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# Reflux dyspareunia

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ABSTRACT In a prospective study of 100 women with known gastro-oesophageal reflux 77% suffered to some extent from symptoms resulting from it during sexual intercourse (called here "reflux dyspareunia"). A simple treatment plan of explanation and conservative measures was used, and this produced improvement in 61 of the 77 patients.

Gastro-oesophageal reflux is a common problem in both medical and surgical practice, most sufferers being female.[1] One such patient, attending for follow up of a hiatal hernia with reflux oesophagitis, complained of severe heartburn during sexual intercourse of such magnitude that sexual contact with her husband had all but ceased. Although there was anecdotal evidence of this problem (CW Imrie, personal communication), the only published reference I could find was the short comment in a gastroenterology textbook that "heartburn...can interfere with gardening and sexual intercourse."[2]

A prospective study was therefore devised to investigate the prevalence of this symptom, and to assess whether it could be modified in any way. For the purpose of this article we have called the symptom of heartburn occurring during sexual intercourse "reflux dyspareunia."

## Methods

Included in the study were 100 consecutive women who were attending a general surgical outpatient clinic complaining of heartburn, and who were investigated by contrast radiography or endoscopy. All were currently sexually active. A standard history was taken, including smoking habit, diet, and current drug treatment. Physical examination included the measurement of height and weight. The following questions were also asked, interspersed with the conversation to minimise suggestion: (1) During what activities and at what times is heartburn noted? (2) In general, are there any problems relating to sexual intercourse? (3) Is heartburn experienced during sexual activity?

Those who did suffer from "reflux dyspareunia" were asked to grade their symptoms from mild, where symptoms were noted but of nuisance value only, through moderate to severe, where the frequency or severity of symptoms was of such magnitude as to interfere with the enjoyment of sex. This grading was on a subjective basis.

A standard plan of management was then discussed with each patient. The basis of the problem was discussed—that is, the "incompetent" lower oesophageal sphincter allowing reflux of gastric contents into the oesophagus under certain conditions, with subsequent production of heartburn. It was then suggested that the supine position during intercourse, plus the increased intra-abdominal pressure, may account for symptoms during intercourse.

The patients were encouraged to lose weight where necessary, and the importance of stopping smoking was emphasised, in particular avoiding the bedtime cigarette. They were also asked to avoid foods in their diet known to produce reflux. Heavy meals at supper time were discouraged, and light snacks suggested as an alternative. Drugs were prescribed when clinically indicated and patients were advised to take one of the alginate preparations before retiring or before sexual intercourse, or both. Standard advice on posture was given, including raising the bed head and bending from the knee rather than stooping from the waist. With particular reference to sexual intercourse, it was suggested that the "missionary" position might not be wholly appropriate and that a change to an alternative position such as "female superior" might be of benefit.

All patients were then reviewed three months later.

For comparison, 100 women attending the clinic with non-gastrointestinal problems were also interviewed. These patients were assessed in a similar man-

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ner by history, examination, and questioning as outlined above; but further investigations for objective evidence of reflux were not performed.

## Results

Of the 100 patients interviewed (age range 21–74 years, mean 40.2), 57 were cigarette smokers and 73 were judged to be overweight, both on clinical grounds and by reference to height-build charts. Nine volunteered that they had heartburn during intercourse, and 20 admitted to it on being questioned in general about problems during intercourse. A further 48 sufferers were found as a result of direct questioning about heartburn occurring during sexual activity. Twenty three patients denied the symptom.

Seventy seven patients could therefore be said to suffer from reflux dyspareunia. In six cases it was severe, in 22 moderate, and in 49 mild, on the basis of subjective assessment. At follow up one patient still had severe symptoms and 10 had moderate and 46 mild symptoms; 20 had become symptom free. On the basis of a Visick scale, where I represents those who had become symptom free after treatment and IV those for whom treatment had produced no improvement, 61 patients were improved (grades I and II), while 16 remained unimproved (grades III and IV). These figures represent an overall improvement of 79%.

Of the 100 patients without known reflux who were interviewed, 29 had appreciable heartburn and five of these experienced it during sexual intercourse. Thus the prevalence of reflux dyspareunia in this group is 5%.

## Discussion

Sexual problems are seen frequently at general clinics, both medical and surgical.[3] This study has shown that the problem of heartburn during intercourse is common, and although mild and incidental in most cases it is of major importance to the occasional sufferer. The symptom must be specifically sought, as only a few sufferers (12% in this series) will volunteer the information.

Seventy seven per cent of the patients with known reflux suffered from reflux dyspareunia, contrasting with only 5% in the control group, where no previous evidence of reflux had been noted; all of the sufferers in the latter group, however, complained of considerable heartburn on other occasions. Further investigation is required to provide objective evidence of reflux in these women. Interestingly, intercourse related reflux also appears to occur in men, but there is insufficient evidence as yet for us to make any useful comment or to compare them with the female patients described here.

This study has shown that with a little extra time spent in the outpatient clinic reinforcing what is, after all, the standard plan of management of heartburn, a substantial degree of improvement can be achieved in these patients with reflux, both generally and in relation to intercourse. Sixteen patients suffering from reflux dyspareunia failed to improve with the conservative management. Most of these were mild sufferers whose heartburn was otherwise well controlled. Three of these 16, however, represented true failures of medical treatment with troublesome symptoms, and they proceeded to antireflux procedures, which gave good results. The severity of heartburn during intercourse was a major consideration in all three of these patients when surgery was being considered.

As with other sexual disorders related to medical problems, a major problem in dealing with reflux dyspareunia is the natural embarrassment of both doctor and patient and their reluctance to discuss sexual matters at what would appear initially to be an inappropriate time.

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## References

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