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Title: PHYSICAL AND/OR SEXUAL ABUSE IN PATIENTS WITH LOWER URINARY TRACT DYSFUNCTION

Aims of study:

Little is known about the incidence of physical and/or sexual abuse in the history of patients with lower urinary tract dysfunction and its influence on treatment outcome (e.g. posterior tibial nerve stimulation, PTNS).

Methods:

In 104 patients with lower urinary tract dysfunction (45 male, 59 female, mean age 52.8 (22-82)), prior to PTNS the incidence of physical and/or sexual abuse was evaluated using a standardised questionnaire (Bootsma & Piek 1997). Besides, patients were asked the 'Nine questions regarding Sexual Functioning' (NSF-questionnaire, Vroege 1996) before as well as after 12 weeks of PTNS. Non-obstructive urinary retention was seen in 18, pelvic pain in 30 and bladder overactivity in 56 patients.

Results:

In 15.4% of patients (6 male, 10 female, mean age 47.9 (25-74)) a history of abuse was reported: solely physical abuse in 6, solely sexual abuse in 6 and both physical and sexual abuse in 4 patients. In 11 patients this was considered to have a major continual impact on their life. A history of abuse was more often found in patients with non-obstructive urinary retention (4 of 18) than in patients with pelvic pain (3 of 30) or bladder overactivity (9 of 56) and resulted in a poor PTNS treatment outcome in 63% (no history of abuse: 42%, Odds-ratio 1.49 (confidence interval: 0.95-2.34)). Treatment results were not influenced by the way of abuse nor by sexe. The NSF questionnaire was completed by 94 patients. Non-compliance was equally divided over patients with or without a history of abuse. Prior to as well as after 12 weeks of PTNS non of the NSF questions appeared to be answered differently by both groups of patients. A change in sexual functioning as a result of PTNS treatment could not be observed in either group.

Conclusions:

In patients with lower urinary tract dysfunction a history of physical and/or sexual abuse could be found in 15.4%. This seems to be of importance with regard to PTNS treatment outcome. Therefore, in order to improve the treatment outcome of patients with lower urinary tract dysfunction, one should not hesitate to evaluate carefully the possibility of a history of physical and/or sexual abuse.