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POS1507-HPR INVESTIGATION OF THE EFFECTS OF PELVIC FLOOR TRAINING ON PAIN, SEXUAL DYSFUNCTION, AND QUALITY OF LIFE IN FEMALE PATIENTS WITH SJÖGREN

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Background: Sjögren’s syndrome is a chronic systemic inflammatory disorder (classified as an autoimmune disorder) characterized by lymphocyte infiltrates in exocrine organs. This syndrome is classified as primary sjogren’s or secondary sjogren’s. Dryness of the eyes, oral cavity, larynx, pharynx and vagina is common in primary sjogren’s syndrome. Although vaginal dryness is a symptom seen more commonly in the healthy population, it often occurs at a young age in cases with primary sjogren’s. The presence of uрогенитальные complaints in women with pSS adversely affected the health-related quality of life of pelvic floor function. However, it has been shown that the sexual functions of women with pSS are also negatively affected. Sexual dysfunction and increased pain were seen with increasing pelvic floor dysfunctions. Many studies showing that pelvic floor training has been accepted in the literature as the first step in the treatment of pelvic floor dysfunctions to increase pelvic floor strength and effectiveness. In addition, the positive effects of pelvic floor exercises on sexual functions have been supported by studies.

Objectives: The aim of this study was to investigate the effects of pelvic floor training on pain, sexual dysfunction and quality of life in female patients with pSS and determine whether pelvic floor training was superior to education program.

Methods: 46 pSS patients (46 female) with an average age of 47.7±6.9 was included in the study. Patients were divided into two groups by block randomization method. Group 1 received 30 minutes of pelvic floor training program every day as a home exercise for 8 weeks. Group 2 received edu-
cation about pelvic floor muscles and daily living activities. Health Assessment Questionnaire (HAQ) was used to evaluate the quality of life, Visual Analog Scale (VAS) and Pelvic Pain Impact Questionnaire (PPIQ) was used to evaluate degree of pelvic pain, Pelvic Floor Disability Index-20 (PFDI-20) was used to evaluate degree of certain discomfort caused by pelvic symptoms in women, Female Sexual Function Scale (FSFI) was used to evaluate sexual dysfunction, Pelvic Floor Impact Questionnaire (PFIQ-7) was used to evaluate the effect of bladder, bowel, and pelvic symptoms on the individual’s activities of daily living, social relationships, and emotions. All evaluations were performed at baseline and at the end of the 8th week.

Results: When the groups were compared before training, there was no significant difference (p > 0.05). In post-training comparisons, there was a significant difference in FSFI, VAS, PPIQ, PFIQ-7, PFDI-20 in pelvic floor training group (p = 0.02-0.00) and in FSFI-lubrication, PFIQ-7 and PFDI-20 (p = 0.00-0.03) in education group. In addition, after post-training, pelvic floor training group was found to be superior in terms of FSFI total (Z: -3.40, p: 0.01), FSFI-organism (Z: -3.36, p: 0.01), FSFI-satisfaction (Z: -2.27p: 0.02), FSFI-pain (Z: -2.42, p: 0.01), PFDI-20 (Z: -3.42, p: 0.00), POPDI-6 (Z: -3.00, p: 0.00), CRADI-8 (Z: -2.18, p: 0.02), UDI-6 (Z: -3.64, p: 0.00) compared with education group.

Conclusion: As a result of our study, pelvic floor training has a positive effect on sexual dysfunction and discomfort caused by pelvic symptoms in patients with pSS. Pelvic floor training should be included in rehabilitation programs as a home exercise to improve sexual function and pelvic floor dysfunctions for patients with pSS.

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