

SEXUAL FUNCTIONING AND ABUSE IN PATIENTS WITH LOWER URINARY TRACT DYSFUNCTION TREATED WITH POSTERIOR TIBIAL NERVE STIMULATION

Hypothesis / aims of study

To evaluate the effect of lower urinary tract dysfunction and its therapy on sexual life, as well as influences of sexual and/or physical abuse in the past on these parameters.

Study design, materials and methods

We studied 121 patients (45 men, 76 women, mean age 53.6 years (range 21 to 82)) with overactive bladder (OAB, N=83), chronic pelvic pain (CPP, N=23) and non-obstructive retention (N=15) treated with posterior tibial nerve stimulation (PTNS) in 12 weekly sessions of 30 minutes each. After informed consent, all patients had to fill out micturition or pain diaries as well as general (SF-36) and disease-specific quality of life questionnaires (McGill Pain Questionnaire Dutch Language Version and I-Qol) at study entry and at completion of treatment at 12 weeks in order to evaluate treatment results. Objective success of PTNS was defined as an over 50% improvement of symptoms, subjective success as patients' wish to continue chronic treatment in order to maintain the obtained results. To assess sexual function a standardized questionnaire, the 'Nine questions regarding Sexual Functioning, Dutch language version' (NSF-9) [1] had to be filled out by patients themselves prior to as well as after PTNS. In the NSF-9, sex is considered as 'coitus, but also other forms of contact that you find sexually arousing'. To evaluate a history of abuse patients were interviewed according to a standardized question form, with the exception of one participating center, leaving 103 patients to investigate. Within group analysis of results were conducted by the non-parametric Wilcoxon signed ranks test for two related samples, subgroup analysis by the non-parametric Mann-Whitney U-test for two independent samples.

Results

After 12 weeks of PTNS, 62 of 121 patients (51.2%) were considered subjective responders. For OAB this was 55.4%, for CPP 39.1% and for non-urinary retention 46.7%. An objective response was seen in only 35.5% of all patients with 41% for OAB, 21.7% for CPP and 26.7% for non-urinary retention. The NSF-9 response rate prior to therapy was 88.4%, after 12 weeks of PTNS it slightly dropped to 86%. Prior to therapy different aspects of sexual life were considered abnormal in 21.5 to 38.5% of cases. This improved significantly after treatment. Especially satisfaction with current sexual life ($p < 0.005$), and the frequency of 'feeling like having sexual contact' as well as 'actually having sexual contact' (both $p < 0.05$) improved significantly. Patients most likely to benefit were women, patients with overactive bladder and subjective responders. Improvements could not be related to changes in pain in the genital regions during sexual contact or disturbances in moisture of the vagina or erectile functioning. However, there might be a relation with orgasms as OAB patients never having had an orgasm in the past month significantly improved, as did women reaching orgasms to fast or to slowly (all $p < 0.05$). Former sexual and/or physical abuse was seen in 12 of 103 cases. In cases sexual abuse was involved, it was more likely that it still had an important impact on nowadays life than in cases of physical abuse only (87.5% vs 25%, $p < 0.05$). Abused patients did not statistically differ with regard to sexual functioning and response to PTNS; subjective response was seen in 41.7%, objective response in 33.3%.

Concluding message

Sexual dysfunction is seen in a lot of patients with lower urinary tract disorders and may improve on successful therapy for the latter. A history of sexual and/or physical abuse is also not rarely found, but seems not to influence therapy results negatively.

References

[1] What importance do women attribute to the size of the penis? *Eur. Urol.* **42**, 426-431 (2002).

