

Results: Regarding sexual dysfunction, they were presented by domain and total FSFI score. Results: A total of 621 women participated, of whom 197 (31.72%) were at risk of developing sexual dysfunction and 424 (68.28%) were not. The mean age in the dysfunction group was 30.5 ± 9.3 years, while in the non-dysfunction group, it was 29.5 ± 8.6 years. A total of 94 (42.2%) women reported experiencing pain during sexual intercourse, including 75 (38%) in the dysfunction group and 19 (4.4%) in the non-dysfunction group. This was based on their response to the question: "Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?". Regarding FSFI domains, the results for women with and without sexual dysfunction, respectively, were: 4.2 (± 1.0) and 2.8 (± 1.0) for desire, 5.3 (± 0.5) and 3.5 (± 1.0) for arousal, 5.4 (± 0.7) and 3.9 (± 1.1) for lubrication, 5.1 (± 0.9) and 3.4 (± 1.3) for orgasm, and 5.5 (± 0.6) and 4.0 (± 1.2) for pain.

Conclusion: The results indicate that women with and without sexual dysfunction experience pain during sexual intercourse. Thus, it is necessary to develop screening strategies and provide guidance to the population for the prevention and treatment of pain during sexual activity.

Implications: The study highlights the presence of pain during sexual activity in women with and without sexual dysfunction, reinforcing the need for greater attention to this issue in clinical practice. Given that pain during intercourse can negatively impact social life and overall well-being, healthcare professionals—particularly physiotherapists—should integrate sexual health assessment into their routine care. In physiotherapy practice, these findings emphasize the importance of pelvic floor rehabilitation strategies, pain management techniques, and patient education on sexual health. From a policy perspective, incorporating sexual function assessments into broader women's health programs could facilitate early intervention.

Keywords: Pain, Sexual Dysfunctions, Psychological, Women's Health

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IMPACT OF THE SEVERITY OF PRIMARY DYSMENORRHEA ON FUNCTIONING IN ADULT BRAZILIAN WOMEN: AN ANALYSIS USING A NEW INSTRUMENT

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Background: Primary dysmenorrhea (PD) is menstrual pain without associated pelvic disease, while secondary dysmenorrhea (SD) is associated with conditions such as endometriosis. PD has a prevalence of 71% worldwide and can have a significant impact on women's functioning (i.e., "an umbrella term for body function, body structures, activities and participation, and it denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors"). However, its impact remains neglected. Assessing how pain severity affects functioning using instruments developed for people with dysmenorrhea is essential to understanding its broader impact.

Objectives: To analyze the impact of the severity of PD on functioning in adult Brazilian women with PD using a new instrument.

Methods: This is a cross-sectional and online study conducted between January 2022 and March 2023. We included Brazilian adult women between 18 and 50 years old with a report of PD for at least the previous three months. We excluded pregnant women, those with up to six months postpartum, transgender men, and women with a clinical diagnosis of SD. Severity of PD was rated by the single-item Numerical Rating Scale (NRS) for the last period, with response options ranging from zero "no pain" to 10 "the worst imaginable pain". PD-related functioning was assessed using the Dysmenorrhea-Related Impact on Functioning Scale (DIFS), which has two subscales, "Bodily functions" and "Daily activities and social participation". Higher scores on the Bodily functions scale, Daily activities and social participation scale, and the total DIFS score indicate a greater impact of dysmenorrhea on bodily functions, daily activities and social participation, and functioning, respectively. Data were analyzed using linear regression in SPSS® 26.

Results: A total of 2382 women (27.1 ± 7 years) participated in the study. Age at menarche, menstrual cycle length, and severity of PD in the last period were 12.2 ± 1.6 years, 28.2 ± 4.6 years, and 6.5 ± 2.3 points, respectively. The "Bodily functions", "Daily activities and social participation", and DIFS total score were 14 ± 4.7 points, 31.7 ± 17.2 points, and 45.7 ± 20.6 points, respectively. Severity of PD has a significant impact on bodily functions ($p < 0.001$, $R^2_{adj} = 0.197$), daily activities and social participation ($p < 0.001$, $R^2_{adj} = 0.208$), and functioning ($p < 0.001$, $R^2_{adj} = 0.233$) of participants. On average, a one-point increase in PD severity negatively impacts bodily functions by 0.910 points (95%CI 0.836 - 0.984), daily activities and social participation by 3.407 (95%CI 3.140 - 3.674), and functioning by 4.317 (95%CI 4.002 - 4.432).

Conclusion: Our findings show that the severity of PD has a significant impact on women's functioning, affecting both bodily functions and daily activities and social participation. Future studies should explore the long-term impact of dysmenorrhea and evaluate the effectiveness of interventions to minimize its effects.

Implications: The findings highlight the importance of incorporating PD management into physical therapy practice and public health policy. Educational programs and therapeutic interventions should address pain management and promote strategies to improve women's functioning.

Keywords: Dysmenorrhea, Women's Health, Activities of Daily Living

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