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Citation for published version (APA):

Waterink, W., Brand, A., & van Lankveld, J. (2023). *Sexual distress in relation to pelvic floor dysfunction-related distress*. 154. Poster session presented at 49th Annual meeting of the International Academy of Sex Research, Montréal, Quebec, Canada.

Document status and date:

Published: 08/08/2023

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

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Sexual distress in relation to pelvic floor dysfunction-related distress

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Background

Sexual distress is seen as an essential component of female sexual dysfunction. Sexual distress originates from problems with sexual desire, sexual arousal, lubrication, orgasm, or intercourse, for which women could and do seek help in a pelvic physical therapy (PPT) practice. In PPT practice, sexual dysfunction is often presented as a main reason to seek help, besides commonly treated complaints, such as urinary and fecal incontinence, micturition and defecation problems, pelvic organ prolapses, and pelvic pain. However, it is not clear if sexual distress is a reason to seek help. In this study, women's help-seeking behavior in PPT practice was investigated, focusing on sexual distress in relation to pelvic floor complaints

Method

Pelvic floor dysfunction-related distress was assessed with the Pelvic Floor Distress Inventory (PFDI) and pelvic pain related distress was included from the Four-Dimensional Symptom Questionnaire (4DSQ). Sexual distress was assessed with the Female Sexual Distress Scale (FSDS). Women with PPT experience were compared to women without PPT experience.

Results

Women with PPT experience scored higher on the FSDS, as compared to women without PPT experience. ($B = 3.99, t(379) = 3.47, p < .001$) Corrected for PFDI scores, this effect disappeared.

Results

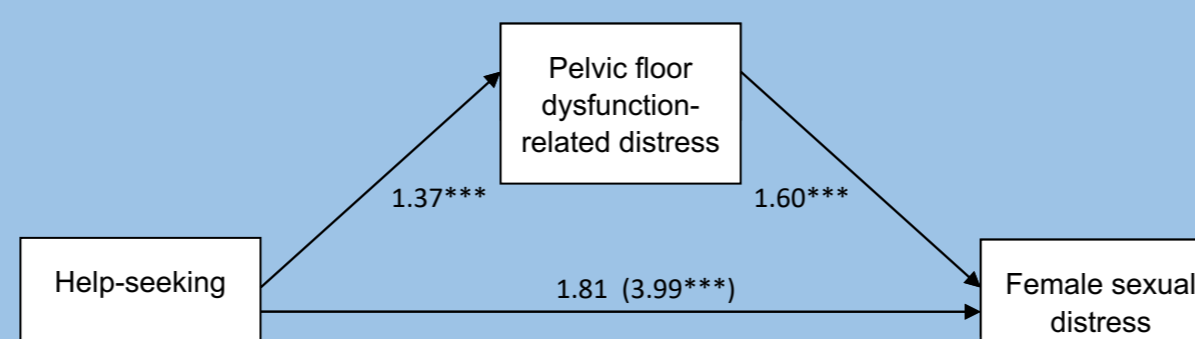
Women with PPT experience scored higher on the PFDI, as compared to women without PPT experience. ($B = 1.43, t(379) = 6.14, p < .001$) Corrected for FSDS scores, this effect remained.

Results

Mediation analyses (Sobel tests) showed that the relationship between help-seeking and sexual distress was completely mediated by pelvic floor dysfunction-related distress. (Sobel $Z = 7.02, p < .001$)

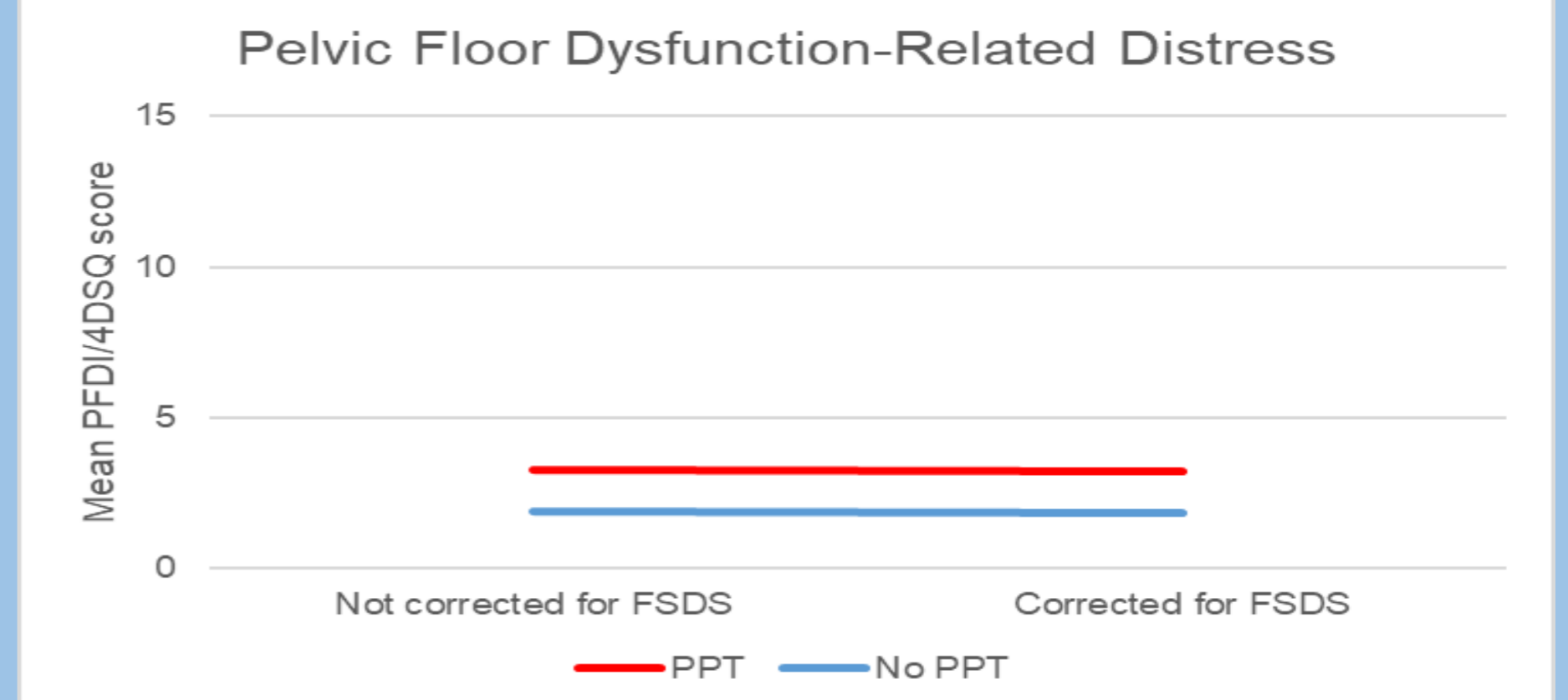
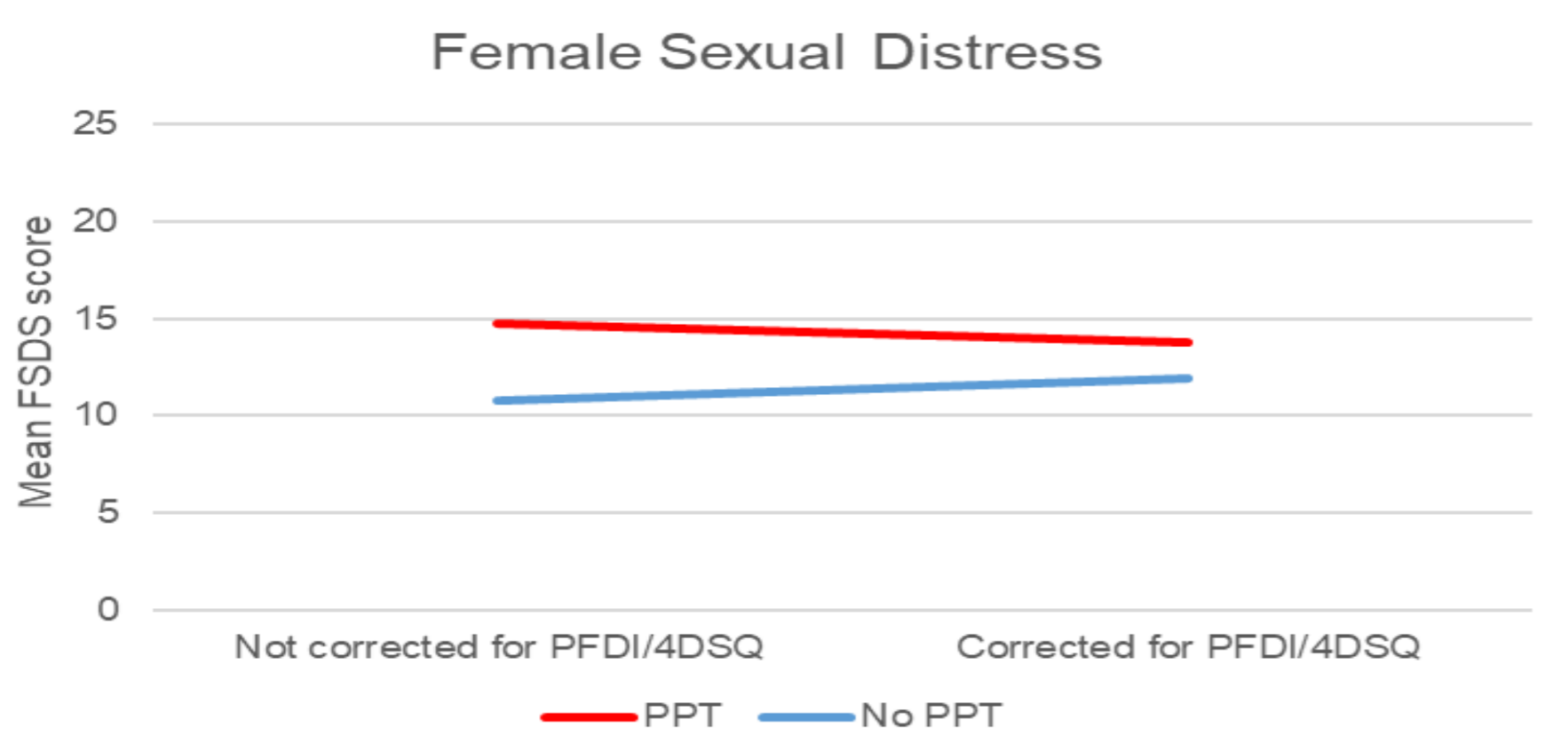
Results

Mediation analyses (Sobel tests) showed that the relationship between help-seeking and pelvic floor dysfunction-related distress was not mediated by sexual distress.



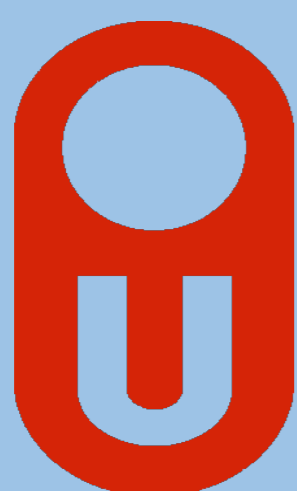
Note. * $p < .05$. ** $p < .005$. *** $p < .001$.

Figure
Regression coefficients for the relationship, controlled for age, between help-seeking and female sexual stress as mediated by pelvic floor dysfunction-related distress. The regression coefficient for the relationship between help-seeking and female sexual distress is in parentheses.



Conclusion

In the current study, pelvic floor dysfunction-related distress was a main reason for seeking help in a PPT practice, not sexual related distress



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