

The dark side of a woman's journey, with focus on sex and well-being

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Background

Women's health journey throughout their lifetime may be dramatic when a number of pathogenic factors – biological and psychosexual – are not prevented, timely diagnosed and treated.

Aim of the presentation

To focus on a few key issues – sexual abuse, sexually transmitted diseases, alcohol use up to addiction, gastrointestinal factors contributing to Chronic Pelvic Pain – when **the diagnostic neglect, the caring neglect and the educational neglect** may predispose, precipitate and/or maintain serious dysfunctions and diseases in different life's phases (childhood and adolescence, fertile age, postmenopause).

Method

Literature review plus Author's clinical observations.

Results

Sexual abuse is one of the most frequent and less investigated problems contributing to:

1. **chronic pelvic pain** (CPP) with OR=2.18 for childhood physical abuse, OR=1.51 for childhood sexual abuse and OR=3.49 for adult sexual abuse; and
2. **dyspareunia** with OR=2.67 for sexual abuse. Only 2.3% of General Practitioners (GPs) and 1.3% of Obstetricians/gynecologists investigate sexual abuse in adult patients; in adolescent, the percentage is 5.4% for GPs and 5.6% for gynecologists.

Alcohol use is another neglected health issue, as it increases the probability of risky sexual behaviors, contributing to and/or precipitating CPP (OR=4,61). Hazardous drinking is defined as consuming > than 14 drinks/wk or 5+ drinks on any day for men and >7 drinks on any day for women. The disinhibiting effect increases the risk of earlier first intercourse, unwanted sex, physical and sexual abuse/prostitution, unprotected sex and **STI**, promiscuity and unwanted pregnancies/abortion. There is no safe threshold for alcohol use in pregnancy. Alcohol increases the risk of breast cancer, mostly for premenopausal women (OR=1.78 for premenopausal women and 1.2 for postmenopausal women).

Last, **gastrointestinal factors** are usually forgotten in the clinical history taken and examination: women with IBS have twice the risk of hysterectomy, almost twice the risk for appendectomy and more than twice the risk for cholecistectomy, as abdominal pain is misinterpreted with lack of a rigorous differential diagnosis leading to unnecessary surgery.

In positive, if the diagnostic neglect turns into early diagnosis and treatment, it may change women's life to an easier health journey and definite health promotion.

Conclusion

This **provocative presentation** focuses on a few frequent diagnostic omissions that turn into iatrogenic factors affecting women's lives. In positive, awareness of the current neglects may empower physicians in becoming more proactive health promoters and real advocates of a better women's health and quality of life.