

Gynecol Obstet Invest 2002;54:63
DOI: 10.1159/000068355

Concerning the article by Meaddough et al:
Sexual Activity, Orgasm and Tampon Use Are
Associated with a Decreased Risk for
Endometriosis

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The Endometriosis Association is writing in response to the paper linking sexual activity and orgasm during menstruation, and tampon use, with a decreased risk for endometriosis [1] based on a survey of self-selected members of the Endometriosis Association. We believe it is important to point out a variety of confounding variables which should have been considered and which could change the conclusions of this study. Nothing in this study establishes causation, only correlation. Do sex and orgasm during menses, and tampon use, prevent endometriosis? For the record, we don't think so.

To begin with, it's important to remember that the majority of women with endometriosis have had symptoms for many years, frequently dating from their teen years, even from their first period. In fact, Association data drawn from 4,000 cases and presented at the VI World Congress on Endometriosis clearly showed that the average delay in diagnosis at this time in the US and Canada is more than 9 years [2]. Thus, unless it is clearly established that the sexual and hygiene practices studied occurred before the onset of symptoms, the timetable is a clear confounding factor [3]. No such data exists in this study.

It would seem obvious to note that a woman's behaviors could vary greatly during 30 or so years of menstruation, and to formulate questions accordingly. Participants were asked about product use 'in the last year'. Questions about sexual activity, however, were not time specific, and did not differentiate between single instances or behavior throughout a lifetime. This inconsistency could further muddy answers and conclusions.

The paper reported that controls were more likely to report frequent sexual behavior during menses, and sexual behavior that included frequent orgasm. A major confounding factor here, of course, is the fact that women with endometriosis typically experience their worst pain during their periods [2]. Endometriosis Association studies, based on our large research registries, show that 95% of women with endometriosis have pain during their periods. As we sometimes hear from women, if their husbands so much as touch them during their period they jump – they're not about to engage in sex when they are in so much pain, particularly in that part of their bodies.

The study also found that controls were more likely than others to report using only tampons. Here there are a number of confounding factors. First, women with endometriosis often experience heavy bleeding and use tampons and pads together. Second, our members had been aware of our dioxin discoveries at the time of the survey used by Meaddough et al. [1] and many have changed their use of menstrual supplies as a result. This is in direct contrast to an earlier study which found no difference in tampon use between Endometriosis Association members and best friend case controls [5]. Therefore,

it's not surprising at all that the controls in the Meaddough study were more likely to use tampons alone.

To focus on retrograde menstruation in the etiology of endometriosis is to focus on a theory that is nearly 80 years old. As early as 1943, researchers observed endometriosis in all ages of women, including post menopause [6]. It is widely acknowledged that most, if not all, women probably have some retrograde menstruation [7]. The issue that many in our field have been addressing is why is it that some women – presumably due to the defective immunology so well documented in women with endo – do not clear this debris? [8]. In addition, a number of studies have shown that the endometrium itself is somewhat different in women with endometriosis [9]. Obviously, the etiology of endometriosis is far more complicated than the simplistic notion of backed-up plumbing.

It's interesting to note the mention of dioxin, tampons and endometriosis in this paper. The issue is controversial. As tampons are not regulated by many government health administrations, it makes sense for consumers and health care providers to be concerned about possible ingredients and byproducts, including dioxins, in a product that is inserted into the body next to the reproductive organs. While the relationship between dioxin and endometriosis in humans is still being delineated, there are excellent studies that definitively link dioxin exposure to endometriosis in primates [4, 10, 11].

Ultimately, we hope to see the mystery of the cause(s) and cure of endometriosis solved, but this paper brings science no closer to that goal, and may in fact further muddy the waters with its ill-founded conclusions.

References

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