

Gynecological Diseases of Aging in Women

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Abstract: Female sexual dysfunction is very common and affects approximately 1/2 of the world's women. Currently, the issue of the relationship between gynecological disease in women and the sexual activity of the couple and the characteristics of sexual activity is still not well understood. Chronic gynecological diseases with inflammation, pelvic pain, menstrual and reproductive diseases are associated with decreased sexual activity, sexual dysfunctions and preclinical forms of sexual diseases.

Keywords: female sexual dysfunction, infertility, endometriosis, menstrual disorders, pelvic pain, decreased sexual desire, dyspareunia, orgasmic dysfunction.

Female sexual dysfunction is very common, affecting more than 40% of women worldwide. Prognoses of female sexual dysfunction vary significantly in frequency, duration and structure of multiple sexual disorders. In recent years, an active search for large-scale predictors has been conducted to improve diagnosis, identify risk groups, and identify factors that can be changed to prevent the formation of sexually transmitted diseases.

By knowing the main complaints of the patient, information is obtained about the previous life and diseases experienced, about how this disease started. First, general information should be obtained: the patient's surname, first name, patronymic, marital status, profession, age, living and eating conditions, whether he has any harmful habits. The age of the patient is important, because one symptom can be a sign of various diseases in different periods of a woman's life.

Important risk factors for all components of female sexual function are the presence of somatic diseases and mental disorders in the woman herself or her partner, long-term use of various drugs, lack of sexual knowledge, stress, menopause, genitourinary syndrome, sexual dysfunction in the partner, dissatisfaction with the relationship, etc. affects the increase in the symptoms of the disease.

Pains in gynecological diseases (occasional gnawing pains, constant throbbing pains) vary in intensity, location, character, and distribution. When collecting anamnesis, it is necessary to pay attention to heredity. The presence of chronic infections (tuberculosis, etc., mental, reproductive, tumor diseases, blood diseases, metabolic diseases, alcoholism) in the patient's parents or close relatives helps to determine whether the patient is prone to these diseases.

Despite a large number of studies, the issue of the relationship between gynecological diseases in women and the sexual activity of the couple and the characteristics of sexual activity has not been well understood until now.

The study showed that gynecological patients with diseases characterized by chronic, inflammatory, pelvic pain, menstrual and reproductive dysfunctions have decreased sexual function and develop sexual dysfunction.

Problems with sexual activity were reported by studied patients with pain symptoms mainly due to endometriosis, salpingo-oophoritis, uterine fibroids and dysmenorrhea. Personal discomfort related to sexual activity has also been reported in patients with recurrent vulvovaginitis and hyperpolymenorrhea.

Based on the anamnestic data, the study made it possible to determine the presence of gynecological diseases manifested by female infertility, inflammatory and non-inflammatory diseases of the uterus and its appendages, menstrual disorders, pain symptoms, infections. It is mainly transmitted sexually and through others, many of whom have two or more diseases. On the basis of anamnesis, it was found that there were many childhood infectious diseases, chronic inflammatory diseases of the sinuses, stomach, liver, kidneys, varicose veins of the lower extremities, and thyroid gland diseases.

It contains information about specific functions of the female body: menstruation, sex, childbirth and secretory functions. Ask questions about when you first started menstruating (menarche), the type of menstrual function (menstrual cycle and how long it lasts, the amount of bleeding, whether there is pain), when was the last time you had a period. It is necessary to start with identification. Features of sexual function: when sexual life begins, sexual sensation, changes seen during intercourse (feeling of pain, discharge mixed with blood after intercourse), methods of contraception (contraception) with gynecological diseases will be directly connected.

In determining the causes of gynecological diseases, previously experienced pains are of great importance. In gynecological patients with diseases characterized by chronic, inflammatory, pelvic pain, menstrual and reproductive dysfunction, it was found that sexual activity was significantly reduced ($p = 0.00$) and sexual health was impaired.

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