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ASSOCIATION BETWEEN URINARY INCONTINENCE AND FEMALE SEXUAL DYSFUNCTION: A PRELIMINARY, PROSPECTIVE STUDY USING VALIDATED QUESTIONNAIRES

Aims of Study

Urinary incontinence (UI) in women contributes to female sexual dysfunction (FSD), and adversely affects quality of life. Previous studies have shown an association between UI and FSD.[1, 2] However, no studies have prospectively evaluated the correlation between UI and FSD using validated questionnaires. Herein, we report our initial results in a prospective study of incontinent female patients.

Methods

Between August 1999-June 2001, 110 patients with UI prospectively completed two questionnaires: (1) UDI-6, Urogenital Distress Inventory, with quality of life (QOL) visual analogue scale[3]; and, (2) Female Sexual Dysfunction Questionnaire (FSDQ).[4] UDI-6 was recorded as mild (1-3), moderate (4-6), and severe (7-10). The FSDQ score was recorded numerically. Results were tabulated, and statistical calculations using Student's t-test and regression analysis were determined.

Results

Of the 110 patients, 32 (29%) had UDI-6 mild-to-moderate UI symptoms, whereas 78 (71%) had severe UI symptoms. Mean ages were 51.2 and 50.5, respectively ($p>0.05$). Other demographic characteristics (such as race, parity, and socioeconomic status) were likewise not significantly different. UDI-6 inventory significantly correlated with sexual dysfunction as measured by FSDQ. In the two patient groups (UDI-6 mild-to-moderate UI, versus severe UI), total FSDQ scores were 10.6 ± 1.10 and 12.9 ± 0.57, respectively ($p=0.04$). Furthermore, UDI-6 predicted severity of FSDQ score ($p=0.006$, $F=3.048$). Subsequent analysis revealed that, although patients with UDI-6 mild-to-moderate UI symptoms tended to have more sexual activity than patients with severe symptoms UI, this correlation did not reach significance ($p=0.17$).

Conclusions

We found significantly worse female sexual dysfunction in women with severe urinary incontinence, compared to those with mild-to-moderate levels of incontinence. Moreover, based on the severity of urinary incontinence, we could predict the severity of sexual dysfunction. Patients with severe urinary incontinence tended to have less sexual activity compared to patients with mild-to-moderate symptoms. These data should encourage clinicians to administer questionnaires to their patients with urinary incontinence, in an attempt to quantify urinary incontinence as well as to elucidate concomitant sexual dysfunction. Female sexual dysfunction is an area of intensifying academic and clinical interest in the urological and gynecological communities. Future development of improved questionnaires, incorporating factors such as intimacy, sexual satisfaction and pair bonding, should prove helpful in the study of this burgeoning clinical sub-specialty.

References:

1. Sutherst JR. Sexual dysfunctional and urinary incontinence. Br J Obstet Gynaecol 1979;86(5):387-8
2. Gordon D, Groutz A, Sinai T, et al. Sexual function in women attending a urogynecology clinic. Int Urogynecol J Pelvic Floor Dysfunct 1999;10(5):325-8.
3. Uebersax JS, Wyman JF, Shumaker SA, et al. Short forms to assess life quality and symptom distress for urinary incontinence in women: the Incontinence Impact Questionnaire and the Urogenital Distress Inventory. Continence Program for Women Research Group. Neurourol Urodyn 1995;14(2):131-9.
4. Kaplan SA, Reis RB, Kohn IJ, et al. Safety and efficacy of sildenafil in postmenopausal women with sexual dysfunction. Urology 1999;53(3):481-6.