

tal scores from baseline [-0.5±3.6] compared to women with normal physical function [-3.3±5.5], p=0.02. Further, 93% of women with normal physical function reported being better or much better after 6 weeks of PFM training and behavioral therapy compared to 69% of women with PFI, p=0.03. Overall, satisfaction was low between both groups with 55-61% of women being not at all or somewhat satisfied. (Table 1)

### INTERPRETATION OF RESULTS

Older women with moderate-to-severe UI symptoms and physical function impairment may experience a modest improvement in UI episodes/day after PFT training and behavioral therapy. However, the modest decrease in UI episodes/day did not result in improvements in bother or distress from their UI episodes. Further, incontinent women with PFI had low overall satisfaction and lower global impression of improvement after 6 weeks of PFM training and behavioral therapy compared to their peers with normal physical function. Current non-surgical approaches to treating UI in older women with physical function impairment may not significantly impact on symptom bother and severity. Advancements in non-surgical treatments are needed to more significantly impact on UI severity and to improve treatment satisfaction for older incontinent women.

### CONCLUDING MESSAGE

Older women with moderate-to-severe UI symptoms and physical function impairment may experience a modest improvement in UI episodes/day after PFT training and behavioral therapy. However, the modest decrease in UI episodes/day did not result in improvements in bother or distress from their UI episodes. Further, incontinent women with PFI had low overall satisfaction and lower global impression of improvement after 6 weeks of PFM training and behavioral therapy compared to their peers with normal physical function. Current non-surgical approaches to treating UI in older women with physical function impairment may not significantly impact on symptom bother and severity. Advancements in non-surgical treatments are needed to more significantly impact on UI severity and to improve treatment satisfaction for older incontinent women.

FIGURE 1

	Baseline			Change @ 4 weeks			Change @ 12 weeks		
	SPPB <sup>a</sup>	SPPB <sup>b</sup>	Pvalue*	SPPB <sup>a</sup>	SPPB <sup>b</sup>	Pvalue*	SPPB <sup>a</sup>	SPPB <sup>b</sup>	Pvalue*
3 day voiding diary, mean±SD									
Total leaks	4.6±2.9	2.7±2.1	0.0062	-1.3±2.0	-0.5±1.6	0.1169	-1.0±2.3	-0.5±2.1	0.1366
Number of pad changes	2.4±1.9	1.5±1.5	0.0430	-0.4±2.0	-0.5±1.3	0.7712	-0.4±2.6	-0.4±1.0	0.9475
UDI-6 score, mean±SD	16.1±4.6	17.1±5.3	0.4204	-0.5±3.6	-3.3±5.5	0.0273	-1.3±4.4	-3.7±5.0	0.0699
Peak cm H <sub>2</sub> O Grade Mean of 10 Trials, mean ± SD	10.7±13.2	29.3±16.0	0.0053	2.3±8.0	-0.5±7.6	0.2060	2.6±8.6	0.3±8.6	0.3670

\* T test for voiding diary outcomes, UDI-6, and Peak cm H<sub>2</sub>O Grade.

Table 1. Change in urinary incontinence episodes, symptom bother, and pelvic floor muscle strength from baseline to 6 and 12 weeks based on baseline physical function impairment (PFI) status with SPPB≤9 defining presence of physical function impairment a

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Funding National Institutes on Aging, NIH 1 R03 AG056460-01 Clinical Trial Yes Registration Number NCT03057834 RCT No Subjects Human Ethics Committee IRB00038710 Helsinki Yes Informed Consent Yes

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## RELATIONSHIP BETWEEN GENITAL SELF-IMAGE AND SEXUAL FUNCTION IN WOMEN WITH GENITURINARY SYNDROME OF MENOPAUSE

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### HYPOTHESIS / AIMS OF STUDY

Genitourinary Syndrome of Menopause (GSM) is defined as a set of signs and symptoms, involving tissue changes in the large and small lips, clitoris, vaginal opening, vagina, urethra and bladder, which can affect up to 50% of menopausal women. (1) Despite all knowledge about the pathophysiology of GSM, its prevalence and impact on sexual function, little is known about the impact of the syndrome on other dimensions of well-being. (2) Genital self-image is an emerging aspect of body image relevant to sexual functioning and sexual satisfaction. (3) Given the evident influence of vaginal atrophy on women's sexual health and its high post-menopausal prevalence, there is a need to assess, in fact, how much it affects sexual function and how it alters the self-perception of the genitalia. The objective of this study is to assess the relationship between genital self-image and sexual function of women with Genitourinary Syndrome of Menopause.

## STUDY DESIGN, MATERIALS AND METHODS

This is an analytical cross-sectional study that evaluated 49 women in the post-menopausal period with GSM. The diagnosis was established based on at least 1 subjective symptom reported in the interview, associated with, at least, 1 objective sign evaluated on physical examination by an experienced physiotherapist. After the evaluation, the patients answered three questionnaires: Visual Numerical Scale (VNS), the Female Genital Self-Image Scale (FGSIS) and the Female Sexual Function Index (FSFI), which investigates, respectively, the intensity of the most common symptoms of GSM, genital self-image and sexual function of the patients. The study was carried out in a physiotherapy clinic with a specialized urogynecology service in the city of Salvador, BA. To estimate the sample number of women with GSM needed to answer the primary objective of the present study: the relationship between sexual function and genital self-image, a correlation coefficient of 0.4 was estimated, which translates a weak / moderate coefficient, and a power statistic of 80%. Therefore, it is necessary to have a sample of, at least, 47 women. The sample calculation was performed using the Winpepi calculator. The statistical analysis was based on a power of 80% and a significance of 0.05.

## RESULTS

The sample consisted of 49 patients with mean age of 57.1 ± 5.4 years. In VNS, the three highest scores were attributed to vaginal dryness, with a median of 8.0 (5.5-10.0), followed by dyspareunia 5.0 (0.0-9.0) and a vaginal burning 1.5 (0.0-8.0). It was evidenced that 95.9% of the sample had sexual dysfunction, indicated by the total FSFI score with a median of 9,1 (4,4-16,3). Genital self-image was positive with a median score of 21.0 (18.2-22.0). The correlation coefficient between these two variables was -0.106 (p-value = 0.474).

## INTERPRETATION OF RESULTS

The sample consisted mostly of women with sexual dysfunction and positive genital self-image, with no correlation between these two variables. In addition, the most affected domains of the FSFI were orgasm, pain and lubrication, and the main complaints of patients were vaginal dryness, dyspareunia and vaginal burning. Through the literature search, no study was found that correlated sexual function and genital self-image in women with GSM, this being a pioneering research, despite the small sample.

## CONCLUDING MESSAGE

There was no linear association between sexual function and genital self-image in women with Genitourinary Syndrome of Menopause. In addition, the majority of the of the subjects consisted of women with sexual dysfunction, good genital self-image and the most frequent complaint of vaginal dryness.

FIGURE 1

Variables	M (IQR)
<b>Visual Numeric Scale</b>	
Vaginal Dryness	8,0 (5,5-10,0)
Dyspareunia	5,0 (0,0-9,0)
Vaginal laxity	1,5 (0,0-5,7)
Vaginal Itching	0,5 (0,0-5,7)
Vaginal Burning	1,5 (0,0-8,0)
Vaginal Pain	0,0 (0,0-1,0)

M = Median; IQR= Interquartile range.

**Most prevalent signs and symptoms in women with Genitourinary Syndrome of Menopause assessed by the Visual Numeric Scale (VNS).**

FIGURE 2

Variables	M (IQR)	Maximum and Minimum Score
<b>FSFI</b>		
Domain of Desire	2,4 (1,2-3,0)	1,2-6,0
Domain of Arousal	1,8 (0,0-2,7)	0,0-6,0
Domain of Lubrication	1,5 (0,0-2,8)	0,0-6,0
Domain of Orgasm	1,2 (0,0-3,2)	0,0-6,0
Domain of Satisfaction	2,0 (0,8-3,2)	0,8-6,0
Domain of Pain	1,2 (0,0-2,4)	0,0-6,0
Total Score	9,1 (4,4-16,3)	2,0-36,0
<b>Total Score of FGSIS</b>	21,0 (18,2-22,0)	7,0-28,0

M = Median; IQR= Interquartile range; FSFI=Female Sexual Function Index; FGSIS= Female Genital Self-Image Scale.

**Profile of sexual function and genital self-image of women with Genitourinary Syndrome of Menopause.**

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**Funding** No **Clinical Trial** No **Subjects** Human **Ethics Committee** Bahiana School of Medicine and Public Health **Helsinki** Yes **Informed Consent** Yes