

1 SUMMARY

In this study we are dealing with the effect of stress and life satisfaction on recurrent vulvovaginal candidiasis (RVVC). Vulvovaginal candidiasis (VVC) is one of the most frequent genital infections. It is hypothesized that 75% of women experience during their reproductive age at least 1 episode of VVC in their lifetime.

RVVC can be defined as four or more attacks of symptomatic vulvovaginal candidiasis in 12 month period. The true incidence of RVVC remains unknown. Estimates over many years suggest that the incidence is approximately 5%; another recent study shows that the incidence is approximately 8% of women during their reproductive age. Our previous study suggests that the incidence is approximately 7.6%.

There were elaborate questionnaires, including a questionnaire on life satisfaction and the level of vulnerability by stress, made for the purpose of this study.

Each questionnaire consists of 17 pages and includes 49 questions. Full text of the questionnaire is showed in enclosure. The questionnaire consisted of 15 questions in the bold frames that were tailor-made just for women, who have repeatedly experienced episodes of vulvovaginal candidiasis.

A sample of 199 women was interviewed, 184 of them completed our questionnaire (which is 92.5%).

By evaluation of questions in the bold frames we have found out that gynecological problems mostly affect sexual life of patients, marginally affect sport and other hobbies and interests. They barely affect sleep. Patients can not see any significant relationship between the phases of their period and occurrence of their gynecological problems. When asked whether the patients believed that onset of their „RVVC problems“ had occurred in conjunction with any specific event, the following most frequent answers were obtained: during or shortly after a course of antibiotic therapy. The other frequent answers were obtained: bathing in the swimming pool or in the lake and after having an intercourse. The problems can be worse after wearing too tight and/or synthetic clothes. The patients answered the other inciting cause can be stress, illnesses, eating habits, out of relationship intercourses of both women and man. A lot of women have tried to solve their

problems by reducing the intake of sugar, increasing intake of sour milk food and fibre, changing the type of clothing and by changes in their sexual life. Then we have found out that the patient's life or sexual male partners were treated in many cases by antifungal therapy, they are willing to undergo treatment and to talk about the problems, but a lot of them think that this is their partner's problem. Their overall attitude is very negative.

We have found out patients from RVVC group are less satisfied with their life, their average value of answers was 4.65 (out of the 7-point spectrum) in comparison with the control group (average value is 5.17). The questionnaire of life satisfaction includes seven areas. Each area is evaluated by using seven questions. The biggest differences showed in the area that deals with health. The differences were statistically significant in all seven questions. The most statistically significant differences were in questions related to bodily health state, immunity, feelings of pain and the rate of illness. In descending order, leisure time, housing, financial situation, partnership and marriage, family and friends are the other areas with the biggest differences we found out from our questionnaire.

Five patients from RVVC group are strongly vulnerable by stress (which is 21.7%) and eighteen patients are mildly vulnerable by stress. Six patients from control group are strongly vulnerable by stress (which is 9.7%) and fifty four patients are mildly vulnerable by stress. Average value of answers was 46 (RVVC group) a 42 (control group). We have found out, patients from RVVC group are more vulnerable by stress.