

vaginal orifice, due to the defect of the supporting tissues (1); it is associated with urinary stress incontinence between 23.19% and 38% (2,3). It worsens at the end of the day and improves when the woman goes to bed, adversely affecting the quality of life and sexual function of women who suffer from it. **Materials and methods:** Analytical, observational, cross-sectional study. Women in the climacteric who attended a consultation for genital prolapse were selected from the Clinica la Sagrada Familia, Armenia, Quindío, from January 2009 to December 2016. Two scales, the Menopause Rating Scale (MRS) and the Female Sexual Function Index (FSF). Both questionnaires were performed, before insertion of the pessary and after three months of use.

**Objective:** To evaluate the effectiveness of the pessary on quality of life and sexual function in climacteric women with grade II or greater genital prolapse. **Results:** It consisted of 57 women of 33177 who consulted, for 0.17% treated with pessary. 36.84% presented grade II prolapse, 47.36% grade III and 15.78% grade IV. The mean age was  $52.8 \pm 5.4$  years, and the age of menopause at  $48.3 \pm 4.2$  years, with natural menopause being the most (89%). The highest percentage of women using the pessary belongs to the age group over 65 (84.21%). The overall mean score of the Menopause Rating Scale (MRS), before insertion of the pessary was  $18.8 \pm 4.3$  points, and  $10.2 \pm 5.4$  after three months of use. The mean total IFSF score before insertion of the pessary was  $16.3 \pm 8.3$ , and  $21.7 \pm 8$  after three months of use

**Conclusions:** The use of pessaries in women with genital prolapse grade II or greater is an effective therapy in the reduction of vaginal symptoms with improvement in quality of life and sexuality.

**Financing:** No

#### O-08

##### ALTERATION OF THE SEXUAL RESPONSE CYCLE IN WOMEN USING COMBINED ORAL CONTRACEPTIVES

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**Introduction:** Sexual health is of fundamental importance in maintaining the stability of affective relationships; it is considered as one of the factors that help the emergence, recovery and maintenance of well-being and overall good health of the individual.

The cycle of human sexual response is a physiological model of four phases, in order of occurrence they are: excitation phase, plateau phase, orgasm phase and resolution phase.

Female sexual disorders involve an extensive multifactorial relationship, and it encompasses four main disorders: orgasmic, sexual arousal, sexual desire and pain.

**Materials and methods:** A controlled clinical trial was conducted in 174 women between 18 and 39 years of age who underwent two hormonal contraceptive options with estradiol Valerate / Dienogest and Ethinylestradiol / Drospirenone, attended at the clinic La Sagrada Familia, Armenia, Quindío, between March 2013 and March 2017. The randomization method was simple, women were divided into two groups, pairs (A) and odd (B) groups, with group A treated with estradiol Valerate / Dienogest, and group B with Ethinylestradiol / Drospirenone. After informed consent of the patients, the sexual function was evaluated through the IFSF, initially, at six months, at 18 months and 36 months until the end of the study.

**Objective:** To estimate the affectation of the female sexuality by the use of the contraceptive combination Valerato of estradiol / Dienogest against Ethinylestradiol / Drospirenona.

**Results:** At the end of the study the contraceptive combination valerate estradiol / Dienogest resulted in a less aggressive therapy in the alteration of the cycle of the sexual response of the users.

**Conclusions:** The results indicate that the Valerate combination of estradiol / Dienogest affects less desire, excitation and IFSF score than the combination of Ethinyl Estradiol / Drospirenona.

**Financing:** No conflict

#### O-09

##### FEMALE SEXUAL DYSFUNCTIONS BY ABUSE SITUATIONS: A PSYCHOANALYTICAL APPROACH ON A POSSIBLE RELATIONSHIP

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**Introduction/objectives:** The objective of this study was to develop the proposition of a theoretical-conceptual analysis on the relationship between traumatic events during adolescence/childhood and the development of sexual dysfunctions using a patient who was treated in Sexology clinic of Perola Byington Hospital, from June 2016 to March 2017. Therefore, the proposition is that subjects submitted to repeated traumas/abuses might develop dysfunctions in their sexual/affective lives.

The patient/object of this study was M, a 23 years old, Caucasian, Pedagogy student, who was referred from another hospital's gynecology department with a Genito-Pelvic Pain/Penetration Disorder diagnosis.

**Methodology:** The methodology adopted for this study was the case study method. This case study was developed from the content of the consultations of this patient which was the basis for the construction of the psychoanalytic approach on the possible relationship between abuse reports and female sexual dysfunctions such as the Genito-Pelvic Pain/Penetration Disorder.

**Results:** After almost one year of treatment developed on monthly consultations with a psychoanalytic approach and application of sexual therapy techniques to the reduction or complete suppression of the Genito-Pelvic Pain/Penetration Disorder symptomatology, the patient reported a complete success in having a pleasurable and complete sexual relationship with full penetration with her partner and no longer reporting any type of pain or discomfort.

**Conclusions:** The combined application of psychoanalytic approach and sexual therapy techniques demonstrates that the establishment of an affective dimension, within the fundamental empathy in the therapist-patient relationship, is a key condition for the success of this kind of female sexual dysfunctions treatment which, without this element, might not achieve the same results or effectiveness in the reduction/suppression of these dysfunctions.

**Financing:** No conflict

#### O-10

##### EFFECTIVENESS OF PELVIC PHYSIOTHERAPY IN URINARY INCONTINENCE IN SEXUAL INTERCOURSE, PENIS AND VAGINA, IN HETEROSEXUAL WOMEN

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Urinary Incontinence (UI) is the involuntary loss of urine, which generates a debilitating condition, which can lead to social and affective withdrawal, as well as sexual abstinence, what reduces life quality. The UI is classified as Effort UI (EUI), Urgent UI (UUI) and Mixed UI (MUI). One of the complaints reported with deep sadness and anguish by incontinent heterosexual women is UI during sexual intercourse, penis and vagina. The Pelvic Physiotherapy (PP) is indicated as an option of conservative treatment for UI. Pelvic floor muscle training (PFMT), intravaginal electrostimulation and changes in lifestyle are recommended.

**Objective:** To evaluate the effectiveness of PP in UI occurring in sexual intercourse, penis and vagina in heterosexual women.

**Casuistry and Method:** Prospective clinical study developed with 33 women with a medical diagnosis and urodynamic study for UI. These women were attended in the PP Sector of the Faculdade de Ciências Médicas da Santa Casa de Misericórdia de São Paulo (FCMSCSP). The study was approved by the Ethics Committee of Research in Human Beings of the FCMSCSP, registered in the Brazil Platform (CAEE 137162132.0000). The 33 patients went through 12 sessions of PP, which included passive electrostimulation, PFMT