

COUPLES

Does Endometriosis Affect Sexual Activity and Satisfaction of the Man Partner? A Comparison of Partners From Women Diagnosed With Endometriosis and Controls

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ABSTRACT

Background: Endometriosis-associated pain and dyspareunia influence female sexuality, but little is known about men's experiences in affected couples.

Aim: To investigate how men partners experience sexuality in partnership with women with endometriosis.

Methods: A multi-center case-control study was performed between 2010 and 2015 in Switzerland, Germany, and Austria. 236 Partners of endometriosis patients and 236 partners of age-matched control women without endometriosis with a similar ethnic background were asked to answer selected, relevant questions of the Brief Index of Sexual Functioning and the Global Sexual Functioning questionnaire, as well as some investigator-derived questions.

Outcomes: We sought to evaluate sexual satisfaction of men partners of endometriosis patients, investigate differences in sexual activities between men partners of women with and without endometriosis, and identify options to improve partnership sexuality in couples affected by endometriosis.

Results: Many partners of endometriosis patients reported changes in sexuality (75%). A majority of both groups was (very) satisfied with their sexual relationship (73.8% vs 58.1%, $P = .002$). Nevertheless, more partners of women diagnosed with endometriosis were not satisfied ($P = .002$) and their sexual problems more strongly interfered with relationship happiness ($P = .001$) than in partners of control women. Frequencies of sexual intercourse ($P < .001$) and all other partnered sexual activities (oral sex, petting) were significantly higher in the control group. The wish for an increased frequency of sexual activity ($P = .387$) and sexual desire ($P = .919$) did not differ statistically between both groups.

Clinical Translation: There is a need to evaluate qualitative factors that influence sexual satisfaction in endometriosis patients.

Conclusions: This is one of the first studies to investigate male sexuality affected by endometriosis. The meticulous verification of diagnosis and disease stage according to operation reports and histology allows for a high reliability of diagnosis. Our men's response rate of almost 50% is higher compared to other studies. Recruiting men through their woman partner may have caused selection bias. The adjustment to the specific situation in endometriosis by selecting questions from the Brief Index of Sexual Functioning and Global Sexual Functioning and adding investigator-derived questions likely influenced the validity of the questionnaires. Despite the fact that both partners of endometriosis patients and of control women largely reported high sexual satisfaction, there are challenges for some couples that arise in the context of a sexual relationship when one

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partner has endometriosis. Challenges such as sexuality-related pain or a reduced frequency of sexual activities should be addressed by health care professionals to ameliorate any current difficulties and to prevent the development or aggravation of sexual dysfunction. **Hämmerli S, Kohl Schwartz AS, Geraedts K, et al. Does Endometriosis Affect Sexual Activity and Satisfaction of the Man Partner? A Comparison of Partners From Women Diagnosed With Endometriosis and Controls. J Sex Med 2018;XX:XXX–XXX.**

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Key Words: Endometriosis; Sexual Satisfaction; Man Perspective; Partner Sexuality

INTRODUCTION

A severe disease often affects the quality of life of both the patient and the healthy partner. Changes include physical limitations, to roles and responsibilities in the family, to leisure time activities, as well as in the frequency and quality of sexual activities.^{1–3}

Endometriosis is defined as the presence of endometrial tissue in ectopic locations, mainly in the lower pelvis.⁴ It affects up to 10% of women of reproductive age, of which approximately 50–70% show disease symptoms such as chronic pelvic pain, often of severe intensity.^{5–7} Dyspareunia is 10 times more common than in healthy women and has been reported to occur more often in positions involving deep penetration of the penis,^{8,9} and may lead to a decreased frequency of sexual intercourse.⁹ Endometriosis-related fatigue and problems to achieve and maintain pregnancy may also disturb sexuality. Endometriosis can induce feelings of guilt for limitations in sexual performance.^{6,10} Women may be accused of falsely using pain to hide a lack of sexual desire,¹¹ which shows that a lack of knowledge of disease symptoms and resulting misunderstandings may disrupt a fulfilling sexual relationship. Endometriosis-related limited physical resilience is often overseen or not accepted as a result of such limited knowledge, and men feel overburdened with their partner's disease and resulting sexuality-related stress.¹² Women often fear the breakdown of a partnership or infidelity as a result of their partner's sexual dissatisfaction.¹³ However, partners provide valuable support for women in dealing with endometriosis-associated symptoms and satisfaction in relationships can positively influence disease management.¹⁴ Sexual satisfaction is associated with relationship satisfaction and vice versa, which may induce a vicious circle in which couples dealing with endometriosis become more and more sexually frustrated and unhappy with their relationship.^{15–17} Such development may ultimately result in the termination of the partnership.¹⁸

To date, effects of endometriosis on the life of a patient's healthy partner have only rarely been investigated. The few available studies on the partner's life indicate that partners of women with endometriosis show lower sexual interest and desire and experience a decreased frequency of sexual activities and reduced sexual satisfaction,^{6,19,20} but there are also opposite results. A recent study found no differences regarding erectile and orgasmic function as well as intercourse and overall satisfaction between partners of women with endometriosis and partners of

healthy women.²¹ The authors argue, however, that such differences may still exist, considering that their questionnaire was suspected to be insufficiently sensitive to the evaluation of qualitative aspects of sexuality.²¹ Differences in study designs, questionnaires, and the selection of study participants may also add to differences in findings. As men tend to underestimate the sexual dysfunction of their partners²² and often wish for a higher frequency of sexual activities than women—which possibly reflects sexual desire—the potential for relationship conflicts and sexual dissatisfaction increases.²³ Hence, methodologically well-designed studies are needed in order to improve understanding of men's experiences in the context of chronic women's diseases such as endometriosis.

We hypothesized that endometriosis leads to greater dissatisfaction of the man partner and that the frequency of sexual activities is lower in couples affected by endometriosis. Furthermore, we estimated frequencies of other sexual activities to be higher in affected couples to compensate a lower frequency of sexual intercourse. Therefore, we evaluated the burden endometriosis imposes on male sexuality by comparing the affected men's sexual desire, sexual satisfaction, and the frequency of their sexual activity to men in relationships without endometriosis. To identify targets for sexual counseling we also evaluated links between sexual satisfaction and various qualitative and quantitative aspects, such as frequencies and time invested into various sexual activities and sexual desire. Potential disruptive factors either known or estimated to influence couple sexuality, such as the number of children or endometriosis characteristics such as time since the initial diagnosis and disease stage, were evaluated through a regression analysis.

Primary Outcome Measures

Therefore, we aimed to: (1) evaluate sexual desire and satisfaction in men partners of endometriosis patients; (2) investigate differences in the frequency of sexual activities between men partners of women with and without endometriosis; and (3) identify target options for improvement of partnership sexuality in couples affected by endometriosis.

METHODS

Data for this retrospective matched case-control study were obtained through a multi-centered survey, which is part of a

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