

## PREVALENCE AND IMPACT OF SEXUAL PROBLEMS AMONGST WOMEN WITH PELVIC ORGAN PROLAPSE: A REVIEW OF THE LITERATURE

### Hypothesis / aims of study

This study aimed to examine existing published evidence regarding sexual problems, and their impact, in women with pelvic organ prolapse (POP). In particular, this review aimed to summarise the literature on the prevalence of sexual symptoms amongst women with POP, the levels of bothersomeness associated with these sexual symptoms, and to establish what evidence exists regarding the effect of treatment for POP on sexual function.

### Study design, materials and methods

In 2006, a number of electronic databases, including MEDLINE and CINAHL, were searched using appropriate free text and MeSH terms relating to POP and sexual function. All articles published in English since 1986 were considered. In addition, the contents pages of recent editions of key gynaecological journals were reviewed to identify publications not yet available via electronic databases. The titles and abstracts of more than 500 articles identified by this search strategy were assessed for relevance to the research aims by two researchers, and the full text of 82 articles were obtained for further scrutiny. Finally, a total of 57 published articles, considered relevant to this review, were critically appraised. A small number of these provided descriptive information on the prevalence of sexual problems associated with POP. The majority related to surgical interventions for POP in which sexual function was reported as a secondary outcome.

### Results

Reported percentages of women with POP (prior to any treatment) who were sexually active ranged from 44% to 70%. A variety of problems were reported by women who were sexually active including dyspareunia, urinary and faecal incontinence with intercourse, vaginal dryness, inability to achieve penetration and reduced libido. Few studies, however, reported on the same set of problems. Dyspareunia was the most consistently reported symptom, with prevalence rates of between 35% and 69% found. In one study dyspareunia adversely affected frequency of intercourse in 57% of the women with POP.

Levels of impairment in sexual function varied across studies, with some reporting only slight impairment and others reporting significant impairment. Two studies that compared sexual function in women with and without POP found no significant difference in sexual function between the two groups. In studies which included questions on sexual satisfaction, over 80% of women reported that they were satisfied with their sexual relationship, with the exception of one study which reported that only 20% of women with POP were satisfied.

The percentage of women with sexual partners who avoided sex or were inactive due to their POP varied across studies from 18% to 38%. Lack of a partner was cited in two articles as the most common reason for sexual inactivity in women with POP. In one study 25% of women who avoided sex said this was due to embarrassment or discomfort experienced by their partner.

Almost all the treatment studies reviewed (n=40/41) related to surgical correction of POP. The sexual outcomes reported varied however, and in most cases, particularly in earlier studies, the anatomical result was used to measure the success of a procedure. Dyspareunia was reported both pre- and post-surgery in 17 studies: 47% (n=8) reported increased rates of dyspareunia, 24% (n=4) decreased rates, and 29% (n=5) no change in rate (or no *de novo* cases). Post-surgery dyspareunia rates reported varied from 0% to 74%.

One article considered the effect of pelvic floor muscle training on sexual function. Sixty-two percent of women involved in the study reported an improvement in sexual activity, including; sexual desire, anorgasmia, vaginal muscle laxity and dyspareunia.

### Interpretation of results

One of the most striking findings to emerge from this review is the lack of uniformity in the results across studies.

Differences between study populations will have contributed to the variation in sexual activity rates found. For example, some studies included women with concomitant urinary incontinence. This raises the issue of whether findings related to sexual function from these studies can be compared.

There is no consensus on the prevalence of impairment of sexual function in women with POP, nor its impact. Inconsistencies in the definitions of sexual dysfunction employed, and the way in which sexual dysfunction was assessed, will however have influenced these findings. This may be resolved in the future if more studies adopt a standardised approach to definition and measurement of sexual function, allowing comparison of findings.

Dyspareunia was reported commonly in surgical studies, with almost half showing increased rates post-surgery. Post-surgery dyspareunia rates, and changes in rates from pre- to post-surgery, were influenced by the type of surgical procedure performed. In more recent articles sexual function has become more of a priority, with specific surgical procedures being advocated because they reduce the risk of developing sexual dysfunction.

### Concluding message

The lack of studies which give appropriate consideration to sexual matters, and the poor information available from existing studies, reflects the lack of importance that has been placed on this issue for women with POP. High quality studies utilising validated measurement tools are needed to determine both the extent of sexual problems in women with POP, and the effects of prolapse treatment on the sexual outcomes which are important to these women.

### References

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