

CHARACTERISTICS OF FEMALE GENITO-PELVIC PAIN-PENETRATION DISORDER SINUROLOGY PATIENTS

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ABSTRACT

Objective: This study aims to identify the characteristics of GPPPD in urologic patients. **Material & Methods:** The research design used descriptive cross-sectional study conducted at urology clinic patients of Arifin Achmad Hospital, Pekanbaru, Riau Province in October 2021 to January 2022. The patients were interviewed based on validated questionnaire. The data collected were urology diseases and disorders, age, symptoms, risk factors of biology, interpersonal, psychological, socio-cultural, sexual satisfaction. The study had been approved by ethical committee of Medical Faculty, Riau University. Univariate analysis were used. **Results:** There were 22 patients in the study with most urology disease were urinary tract infection (54.5%), while the most common age group was 41-60 years (77.3%) and the common risk factors were biological (41%), psychological (13.6%) and socio-cultural (100%). **Conclusion:** The characteristics of GPPPD in urologic patients were mostly with UTI, age group of 41-60 years and socio-cultural factors.

Keywords: GPPPD, urology, urinary tract infection.

ABSTRAK

Tujuan: Mengidentifikasi karakteristik GPPPD pada pasien urologi. **Bahan & Cara:** Penelitian potong lintang ini dilakukan di klinik urologi Rumah Sakit Arifin Achmad, Pekanbaru, Riau Province pada bulan Oktober 2021 sampai Januari 2022. Pasien diwawancara dengan menggunakan kuesioner yang sudah divalidasi. Data-data yang dikumpulkan adalah penyakit dan kelainan urologi, usia, gejala, faktor-faktor risiko seperti biologi, interpersonal, psikologi, socio-kultural, kepuasan seksual. Penelitian ini telah disetujui oleh Komite Etik Fakultas Kedokteran, Universitas Riau. Analisis univariat dipergunakan. **Hasil:** Terdapat 22 pasien dalam penelitian ini dengan sebagian besar penyakit urologi adalah infeksi saluran kencing (54.5%), sebagian besar termasuk dalam kelompok usia 41-60 years (77.3%) dan faktor risiko yang paling banyak adalah biologis (41%), psikologis (13.6%) dan socio-kultur (100%). **Simpulan:** Karakteristik GPPPD pada pasien-pasien urologi sebagian besar adalah infeksi saluran kemih, berusia 41-60 tahun dan faktor-faktor sosio kultur.

Kata kunci: GPPPD, urologi, infeksi saluran kemih.

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INTRODUCTION

Genito-Pelvic Pain-Penetration Disorder (GPPPD) is a relatively new diagnostic category of female sexual dysfunction. GPPPD reflects the combination of two previous categories of female sexual dysfunction, dyspareunia and vaginismus into one entity.¹ Diagnosis of GPPPD requires the presence of at least one of the following criteria: persistent or recurrent difficulties with vaginal penetration during intercourse, marked vulvovaginal or pelvic pain during vaginal intercourse or penetration at tempts, marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal

penetration, or marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration.²

In a Portuguese clinical population, the prevalence of vaginismus and dyspareunia was of 25.5% and 6.4% respectively.³ The presence of comorbidity is frequent and almost half of the women with GPPPD.⁴ There has been no publication found on characteristics of GPPPD description in Indonesia, especially in Riau Province.

OBJECTIVE

This study aims to identify the characteristics of GPPPD in urologic patients.

MATERIAL & METHODS

The research design used descriptive cross-sectional study conducted at urology clinic patients of Arifin Achmad Hospital, Pekanbaru, Riau Province in October 2021 to January 2022. Patient's criteria were married and sexually active women. The patients were interviewed based on validated questionnaire. The data collected were female with urology diseases and disorders, age, symptoms, risk factors of biology, interpersonal, psychological, socio-cultural, sexual satisfaction using univariate analysis. The study had been approved by medical ethical committee.

RESULTS

There were 22 patients in the study.

Table 1. Urology diseases and disorders.

Urology Disease & disorders	N	F (%)
Urinary Tract Infection	12	54.5
Urinary Tract Stone	2	9.1
Urological Malignancy	7	31.8
Non-Urological Malignancy	1	4.6
Total	22	100.0

Table 3. Patients symptoms.

Symptoms	N	F (%)
Persistent or recurrent difficulties with vaginal penetration during intercourse		
Yes	6	27.3
No	16	72.7
Total	22	100.0
Marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts		
Yes	6	27.3
No	16	72.7
Total	22	100.0
Marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration		
Yes	6	27.3
No	16	72.7
Total	22	100.0
Marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration		
Yes	6	27.3
No	16	72.7
Total	22	100.0

Table 3 showed only 6(27.3%) patients had GPPPD.

Table 1 showed the majority of the patients had urological abnormalities in which urinary tract infection were mostly (54.5%), urinary stones (9.1%), urology malignancies (31.8%), and non-urological malignancies (4.6%).

Table 2. Patient's age group.

Age (year)	N	F (%)
<19	0	0
20-40	5	22.7
41-60	17	77.3
>60	0	4.6
Total	22	100.0

Table 2 showed the majority of patients were age group 41-60 years (77.3%), followed by the one of 20-40 year (22.7%) but there was no patients with age <19 year nor more than 60 year.

Table 4. Biological risk factors.

Biological Factor	N	F (%)
Comorbid Disease Drugs	5	22.7
Physical Health	4	18.3
Absent	13	59
Total	22	100.0

Table 4 showed 5(22.7%) patients were in a condition of consuming comorbid drugs such as hypertension drugs, levofloxacin, diclofenac and metamorphine.

Table 5. Interpersonal risk factors.

Interpersonal Factors	N	F (%)
Yes	3	13.7
No	19	86.7
Total	22	100.0

Table 5 showed 3(13.7%) patients are influenced by interpersonal factors.

Table 6. Psychological risk factors.

Psychology factors	N	F (%)
Yes	3	13.7
No	19	86.3
Total	22	100.0

Table 6 showed 3(13.7%) patients were affected by psychological factors.

Table 7. Socio-cultural risk factors (N=22).

Socio-cultural	N	F(%)
Care (Total)	22	100
-Biological Parents	22	100
_Non_Biological Parents	0	
Culture (Total)	22	100
-Malay	4	18.3
-Batak	2	9.1
-Java	2	9.1
-Chaniago	1	4.5
Absent	13	59
Religion (Total)	22	100
-Moslem	20	90.9
-Christian	2	9.1
Absent	12	54.5

Table 7 showed all patients were under the care of their biological parents. This table also shows that 4(18.3%) patients were from the Malay ethnic group and 20(90.9%) were Muslims.

Table 8. Sexual satisfaction.

Sexual satisfaction	N	F (%)
Yes	16	72.7
No	6	27.3
Total	22	100.0

Table 8 showed that 16(72.7%) of 22 patients were satisfied with their sexual function and there was no problem of satisfaction in the patient's sexual function.

DISCUSSION

The results of the study showed that the majority of GPPPD patients were 41-60 years old (77.3%). Age 41-60 years is a group of late adults. There is an association between sexual dysfunction in women and quality of life in middle age and in older women that the frequency of sexual intercourse decreases with age.⁴ Along with increasing age, there are also changes in women after menopause, namely reduced estrogen causes various effects on the body.⁵

The results of the study showed that patients with urological disorders such as urinary tract infections also experienced GPPPD. Data showed that the majority patients with urinary tract infections is the highest number in 12(54.5%) patients, 7(31.8%) patients with urological malignancies, 2(9.1%) patients with urinary tract stones and 1(4.6%) patient with non-urological malignancies. The study showed that patients who had urinary tract infections mostly experienced GPPPD. According to the duration of symptoms due to urinary tract infection, there is type IIIA where chronic pelvic pain syndrome appears. So that the two symptoms of this disease are related and inter related.⁶ Symptoms of a urinary tract infection include pain and a burning sensation when urinating. This of course has an impact on pain in the vagina, especially when it gets sexual penetration.⁷

The study result showed that showed forms such as persisten to recurrent difficulties with vaginal penetration during intercourse, marked vulvo-vaginal or pelvic pain during vaginal intercourse or penetration attempts, marked fear or anxiety about vulvo vaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration, or marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration.⁸ The study result showed that 22 patients with urological abnormalities, only 6(27.3%) patients experienced a persistent or recurrent difficulties with vaginal penetration during intercourse. In addition, the 6(27.3%) patients also had a marked vulvo vaginal or pelvic pain during vaginal intercourse or penetration attempts. So it can be concluded that some or half of the study patients felt pelvic pain during sexual intercourse.⁹

The results of this study showed that there were 5(22.7%) patients with biologic factors in the

category of drug consumption for comorbidities such as hypertension, diabetes mellitus, and anti-pain medication (mefenamic acid). Anticipation of pain can easily cause inhibition of normal sexual responses so that the problem becomes worsening because normal vaginal lubrication is disturbed.¹⁰ GPPPD is difficult to diagnose and treat. When a woman complains of genital pain, a complete evaluation is needed to establish the possible cause.¹¹

The findings of the study showed that 3(13.7%) patients were influenced by interpersonal factors, while 19(86.3%) patients were not. The study results support the study by Brotto et al.(2016) who discovered a relationship between interpersonal factors and sexual dysfunction in partners which affects a person's sexual satisfaction and desire.¹²

The findings of this study showed 3(13.7%) patients had psychological factors, including anxiety while 19(86.3%) patients did not have psychological factors. Some of them feel the need for sex is an important thing for their life, when they do it and it causes pain and pain, then this will interfere with their psychological factors and causes a state of restlessness.¹³

The study found that all patients who experience GPPPD were under the care of their biological parents. A total of 22 female patients admitted to being cared for by their biological parents. The findings of this study also shows that 4(18.3%) patients were the Malay ethnic group, 2(9.1%) were the Batak and Javanese ethnic groups and 1(4.5%) were Chaniago. The majority of patients were 20(90.9%) Muslims, followed by 2(9.1%) Christian. This is compatible with a research by Oliveira & Nobre PJ(2016) which found that upbringing and culture derived from the surrounding environment influence numerous aspects of a person's sexual function including how some one from a particular culture expresses and manifests their sexual symptoms.¹⁴

The study results showed that 16(72.7%) patients were dissatisfied with their sexual function. GPPPD is the cause of changes or decreases in the function of sexual organs. This pain creates fear in them when they will have sex. Makes perceived sexual satisfaction unattainable.

CONCLUSION

The study results showed there were 6(27.3%) patients with symptoms and criteria diagnosis of GPPPD. The majority of patients age

were 41-60 years (77.3%). meanwhile, with urinary tract stones with 2(9.1%), followed by urinary tract infection with 12(54.5%) patients. According to biological factors classified by comorbid disease drugs and physical health, there were no patients meeting the diagnosis criteria. Factors that affect patients were based on the urologic diagnosis and socio-cultural factors.

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