

EFFECT OF ANTICHOLINERGICS ON FEMALE SEXUAL FUNCTION.

Hypothesis / aims of study

To evaluate the impact of Anticholinergic therapy for Overactive bladder symptoms (OAB) on Female sexual function.

Study design, materials and methods

This is an on going survey of consecutive sexually active female patients who are managed with anticholinergic therapy for Overactive bladder symptoms. The survey consists of demographic data and symptomatic assessment with visual analogue pain scales as well as two validated condition specific questionnaires. Data was obtained at commencement of anticholinergic therapy and after 3 months of anticholinergic use. The questionnaires used were the short form of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12) and the short form of the Incontinence Impact Questionnaire (IIQ-7). Outcomes were compared between groups with t-test or Fisher's exact tests as appropriate.

Results

From May 2007 till November 2007 a total of 45 female patients were commenced on anticholinergic therapy for overactive bladder symptoms. Patients who had been on any anticholinergics within the past six months were excluded. 20 (44%) of these women were sexually active at commencement of therapy and 25 (56%) were not sexually active. Out of the 20 women , 4 were lost to follow up and another 4 stopped taking the anticholinergics within a few day of commencement due to intolerable side effects. Twelve (60%) women completed three months of anticholinergic therapy and the following analysis is based on these 12 women. Mean age was 47 (R 31-69) years. Medium parity was 2 (R 1-4). Eight (67.%) Caucasian, 3 (25%) black and 1 (8%) Asian. All 12 women had Overactive Bladder symptoms. 6 (50%) had mixed urinary incontinence and 2 (17%) had pelvic organ prolapse. 5 (42.%) had coital incontinence. None of these women had prolapse surgery or urinary incontinence surgery during the survey period. Mean percentage of sexual satisfaction before treatment was 60.1% (range 13-99%). Mean of sexual satisfaction after 3 months of anticholinergic therapy was 44.6% (range 0-80%). Total PISQ-12 score pre anticholinergic therapy was 195 and the mean PISQ-12 pre anticholinergic therapy was 16.3. Total PISQ-12 score after anticholinergic therapy was 197 with a mean of 16.4. Total IIQ-7 pre anticholinergic therapy was 484.8 with a mean of 40.4. Total IIQ-7 post anticholinergic therapy was 350.1 with a mean of 29.2.

Interpretation of results

There is a significant decrease in Overall Sexual Satisfaction at the end of three months and this correlates with the increase in total PISQ-12 score even though the increase in PISQ-12 is not statistically significant.. On the other hand the significantly decreased total and average IIQ-7 scores does demonstrate significant improvement in the general (non sexual) quality of life as a result of the urinary symptom improvement from anticholinergic therapy..

Concluding message

Use of anticholinergics for overactive bladder symptoms seems to have a negative impact on sexual function whilst improving the non sexual quality of life (QoL). A decrease in sexual function does not necessarily lead to a decrease in other quality of life parameters. There is an urgent need for further studies with a larger sample and a longer follow up in order to verify these findings. Patients need to be counselled about the potential negative impact of anticholinergic medication on sexual function.

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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>	It is a piloted survey of a an accepted routine clinical practice
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes