

URINARY AND SEXUAL DYSFUNCTION IN MORBIDLY OBESE WOMEN: A CASE-CONTROL STUDY USING VALIDATED SYMPTOM INVENTORIES AND QUALITY OF LIFE QUESTIONNAIRES

Aims of Study

To evaluate the impact of morbid obesity on voiding and sexual function in women.

Methods

20 morbidly obese female patients enrolled in a program to undergo gastric bypass surgery and 20 age and sex matched controls from an employee clinic were enrolled and completed various questionnaires. Validated instruments including the Incontinence Impact Questionnaire (IIQ-7), Urogenital Distress Inventory (UDI-6), the Kobashi Prolapse Symptom Inventory and Quality of Life Questionnaire (PSI-QOL), and Index of Female Sexual Function (IFSF) were used. Ratio chi-square tests were used to analyze variables. Wilcoxon tests were used to compare the study groups.

Results

Mean age was 42.90(SD±10.95) in the study group and 46.05(SD±9.44) in the controls. Mean weight was 295.7 lbs (SD±87.9) in the study group and 144.79 lbs (SD±33.07) in the controls. Mean BMI was 52.65(SD±14.49) in the study group and 25.11(SD±5.27) in the control group. Average number of children was 0.95(SD±1.10) and 1.35(SD±0.88) in the study and control groups respectively. Among co-morbid medical conditions, chronic bronchitis (p=0.01) and backache (p=0.0003) were significantly associated with the obesity group. For the IIQ-7 scale, the impact of urinary incontinence on entertainment activities (p=0.03), social activities outside the home (p=0.04), emotional health (p=0.03) and feelings of frustration (p=0.03) were significantly affected in the study group. The total IIQ scale was also significantly affected in the study group. On the UDI-6 scale, significant differences were found in the leakage with activity (p=0.04) and small amounts of leakage (p=0.02) subscales in the study group as compared to controls. (p=0.03). Women in the study group experienced constipation more often as a result of difficulty in emptying the rectum. (p=0.04). Cumulatively, the PSI score was significantly higher in the study group (6.75,SD±6.84) than in the controls (2.65,SD±3.03)(p=0.04). All the QOL comparisons for subscales and the total were significantly higher in the study group (p=0.004). 50% of the study group and 70% of controls were sexually active (p=0.21). There were no significant differences between the groups in various aspects of sexual function.

Conclusions

Morbid obesity is associated with significantly negative QOL impact on urogenital health including urinary incontinence and rectal evacuation. Sexual function did not seem to be affected in women who are morbidly obese.

References

1. Uebersax JS, Wyman JF, Shumaker SA, McClish DK, Fantl JA, the Continence Program for Women Research Group. Short forms to assess life quality and symptom distress for urinary incontinence in women: the Incontinence Impact Questionnaire and the Urogenital Distress Inventory. *Neurourol Urodyn* 1995;14:131-9
2. Kobashi KC, Gormley EA, Grovier F et al. Development of a validated Quality of Life assessment instrument for patients with pelvic prolapse. *Int Urogyn J* 2000;11(suppl 1)