

Olmo Ruiz M<sup>1</sup>, García Sánchez C<sup>2</sup>, Antón Eguía B T<sup>2</sup>, Rodríguez Pérez A<sup>2</sup>, Barrero Candau R<sup>2</sup>, Torrubia Romero F J<sup>2</sup>, Medina-López R A<sup>2</sup>

1. Department of Uro-Nephrology. Virgen del Rocío University Hospital. Seville. Institute of Biomedicine of Seville, IBIS. Virgen del Rocío University Hospital, CSIC, Seville University, Seville., 2. Department of Uro-Nephrology. Virgen del Rocío University Hospital. Seville. Institute of Biomedicine of Seville, IBIS. Virgen del Rocío University Hospital, CSIC, Seville University, Seville

## THE IMPACT OF IDIOPATHIC OVERACTIVE BLADDER TREATMENT ON QUALITY OF LIFE AND FEMALE SEXUAL FUNCTION

### Hypothesis / aims of study

Idiopathic overactive bladder is high prevalence pathology in women, and it is increasing given the aging of the population (1). These patients have symptoms that affect their quality of life and sexuality (2). According to some studies, an effective treatment of this limiting condition improves quality of life; however, there is little information about the possibility that quality of life improvement due to invasive treatments like bladder botulinum toxin or sacral neuromodulation, provides an improvement of sexual function (3).

The objective of this study is to analyse the impact of overactive bladder treatment with botulinum toxin injection or sacral neuromodulation on quality of life and sexual health in women.

### Study design, materials and methods

Prospective study on women diagnosed with overactive bladder (continent or incontinent), treated with botulinum toxin or sacral neuromodulation in our centre from January to December 2016. A descriptive and comparative analysis of quality of life and sexual function was made before and after treatment (3 months), using validated questionnaires, such as King's Health Questionnaire (KHQ) and Female Sexual Function Index (FSFI) respectively, in those patients that responded to treatment. We considered treatment was effective when there was a reduction of 50% or more incontinence and/or urgency events in the 3 day-voiding diary.

### Results

25 women were included. Treatment was effective in 52% of all cases. Mean age of these patients was 58.38 years (50-68.5). 8 of them were treated with botulinum toxin and 5 of them with sacral neuromodulation. Quality of life was affected in all questions of KHQ. Mean percentage of affection from question 1 to 9 was 42.3%, 91.65%, 84.59%, 83.31%, 74.33%, 81.22%, 66.63%, 62.47% and 73.62%, respectively, and mean punctuation of question 10 was 6.52 points. After treatment, quality of life improved in each KHQ domain, and we found a statistically significant reduction of impact in questions 2 ( $p=0,027$ ), 3 ( $p=0,024$ ), 3 ( $p=0,031$ ), 5 ( $p=0,022$ ). In terms of sexual function, every patient had prior sexual dysfunction (mean global punctuation was 9.8) with affection in all domains (desire, excitement, lubrication, orgasm, satisfaction and pain). After treatment, we did not find differences in global sexual function or domain.

### Interpretation of results

Overactive bladder has an impact on quality of life and sexual function in our study. When symptomatology improves, a quality of life improvement is also achieved (especially on psycho-social limitations). It is known that this pathology is associated with sexual dysfunction in women; however, treatment does not seem to improve sexual function in any of its domains. This could be explained by the low previous sexual activity in our cohort.

### Concluding message

Invasive treatment of idiopathic overactive bladder with botulinum toxin or sacral neuromodulation improves quality of life in women but it does not improve sexual function in our study.

### References

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### Disclosures

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