

PM-01

THE FIRST STEP OF PLISSIT MODEL WITH MASTECTOMIZED WOMEN



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Objective: Sexual dysfunction has been noticed as a health problem due to its negative impact on quality of life. This research arises from the need to investigate the use of the PLISSIT model as an intervention tool for mastectomized women. The goal was to describe the application of the first step of the PLISSIT model in order to allow discussion on sexuality.

Material and Methods: Descriptive study of a sexual counselling group for mastectomized women carried out in a maternity unit at Fortaleza, CE, Brazil. The first step -Permission- of the PLISSIT Model was used as a strategy for conducting the group. The session lasted about 1 hour and 30 minutes. Eight mastectomized women participated. The study is part of a larger project called Intervention of Sexual Counselling for mastectomized: It is a randomized controlled clinical trial and it was approved by the ethics committee - number protocol: 1.907.285.

Results: Movie scenes called Aquarius in which the protagonist were mastectomized were shown. The scenes were discussed about and how the women felt after watching them. There were three scenes about a woman without a breast; the mastectomized woman is together with a man but when he learns about the mastectomy he abandons her, and the last one was a sex scene. Regarding the movie scenes the women felt fear and felt rejected by the man. We made questions about What is the importance of sex in your life? How is your sexual life? How would you like your sexual life to be? Is there anything that annoys you in your sexual life? Do you know if you had mood change after mastectomy?

Conclusions: For mastectomized women it becomes delicate to talk about sexuality, however one cannot leave this subject unnoticed. It is important for nurses to be aware about issues related to sexual intimacy and they should be prepared not only to provide better information about it but also to reflect together with a woman about her reality and expectations.

Financing: No conflict

PM-02

THE ADOLESCENT'S VIEW ON SEXUALITY



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Introduction: Sexuality is the energy that motivates the pursuit of love, contact and intimacy, and expresses itself in the way people feel, and in the way people interact with others. It can be said that healthy sexuality is the product of negative and positive experiences counterbalanced in a positive balance. There are doubts from adolescents about their sexuality that are not always exposed to the health professional.

Objectives: Identify information that adolescents would like to receive about sexuality.

Methods: 13-17 years old students from a public high school were invited to answer three questions. Two questions were multiple choice: Who would you like to advise about sexual function / sexuality? How would you like to receive this information? And one open question: What doubts would you like to clarify about your sexuality?

Results: Of the 312 students interviewed, 50.5% would like to be informed about sexuality by parents, 39% by the school, and 10.4% by friends; 47.9% would like to receive information through lectures; 24.6% through brochures, 20.4% at school class, and 7.1% by the media. The doubts mentioned: better understanding of the menstrual cycle, contraceptive methods, sexually transmitted infections, sexual violence, abortion, pregnancy, sex during pregnancy, sexual orientation.

Conclusion: Adolescence is a window of opportunity for health professionals to provide preventive information about the experience of

sexuality. Knowing the demands of adolescents allows us to create strategies that are more coherent with their demands, which can lead to more effective programs for the prevention of diseases related to the experience of sexuality. There were many doubts which shows the importance of sex education in schools, together with the support of parents to transmit information, knowledge and values to help students overcome their doubts and anxieties.

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PM-03

EVALUATION OF THE IMPROVEMENT OF SEXUALITY IN WOMEN TREATED FOR URINARY INCONTINENCE



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Introduction: Urinary incontinence (UI) is the involuntary loss of urine, through the urethra, objectively demonstrable and it is a social and hygienic problem for the person who suffers from it; which causes a perception of loss of quality of life and affects sexuality negatively. The UI affects sexual activity between 55 and 87.4%, depending both on the degree of UI and age, as well as the woman's activity.

Materials and methods: A randomized, prospective, uncontrolled, and open clinical trial was conducted; two randomized groups were allocated: group A, 22 women underwent fractionated CO2 laser therapy; and group B, 23 women treated with pelvic floor rehabilitation; both options as primary treatment of UI. It was conducted between January 2015 and April 2017, at the La Sagrada Familia Clinic in Armenia, Quindío, Colombia.

Objective: To analyze the differences in UI management with rehabilitation and laser use, and their influence on the sexuality of the women being treated.

Results: In the total population studied the prevalence of stress UI was 55.5%, 35.5% mixed UI and urge UI 8.8%; 86.6% had vaginal laxity, in 28.8% the UI occurred during intercourse, and 31.1% had an anterior prolapse greater than or equal to grade II. The Female Sexual Function Index, in the general population, was 26.4 ± 5.1 points; at the beginning of treatment in group A it was 27.3 ± 5.7 and in group B it was 26.7 ± 5.4 . At 18 weeks from the last session, it was 30.9 ± 5.1 and 32.7 ± 3.3 , respectively. An initial prevalence of sexual disorders was found, for the general population, of 86.6% and at the end of 15.5%.

Conclusions: Women undergoing pelvic floor rehabilitation had greater improvement in sexual response. The effectiveness of the laser, in the resolution of the UI, is superior to the rehabilitation.

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PM-04

IMPACT OF PREGNANCY ON THE SEXUALITY OF WOMEN IN THE EJE CAFETERO



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Introduction: Sexual health can be affected by age, education, chronic diseases, pregnancy and birth. Pregnancy plays an important role in the sexual function and behavior of women; besides the large hormonal impact, emotional changes can take place in the lifestyle and even in the self-image, which ends up changing the expression of sexuality and sexual behavior of the pregnant woman.

Materials and methods: A prospective study was carried out, it recruited 1440 pregnant women at the first trimester of pregnancy, treated between January 2010 and January 2015 in the Clinic La Sagrada Familia, Armenia, Quindío, Colombia, South America. The research was carried out trimester to trimester until six weeks postpartum. The standardized instrument used was the Female Sexual Function Index (FSFI).

Objective: To evaluate the impact of pregnancy on the sexuality of women in the Eje Cafetero, as well as to determine the prevalence of sexual dysfunction among pregnant women.

Results: The prevalence of sexual dysfunction in the first trimester was 39.6%, 34.5% in the second trimester and 78.95% in the third trimester. Sexual desire decreased in each of trimester of pregnancy; in the second trimester the pain presented a significant difference with respect to the other quarters; the orgasm became harder to reach in the first trimester of pregnancy, and 6.04% said they had never experienced it; sexual satisfaction was the domain that showed the highest peak, since most women continued to consider their sexual life satisfactory throughout their pregnancy.

Conclusions: The sexual health of pregnant women in the Eje Cafetero is affected and may have negative effects on the general well-being and on the relationship.

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PM-05

PREVALENCE AND CHARACTERIZATION OF FEMALE EJACULATION. CROSS-SECTIONAL STUDY

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Introduction: Female ejaculation is a phenomenon characterized by the outflow of a liquid, different from the urine, through the urethra, at the moment of orgasm. What is unquestionable is that the debate continues about the structures involved in its production and those related to its expulsion, as well as the desire to know its complete composition.

Materials and methods: Observational, descriptive cross-sectional, prospective and population-based study. Women between 18 and 39 years old were enrolled; from January 1, 2012 to June 30, 2016 (Table 1). These women had to masturbate until reaching orgasm by manual stimulation or assisted with non-vaginal sex toys. The sample was taken in a container ready for collection and was immediately processed by the researchers for the purpose of a quantitative and biochemical analysis.

Objective: To evaluate the biochemical characteristics of urethral fluid expelled during female orgasm in a group of sex workers and to determine the prevalence of ejaculation in these women.

Results: The mean age was 32.6 ± 8.2 years. The prevalence of the presence of urethral fluid related to orgasm was 69.23%. In the biochemical analysis of the urethral fluid, it was found that the color varied between pearly and opalescent gray, with an osmolarity of 269.3 ± 3.57 mOsm / kg, pH of 5.4, density of 1,032 g / L, viscosity was 12.75 mm for the filament and an average volume of 29.73 cc; the most common substances were 0.75 ng / ml PSA with an average fructose concentration of 12 mmol / L and citric acid of 729 mg / L.

Conclusions: Female ejaculation is a reality in our population (69.23%). In this study it is confirmed that sexually active women, with the right stimulus, can release, during orgasm, a fluid biochemically different from the urine.

Financing: No conflict

PM-06

EVALUATION OF THE EFFICACY OF THE COMBINATION OF TWO LOCAL ESTROGEN THERAPIES WITH A VAGINAL LUBRICANT, FOR THE CONTROL OF SYMPTOMS OF SEVERE ATROPHIC VULVOVAGINITIS

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Introduction: Atrophic vulvovaginitis makes its debut about five years after menopause. It is caused by decreased estrogen levels, and affects about half of postmenopausal women; it the sexual health and the quality of life of these women, given the constellation of related vulvovaginal manifestations. There

are few studies on the use of pharmacological measures of hormonal therapy combined with vaginal lubricants for the treatment of genitourinary menopause syndrome (severe atrophic vulvovaginitis) in postmenopausal women.

Materials and methods: Prospective, controlled and randomized study. A total of 57 postmenopausal women attended the author's climacteric consultation between July 2014 and July 2016. Two groups were established, 30 women received 0.625 mg intravaginal equine conjugated estrogens twice a week (group A), and 27 women received estriol at doses of 0.5 mg intravaginal twice weekly for six months (group B). Both groups received, in addition to hormonal therapy, 5 grams' intravaginal lubricant every 6 hours. All women were evaluated for their hormonal status, before and six months later, the vaginal maturation index was determined. At the same time, the vaginal health index was calculated, which was continued monthly in each control

Objective: To evaluate the efficacy of the combination of two local estrogen therapies with a vaginal lubricant (K-Y gel) for the control of symptoms of severe atrophic vulvovaginitis

Results: Women in group A showed a reduction of the symptomatology at the end of the study of 72% versus 87% of group B. None of the women had any complications related to therapy.

Conclusions: The use of local estrogen therapy in severe atrophic vulvovaginitis is a well-tolerated measure; at six months' follow-up showed a significant improvement in symptoms and vaginal health index. The use of estriol with lubricant was associated with better results and lower adverse effects, when compared to equine conjugated estrogens and lubricant; however, the rates of sexual satisfaction were similar

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PM-07

COMPARISON OF THE THERAPEUTIC EFFICACY OF TADALAFIL / GINKGO BILOBA VS VARDENAFIL / GINKGO BILOBA FOR THE MANAGEMENT OF ERECTILE DYSFUNCTION IN MEN WITH CONCOMITANT CHRONIC DISEASES

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Introduction: Erectile dysfunction is defined as the persistent inability to achieve and maintain an adequate erection for successful sexual intercourse. It is estimated that it affects 52% of men aged 40 to 70 years, a percentage that increases with age, from 39% at 40 years to 67% at 70 years.

The most frequent causes of its etiology are psychogenic, cardiovascular diseases and their risk factors (smoking, hypercholesterolemia, obesity, etc.), diabetes, depression, and many medical or surgical treatments.

Materials and methods: They include 45 men followed for thirty-six months; 22 were treated with tadalafil + ginkgo biloba (group A) and 23 with vardenafil + ginkgo biloba (group B); the mean age was $57.6 + 8.4$ years and $58 + 7.8$ for each group, respectively. The age difference was not significant. Participants were randomized to initiate treatment with tadalafil + ginkgo biloba (20 mg / 80 mg) or vardenafil + ginkgo biloba (20 mg / 80 mg); in both groups a dose of IPDE-5 was given twice a week and a single daily dose of ginkgo biloba for both groups. The therapeutic efficacy was evaluated with the erectile dysfunction questionnaire (IIEF-5, International Index Erectile Function).

Objective: To compare the therapeutic efficacy of two selective phosphodiesterase inhibitor drugs (IPDE-5) in combination with ginkgo biloba for the management of erectile dysfunction in men with concomitant chronic diseases.

Results: The mean score of the initial IIEF-5 was 9.6 ± 1.2 in group A and 10.5 ± 1.5 in group B. The mean score in IIEF-5 at 12, 24 and 36 months was 13.8 ± 2.7 , $15.8 + 3.4$ and $18.2 + 4.9$ for group A, and $13.2 + 1.5$, $14.7 + 2.7$ and $15.7 + 2.6$ for group B, with a statistically significant difference ($p < 0.05$). The IIEF-5 in group A was higher than in group B, with