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FEMALE SEXUAL DYSFUNCTION IN PATIENTS WITH PELVIC FLOOR DISORDERS: A CROSS-SECTIONAL CONTROLLED STUDY

Hypothesis / aims of study

To explore the impact of pelvic floor dysfunctions (PFD) on female sexual function (FSF).

Study design, materials and methods

The research recruited over a 2-year period 171 community-dwelling female patients prospectively evaluated in our urodynamic laboratory because complaining of PFD-related symptoms. All patients were assessed by history taking, urogynaecological examination and urodynamic multichannel evaluation. Patients were also asked to complete validated self-administered questionnaires (KHQ-UI, OAB-q, UDI-6). FSF was assessed by using the PISQ-12 questionnaire. PISQ-12 domains related to desire, excitement, orgasm, satisfaction and pain were assessed separately and by calculating a global sexual function (GSF) score. All scores were reported into a 0-100 scale (higher score indicating worse function). FSF was also assessed in 'healthy' (no PFD-related symptoms on questionnaires) age-matched women which were used as cross-sectional control group.

Results

150 patients (average age of 54 years) filled in the questionnaires completely and reported to be sexually active. A same number of 'healthy' women were recruited as controls (average age of 51 years). 80 patients (53%) and 78 controls (52%) were in menopause. The prevalent symptom was urinary incontinence (UI) in 117 patients (78%), LUTS (Lower Urinary Tract Symptoms) in 26 patients (17%), recurrent cystitis in 2 patients (1%), chronic pelvic pain in 3 patients (2%) and symptoms related to prolapse in 2 patients (1%). Clinically, 36 patients (24%) had stress urinary incontinence (SUI), 27 patients (18%) had urgency urinary incontinence (UUI), 54 patients (36%) had mixed urinary incontinence (MUI). At urodynamic assessment, 62 patients (41%) had UI, 30 of them (20%) with SUI and 26 (17%) with UUI; 42 patients (28%) had detrusor overactivity (DO), 22 patients (14,7%) had isolated sensory urgency, 34 patients (22,7%) had voiding dysfunction (VD: detrusor hypocontractility or bladder outlet obstruction).

We detected the following average scores related to the different aspects of the patients and controls sexual function, respectively: desire: 49,2 vs 21,8 ($p<0.0001$); excitement: 36,3 vs 19,8 ($p<0.0001$); orgasm: 36 vs 20,9 ($p=0.004$); satisfaction: 43,5 vs 19,7 ($p<0.0001$); pain: 27,8 vs 14 ($p=0.011$); GSF: 31 vs 18,4 ($p<0.0001$). Patients with urodynamic UUI had the highest average scores for all kinds of sexual dysfunction, compared to patients with urodynamic SUI ($p=0.006$), dry DO ($p=0.01$), sensory urgency ($p=0.001$) or VD ($p=0.001$). Patients with a 3rd/4th degree prolapse on POP-Q reported a higher GSF score than patients with a lower degree prolapse ($p=0.001$). Patients with a vesico-ureteral pain also complained of sexual pain more frequently than patients without that symptom and than controls ($p<0.0001$).

Concluding message

PFD negatively affect FSF. All kinds of UI are related to female sexual dysfunctions, but patients affected by UUI presented the worst impact on their sexual activity. FSF should be always evaluated when assessing patients with PFD.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	NOT NECESSARY FOR THIS CROSS-SECTIONAL CONTROLLED STUDY
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes