

COITAL INCONTINENCE – PREVALENCE, CLINICAL RISK FACTORS AND URODYNAMIC FINDINGS

Aims of Study - Coital incontinence is a common but frequently unreported symptom in sexually active women presenting for urogynaecological assessment (1,2). Low self-esteem and psychosexual dysfunction are significant associations (3,4). The four largest reported series suggest a prevalence of between 24-34% (4,5,6,7). The aim of this study was to evaluate the prevalence of coital incontinence in a large series of women presenting to a tertiary urogynaecological service, to evaluate associated clinical risk factors, effect on coital function, clinical and urodynamic findings.

Methods - Data for all women presenting to a large tertiary urogynaecology service between 1996 – 2001 were reviewed. Standard clinical, urodynamic and therapeutic proforma had been completed in each case and stored on a dedicated computerised database. All sexually active women were identified and analysis performed to determine whether there were any specific clinical factors associated with the symptom of coital incontinence. The effect of this symptom on coital function, associated clinical and urodynamic findings were also reviewed.

Results - 4158 women were evaluated – 1567(38%) were sexually active and 336(21%) reported coital incontinence. The indication for referral in 298(89%) women was urge or stress incontinence, 14(4%) urge frequency, 4(1%) voiding difficulty, 3(1%) recurrent UTI's, 11(3%) prolapse and only 6(2%) coital incontinence. Mean age for those women affected by coital incontinence was 47(R38-55yrs), of whom 304(90%) were parous - mean parity 3(R1-14). Neither parity, age or weight were significantly associated with an increased risk of coital incontinence. Of the 336 women with coital incontinence in 100(30%) of women urinary loss at coitus was severe. 143(42%) women described incontinence at orgasm and the remaining 193(58%) incontinence with penetration. Of these women 243(72%) reported an adverse effect on sexual function. In only 6(3%) cases was this attributable to their partner. Associated clinical symptoms, findings on examination and urodynamic data are listed below in Table 1. Urodynamic data was available in 258(77%) cases. In addition, this table also describes the association between these factors and the presence of incontinence on either penetration or at orgasm.

Conclusions - Coital incontinence is a common, frequently unrecognised but psychologically distressing symptom. In this study almost 1 in 4 sexually active women reported coital incontinence with 72% of these reporting an adverse effect on sexual function. While urogenital prolapse was a common finding in those affected in this study, incontinence on penetration was associated with a higher prevalence of cystocele compared to incontinence at orgasm. In contrast to previous studies (5,8), urethral sphincter incompetence was the most common urodynamic diagnosis in both groups.

Table 1 - Total wet at orgasm wet on penetration

Presenting complaint	(n=336)	(n= 143)	(n= 193)	p*
Urge frequency	290(86%)	129(90%)	161(83%)	0.1
Urge incontinence only	10(3%)	4(3%)	6(3%)	1.0
Stress incontinence only	62(18%)	23(16%)	39(20%)	0.4
Mixed incontinence	256(76%)	112(78%)	144 (75%)	0.5
Voiding difficulty	194(58%)	88(62%)	106(55%)	0.3
Prolapse symptoms	140(42%)	63(44%)	77(40%)	0.5

Clinical findings

Stress incontinence	97(68%)	126(65%)	0.7
Cystocele > grade 1	110(77%)	161(83%)	0.02
Rectocele > grade 1	97(68%)	132(62%)	1.0
Uterine / vault > grade 1	25(17%)	29(5%)	0.3

Urodynamic diagnosis	(n=94)	(n=147)	
Normal	18(19%)	26(18%)	0.1
Detrusor instability	15(16%)	25(17%)	0.6
Genuine stress incontinence	37(40%)	76(51%)	0.08
Mixed incontinence	22(23%)	16(11%)	0.02
Voiding dysfunction	1(2%)	4(3%)	0.7

[Values expressed as n(%), p * = Chi squared test]

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