Female sexual psychophysiology research suggests that women are capable of greater sexual responsiveness than previously thought and can experience genital response in the absence of a subjective experience of sexual arousal.

There are some women who report persistent genital arousal, both with and without accompanying distress, providing an idea for dissociation between genital and psychological sexual response.

In this article, the authors describe two case reports of women with unprovoked genital arousal, intrusive and troubling genital sensations that did not dissipate with one or many orgasms and persisted for many hours or days.

These two women assessed at the Clinical Sexology Department of the Coimbra University Hospital had average age of about thirty years old and were married. They both described a bad relationship with their husbands, refusing to have sex because the arousal triggered by sexual activity, persist after several orgasms in unpleasant way.

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Dysmenorrhea and female sexuality

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Objective: The purpose of this research is to find an association between female sexual dysfunctions and dysmenorrhea to understand the general conditions of the sexual life of woman affected by this disorder.

Materials and methods: this study is based on data obtained as a result of two surveys, “survey on female sexual dysfunctions” and “survey on dysmenorrhea”, carried-out with two groups of women, one with dysmenorrhea and another without, both including six age ranges.

Results: the indications obtained are agreement with the reference literature that underlines how dysmenorrhea is more frequent in women who present sexual dysfunctions and are unsatisfied with their own life. Nevertheless from the data emerges that there is a variation due to age in the connection between dysmenorrhea and sexuality; particularly the negative impact of dysmenorrhea in several aspects of sexual life is greater in women in the age range 26-31 years.

Conclusions: According to the results obtained it is recommended that sexologist becomes part of the team who supports the woman with sexual dysfunctions along with the troublesome of dysmenorrhea.

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Evaluation of sexual function, quality of life and depressive aspects in women affected by type 1 diabetes mellitus

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Sexual function in healthy and particularly in diabetic women has received little attention from clinical researchers.

Aim of the study. a) To define which is the most impaired sexual phase in a group of type 1 diabetic females. b) To study the role of biological, psychological, social and relational factors in the same population.

Materials and methods. We evaluated clinical and glycometabolic factors as well as the following psycho-cognitive and social variables: Zung Depression Scale, Diabetes Quality of Life, Body Image Scale, Female Sexual Function Index, Multidimensional Scale of Perceived Social Support. Inclusion criteria: type 1 diabetes mellitus, age >18 years, stable heterosexual relationship for at least 1 year.

Results: We enrolled 77 diabetic women (age [mean ± SD]: 39.0 ± 10.1 yr; duration of the disease: 16.8 ± 10.1 yr; mean HbA1C: 8.1 ± 1.1%). As expected we found a significant correlation between quality of life and: a) depressive aspects (p<0.05), b) body perception (p<0.001), c) social support (p<0.05). Moreover we found a significant association between Depression Scale and Sexual Function Index (p<0.05). Surprisingly we observed an unexpected correlation between poor metabolic control (expressed as HbA1C levels) and a better sexual function (in specific desire, arousal and orgasm).

Conclusions: In women affected by type 1 diabetes mellitus psychological factors seem to be predominant with respect to somatic ones; in particular we suppose that a good metabolic control could reflect an attitude to “control” both glucose monitoring and sexual life.

T09-P-17

Type of therapy and sexual functioning among the patients with gynecological tumors

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Objective: Complex medical treatment of gynecological tumors includes hemio, surgical and radiation therapy, and may result with recovery, but also with a potential risk of emerging sexual dysfunctions, as well as numerous psychologies, such as: depression, anxiety, loose of libido and orgasm, surgical disruption of the self concept of feminity. This study was an attempt to explore and compare sexual functioning, depending on a type of therapy, before surgery and one year latter, in a period when the final postoperative anatomy was made up. Method: We took a prospective investigation at the University Clinical Center Nis, with a total sample divided in 3 groups, the first group of patients which underwent hysterectomy, than the second group, ones which underwent radiation and the third one, patients that received mixed therapy (surgical and radiation). Except the interview technique, all the patients responded to question-