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SEXUAL FUNCTION IN FEMALE PATIENTS SUFFERING LUTS

Hypothesis / aims of study

Lower urinary tract symptoms significantly affect women's quality of life. Recently it was reported a FSD prevalence of 46% among women who complained of urinary incontinence or recurrent or persistent LUTS [1]. The goal of the study was to estimate quality of sexual life in female patients admitted to Urology Clinic due to lower urinary tract symptoms.

Study design, materials and methods

We carried out cross-sectional anonymous survey of 75 female patients who complained of lower urinary tract symptoms and who were under in-hospital treatment in Urology department in February 2009. A validated instrument, the Female Sexual Function Index (FSFI) was applied to estimate female sexual function. The FSFI is a 19-item questionnaire that characterizes six domains of sexual function, including desire, arousal, lubrication, orgasm, satisfaction and pain.

Results

41 patients confirmed sexual life during the last month. The middle age was 34,5 years (range 18-62). Among them 7 patients had menopause, nobody used hormone replacement therapy. The main complaints were frequent urination (58,6%), dysuria (24,4%), nocturia (24,4%), stress urinary incontinence (24,4%). Detailed analysis showed there was a moderate decrease of all characteristics of female sexual function. According to the results of survey 34 patients denied sexual life during the last month, among them 12 women (35,3%) connected it with lower urinary tract symptoms.

Interpretation of results

According to the performed study the presence of sexual dysfunction occurred in most of the patients. Insignificant decrease of sexual function occurred in 16 female patients (FSFI - 30-35,9), moderate decrease - in 18 patients (FSFI - 20-29,9) and significant decrease - in 4 patients (FSFI - less than 19,9):

sexual desire	4,3 (1,8-6)
sexual arousal	4,35 (1,8-6)
Lubrication	4,9 (1,2-6)
Orgasm	4,8 (1,2-6)
Satisfaction	4,76 (1,2-6)
Pain	4,9 (1,2-6)
Results	27,3 (13,6 - 36)

The mean age of patients with significant decrease of sexual function was 54,5 years (50 - 62 years). All the patients were postmenopausal, non-smoking and overweight. The main complaints were frequent urination and nocturia (100%), dysuria (25%), difficulty of urination (25%) and urgency (50%). The mean sexual function index was 15,5 (13,6-18,4):

sexual desire	2,25 (1,8-2,4)
sexual arousal	2, 25 (1,6-2,4)
Lubrication	2,63 (1,2-4,8)
Orgasm	2,3 (1,2-3,2)
Satisfaction	2,98 (2,7-3,6)
Pain	3,1 (1,2-4,8)

The mean age of patients with moderate decrease of sexual function was 37 years (21 - 60 years). 22% of women were postmenopausal, 16% of patients were smoking, 38% of patients were overweight. The main complaints were frequent urination (44,4%), stress urinary incontinence (33,3%), dysuria (27%), nocturia (22%) and uncomplete bladder emptying (22%). The mean sexual function index was 25,3 (20,9-29,8):

sexual desire	3,8 (3-4,2)
sexual arousal	3,8 (2,7-4,8)
lubrication	4,3 (1,2-6)
orgasm	4,2 (2,8-6)
satisfaction	4,13 (1,2-6)
pain	4,9 (2-6)

The mean age of patients with insignificant decrease of sexual function or with absence of sexual dysfunction was 29 years (18 - 44 years). All the patients were in childbearing age, 31% of patients were smoking, 37% of patients were overweight and nobody used hormone replacement therapy. The main complaints were frequent urination (63%), stress urinary incontinence (15,7%), dysuria (21%). The mean sexual function index was 33,4 (30,2-36):

sexual desire	5,21 (4,2-6)
sexual arousal	5,4 (3,9-6)
lubrication	5,9 (5,7-6)
orgasm	5,83 (5,2-6)
satisfaction	5,73 (4,8-6)
pain	5,35 (3,6-6)

Concluding message

The group of patients with lower urinary tract symptoms had a moderate decrease of all characteristics of female sexual function. Only 35,3% of female patients with lower urinary tract symptoms temporarily abandoned sexual life because of these symptoms.

References

1. Salonia A, Zanni G, Nappi RE et al. Sexual dysfunction is common in women with lower urinary tract symptoms and urinary incontinence: results of a crosssectional study. Eur Urol 2004; 45: 642–8

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<i>Was the Declaration of Helsinki followed?</i>	Yes
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