

# Investigating Factors Associated with Sexual Resilience in the Endometriosis Population

PTH344

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## Introduction

- Endometriosis is a chronic, relapsing, and progressive condition which is characterised by the presence of tissue similar to the endometrial lining of the uterus growing in other body sites<sup>1,2</sup>.
- Endometriosis is commonly characterized by *life-altering pain*<sup>3</sup> and is associated with negative physical, mental, emotional, sexual, and social outcomes<sup>4</sup>.
- Research has demonstrated that higher levels of fear of pain and pain catastrophizing, and lower levels of trait resilience and self-efficacy, are reliable correlates of poorer quality of life in individuals with endometriosis<sup>5,6</sup>.
  - Few studies have addressed **sexuality-related variables** in the endometriosis population despite the well-known relationship between sexual health and quality of life.

## Objectives & Hypotheses

- Examine the relationships among pain intensity, pain catastrophizing, pain self-efficacy, sexual self-consciousness, and sexual distress in a sample of individuals with confirmed or suspected endometriosis.

**H1:** Higher levels of pain intensity will be associated with higher levels of pain catastrophizing, sexual self-consciousness, and sexual distress, and lower levels of pain self-efficacy.

**H2:** Higher levels of pain catastrophizing will be associated with higher levels of sexual self-consciousness.

**H3:** Higher levels of pain self-efficacy will be associated with lower levels of pain catastrophizing.

## Methodology

### PROCEDURE

- Conducted online
- Recruited individuals with a confirmed or suspected diagnosis of endometriosis
- Data collected from February 2021 – May 2022
- Associations among variables examined via correlational analyses (Pearson's *r*)

## Methodology

### MEASURES

- Questions assessing sociodemographic, medical and pain history
- Pain Self Efficacy Questionnaire (PSEQ)<sup>7</sup>
- Pain Catastrophizing Scale (PCS)<sup>8</sup>
- Sexual Self-Consciousness Scale (SSCS)<sup>9</sup>
- Sexual Distress Scale (SDS)<sup>10</sup>

### PARTICIPANTS

*N* = 607

- Confirmed Diagnosis: *N* = 527 (86.6%)
- Suspected Diagnosis: *N* = 80 (13.2%)

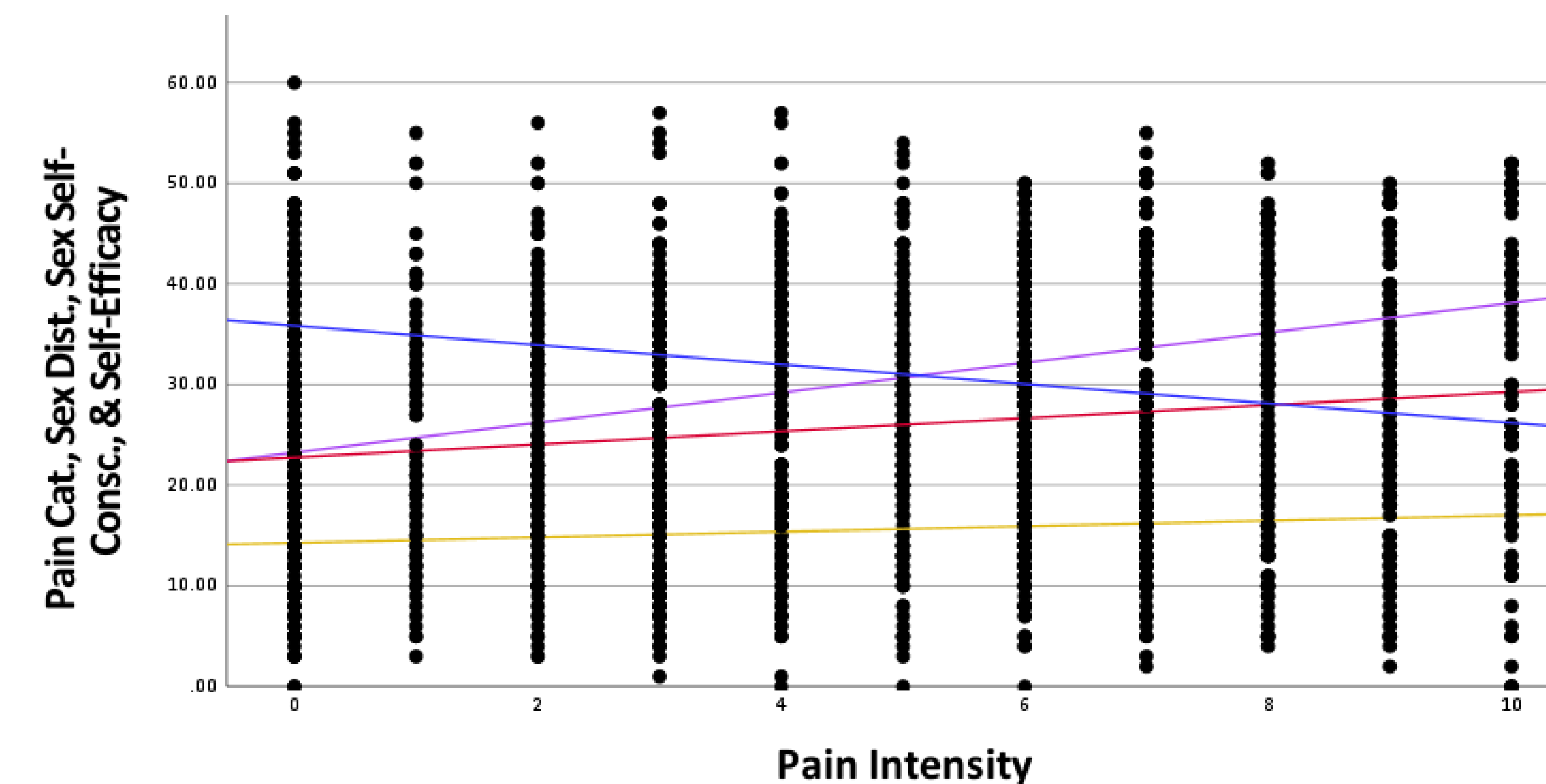
### SAMPLE CHARACTERISTICS

- *M*(age) = 31.22, *SD* = 6.72
- Caucasian (84.34%, *N* = 512)
- Assigned Female Sex At Birth (98.8%, *N* = 600)
- Cisgender Woman (92.30%, *N* = 560)
- Heterosexual (76.40%, *N* = 463)
- Pain Experienced Due to Endometriosis: Yes (84.0%, *N* = 507)
- Most Painful Location: Abdominal Wall (72.20%, *N* = 443)

## Results

### H1: Supported

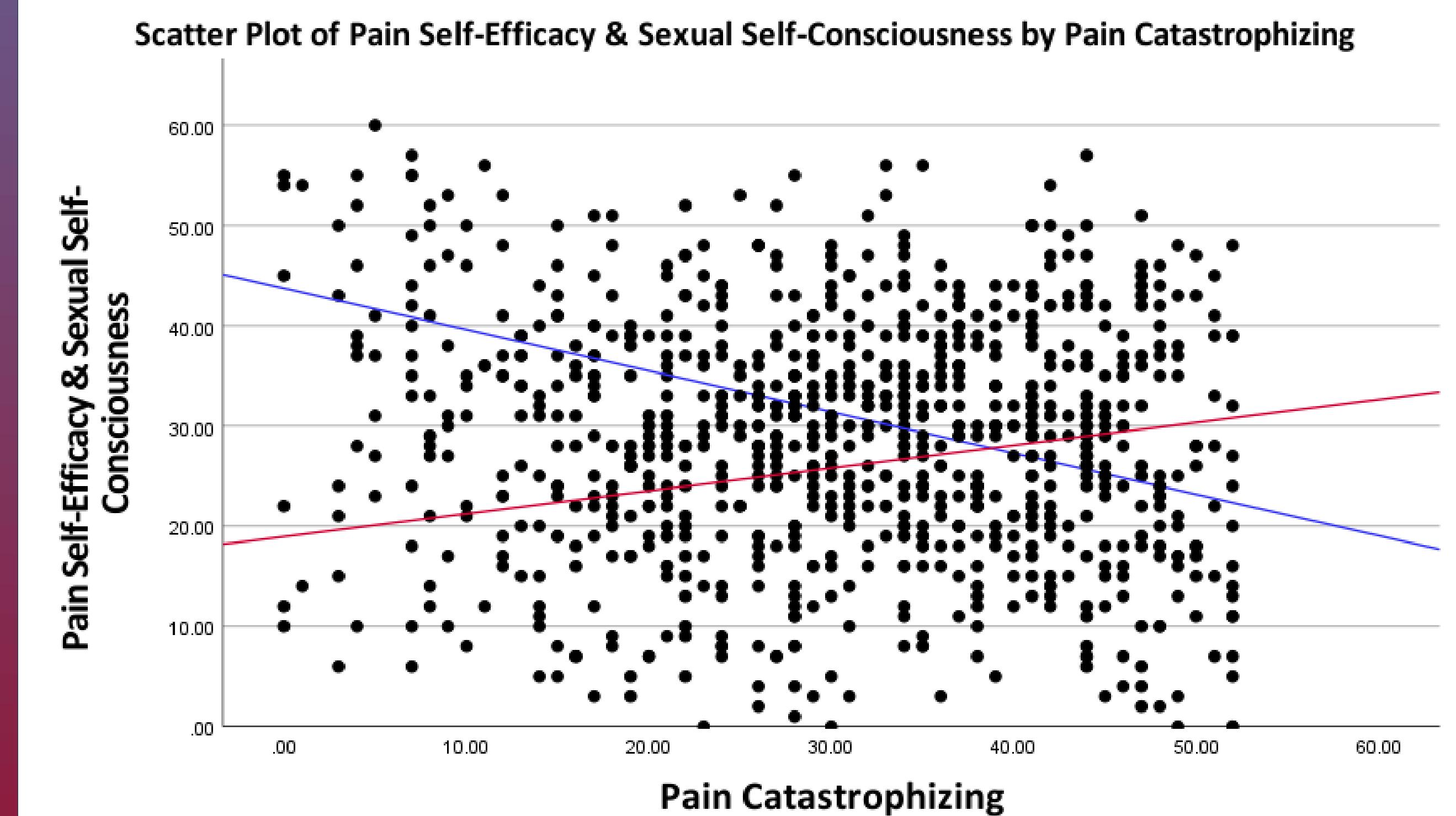
Scatter Plot of Pain Cat., Sex Dist., Sex Self-Consc., & Self-Eff., by Pain Intensity



Pain Catastrophizing = PURPLE; Sexual Distress = YELLOW; Sexual Self-Consciousness = RED; Pain Self-Efficacy = BLUE

## Results

### H2 & H3: Supported



Sexual Self-Consciousness = RED; Pain Self-Efficacy = BLUE

## Conclusions

- Consistent with predictions, pain intensity was correlated with higher levels of pain catastrophizing, sexual self-consciousness, and sexual distress, and lower levels of pain self-efficacy; and pain catastrophizing was correlated with both sexual self-consciousness and pain self-efficacy.
- Further research will examine how these variables are related to one another via moderated mediation models in order to ascertain whether adaptive factors (such as pain self-efficacy) account for functional health, independent of vulnerability factors (such as sexual self-consciousness).

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