

P43. Sexual Satisfaction in Women with Polycystic Ovary Syndrome

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Context: Reports show that PCOS may be a risk factor for sexual dysfunctions - decreased ability to experience sexual desire and excitement as well as increased difficulties in achieving orgasm. It remains unresolved whether sexual dysfunctions coexisting with PCOS are secondary to mood and anxiety disorders or are directly related to PCOS and how they affect the building of long-term sexual satisfaction in a relationship.

Objective: The objective of this study was to investigate whether women with PCOS are less satisfied with their sex life as compared to healthy women and to explore factors that can affect their sexual satisfaction.

Methods: We compared the level of particular aspects of sexual satisfaction: physical satisfaction (PS), satisfaction with a sense of control in sexual contacts (SwSC) and emotional satisfaction (ES) measured by the Davis Sexual Satisfaction Scale (SSS) between women with PCOS and the control group. Furthermore we examined the correlation between sexual satisfaction and the level of depression symptoms measured by Beck Depression Scale (BDI) as well as anxiety symptoms measured by State-Trait Anxiety Inventory (STAI).

Participant(s): Sexually active women with PCOS by Rotterdam criteria (n=86), and healthy, age and BMI matched controls (n=44) examined between 2012-2017.

Intervention(s): Physical examinations, including endovaginal ultrasound completion, serum testing, completion of the SSS, BDI and STAI.

Main Outcome Measure(s): No intergroup differences were found for sexual satisfaction in all three aspects (for PS: $t=0,012$, $p=0,982$, $d=0,002$; ES: $t=0,362$, $p=0,718$, $d=0,064$; and SwSC: $t=-0,500$, $p=0,618$, $d=0,088$). In PCOS patients group sexual satisfaction was correlated to BDI scores ($r=-0,318$, $p=0,003$ for PS; $r=-0,273$, $p=0,011$ for ES; $r=-0,267$, $p=0,013$ for SwSC) and to STAI scores ($r=-0,248$ $p=0,022$ for ES).

Result(s): Contrary to predictions, sexually active women with Polycystic Ovary Syndrome did not have reduced sexual satisfaction compared to the sexually active women in the control group. In women with PCOS a negative correlation was found between their sexual satisfaction and the mood problems (severity of depression symptoms as well as severity of anxiety symptoms for emotional sexual satisfaction).

Conclusions: Sexual satisfaction in the studied PCOS group is not essentially related to the determinants of their disease and is associated with general mental health exponents.

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