

Introduction

The causes and impact of deep dyspareunia (DD), a form of sexual dysfunction, have been largely understudied despite high prevalence estimates [1–3]. The importance of this lifestyle issue has gained recent attention because of studies that have revealed high prevalence of

sexual dysfunction among older menopausal women, but few data exist for premenopausal women [4]. Moreover, national attention and investigation of issues impacting relationship and marital quality have come to the forefront as the dissolution of marriage has remained high [5]. Although DD is only one small aspect of sexual dysfunction, it is thought to precede and worsen

other common sexual dysfunctions such as loss of desire, the most common sexual dysfunction seen in postmenopausal women [6].

Pelvic pathologic conditions such as endometriosis and interstitial cystitis are well-known and accepted contributors to the development of chronic pelvic pain, including dyspareunia; however, the importance of fibroids has not been as clear [6]. Previously reported associations between fibroids and DD have been weak to moderate in magnitude [7–9], requiring larger samples to more precisely estimate an association. Most studies were small, and only one used ultrasound to systematically detect fibroids [9]. The Uterine Fibroid Study (UFS) offered the opportunity to look at the association between fibroids and DD using a large population-based resource of primarily premenopausal African American and Caucasian women. We hypothesized that fibroids are a significant contributor to the presence and severity of DD among women.

Aims

- To examine the association between fibroids and DD
- To evaluate if fibroids contribute to dyspareunia severity (measured by DD interference with normal activity)
- To examine the dose response relationship between fibroid burden (measured by size of uterus) and DD
- To describe the contribution of other a priori chosen covariates toward the presence of DD

Methods

We used previously collected cross-sectional data from the UFS to conduct this analysis. The UFS enrolled a sample of 35 to 49-year-old women who were randomly selected from the membership rolls of a prepaid health plan located in Washington, DC. The response rate was over 80% with a total of 1,430 women participating in the initial enrollment during 1996–1999. The study has been described in detail [10]. Briefly, all women were asked to complete a self-administered questionnaire about medical history, dietary and occupational exposures, as well as symptoms related to fibroids. Premenopausal women were then screened with pelvic ultrasound to detect the presence of fibroids, regardless of prior clinical diagnosis. Women excluded from this analysis were

(i) women who were naturally or surgically menopausal including either a hysterectomy and/or a bilateral oophorectomy ($n = 190$); (ii) women who were not sexually active over the past year ($n = 196$); (iii) women who did not follow up to complete the symptom questions which included assessment of dyspareunia ($n = 163$); and (iv) women who did not have fibroid status determined ($n = 55$). This left a total of 827 women for this analysis (Figure 1). The UFS was approved by the National Institute of Environmental Health Sciences and George Washington University Human Subject Review Boards. Participants gave informed consent. This secondary data analysis was approved by the University of North Carolina at Chapel Hill IRB board.

Dyspareunia Assessment

Participants were asked to complete a self-administered questionnaire at enrollment, prior to ultrasound examination. DD was assessed with the following questions:

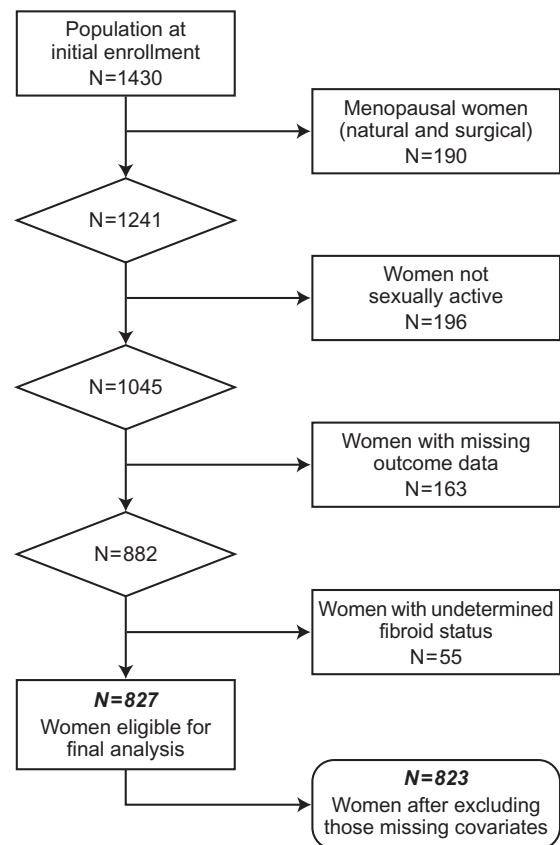


Figure 1 Participants in the NIEHS Uterine Fibroid Study selected for analysis of deep dyspareunia.

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