

Zattoni F¹, Cisternino A², Gacci M³, Gentile M⁴, Morgia G⁵, Marronaro A⁶, Strada G⁷, Baldazzi V⁸, Sepe G⁹, Costa F¹⁰, The FLOW study group¹¹

1. Az. Ospedaliera S. Maria della Misericordia, Udine, Italy, 2. S. Maria della Misericordia Hospital, Udine, Italy, 3. Careggi Hospital, Florence, Italy, 4. Landolfi Hospital, Avellino, Italy, 5. Policlinico Universitario, Sassari, Italy, 6. Ospedale civile, Macerata, Italy, 7. S. Gerardo Nuovo Hospital, Monza, Italy, 8. S. Maria Annunziata Hospital, Florence, Italy, 9. Casa di cura privata, 10. S. Orsola Malpighi Hospital, Bologna, Italy, 11. Italy

SYMPTOMS ASSOCIATED WITH SEXUAL INTERCOURSE IN FEMALE PATIENTS: THE FLOW STUDY

Hypothesis / aims of study

Literature concerning the impact of lower urinary tract symptoms (LUTS) on sexual life of women and the prevalence of LUTS during sexual activity is quite poor at the present.

This work aimed to investigate the prevalence of symptoms associated with sexual intercourse and their relationship with Quality of Life (QoL). These results concern the data collected at the cross-sectional phase of the FLOW study (Female LUTS: Observational study in Women), a currently ongoing 2-year non-interventional investigation.

Study design, materials and methods

Patients (age ≥ 18 years with negative dipstick) complaining of LUTS since at least 3 months, and regarded to be compliant with questionnaire compilation, were consecutively enrolled in 39 Italian Centres of Urology. They underwent urological examination according to routine procedures used at each centre. The only procedure prescribed by the protocol was the self-administration of the ICIQ-LF (ICI Questionnaire – Long Form) which takes into account sexual matters in one domain. Herein are reports data related to 848 patients who compiled the questionnaire.

Results

Forty-nine percent of women had an active sexual life (ASL); 4% related their no sexual activity to urine loss and 37% denied any sexual activity because of other reasons. The remaining 10% did not answer.

Regarding sexual symptoms, 20% of women with ASL showed only dyspareunia, 6% vaginal dryness, 11% both symptoms. Thirty-seven percent of women with dyspareunia suffered also from vaginal dryness, while 90% of patients without dyspareunia did not complain about vaginal dryness either. Among women who complained dyspareunia, 69% experienced it during penetration, 27% during sexual intercourse and 11% during orgasm.

The percentage of women who complained dyspareunia decreased with age, while that of women who suffered from vaginal dryness was not related on age: a higher frequency was observed only for age class of 51-60.

The most frequent LUTS reported by sexually active patients were: daytime frequency (70%), urinary incontinence (65%), urgency (64%), night time frequency (57%) and feeling of incomplete emptying (48%).

A different pattern of LUTS prevalence was observed between patients who were sexually active and non-sexually active because of urine loss: in fact, urinary incontinence and urgency were more common in the latter group (81% and 77% respectively).

Forty-five percent of patients with ASL were in menopause, and the large majority of them was over 51. The mean (SD) age at menopause was 48.6 (4.87) years and the mean (SD) length of menopause was 8.57 (6.55) years. A low but statistically significant age-adjusted correlation index was found between menopause and vaginal dryness ($r=0.16$).

According to ICIQ-LF, 51% of respondent women had vaginal pain or discomfort; 51% of ASL women had dyspareunia and 18% urine loss during sexual intercourse. The mean score of LUTS impact on QoL detected with ICIQ-LF (in a scale of 0 to 10 where 0 is the best QoL, 10 the worst) was 5.21 for women with ASL, 7.63 for women with no ASL because of urine loss and 6.1 for women with no ASL due to other reasons and these differences resulted statistically significant ($p<0.0001$).

When considering also quality of general life and of sexual life, between patients with and with no sexual symptoms (dyspareunia, vaginal dryness, incontinence during sexual intercourse), statistically significant differences were found (Tab. 1).

Interpretation of results

Previous studies reported prevalence data of incontinence during sexual intercourse ranging from 0.6 to 64% [1], probably related to population variability. In our study a prevalence value of 18% was observed that falls in such an interval.

Women with sexual symptoms have a worse QoL when compared to those with no sexual symptoms. The absolute value of QoL scores is not so high, involving a low impact of LUTS on QoL. These scores are even lower when impact on sexual life is considered.

Concluding message

There are few data on prevalence of sexual symptoms and their impact of LUTS in Italian women's life. This could be also due to the absence of specific and reliable standardized instruments or to the lack of their use in epidemiological studies.

References

⁽¹⁾ "A systematic review of the literature on the prevalence of sexual impairment in women with urinary incontinence and the prevalence of urinary leakage during sexual activity." Eur Urol. 2002,42:432-440

⁽²⁾ "Urinary incontinence in both sexes: prevalence rates and impact on quality of life and sexual life." Neurourol Urodyn. 2000,19:259-271.

Tab. 1: Average scores of QoL for patients with or without sexual symptoms

	QoL (general)	QoL (sexual)
Patients with sexual symptoms	5.7	4.4
Patients with no sexual symptoms	4.7	2.9

FUNDING: Educational Funding by Boehringer Ingelheim Italy