

PREDICTORS OF VAGINAL LAXITY AND SEXUAL FUNCTION IN A MULTIETHNIC POPULATION: A CROSS-SECTIONAL STUDY

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Introduction:

Female sexual dysfunction (FSD), including vaginal laxity (VL), can lead to a decrease in quality of life and impact on partner relationships. Little is known about ethnicity and variation in FSD.

Objective:

To investigate the predictors of VL and FSD in a multi-ethnic population.

Methods:

This cross-sectional study was conducted from July to December 2022. All women referred to clinical care at the Urogynecology Clinic were included. Participants were assessed according to sociodemographic and clinical aspects, the pelvic organ prolapse quantification system (POP-Q), sexual function (PISQ-IR), VL (VLQ), sexual attitudes (BSAS), sexual distress (FSDS-R), sexual quality of life (SQOL-F), vaginal symptoms (ICIQ-VS), and pelvic floor disorders. Unadjusted and adjusted predictor of VL and FSD were analysed.

Results:

Among participants (n=200) vaginal delivery, multiparity, perineal laceration and menopause were significantly more frequent (all $p < 0.05$) in those reporting VL. No differences were found in ethnicity. Compared to nulliparity, primiparity and multiparity increased by approximately five and twelve times the odds of VL, respectively (unadjusted OR 5.00, 95% CI 2.05–12.19; OR 12.75, 95% CI 5.77–28.14). Menopause and perineal laceration increased by five times the odds of VL, respectively (unadjusted OR 5.23, 95% CI 2.71–10.09; OR 5.89, 95% CI 3.05–11.39). Type of birth and POP-Q staging were highly associated with VL. In multivariate analysis, menopause, multiparity, and POP-Q staging 1 and 2 remained associated with VL, increasing the odds of VL by four, three and ten times, respectively (adjusted OR 4.72, 95% CI 1.49–14.97; adjusted OR 4.07, 95% CI 1.40–11.81; adjusted OR 3.11, 95% CI 1.09–9.58; adjusted OR 10.04, 95% CI 1.62–62.15).

Conclusion:

Menopause, multiparity and POP were all associated with VL complaints. No differences were found in ethnicity.

References

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