

SEXUAL DYSFUNCTION IN WOMEN WITH URINARY INCONTINENCE AND/OR PELVIC ORGAN PROLAPSE AS COMPARED WITH THE GENERAL POPULATION

Hypothesis / aims of study

Sexual dysfunction is commonly and understandingly associated with pelvic floor dysfunctions(1-2). However the extent of the problem is largely unknown and no studies have compared symptomatic with asymptomatic groups of women. In this study we report on the prevalence of a number of sexual problems in women seeking help for either urinary incontinence and/or Pelvic Organ Prolapse (POP) and we compare the results with a population study of women of 45-85 years of age.

Study design, materials and methods

238 women with complaints of urinary incontinence and/ or POP (mean age 61 years) who were seen in the outpatients department (study group) and 1265 women (mean age 58 years) of a population study regarding pelvic floor dysfunction (control group) were studied and compared. All women filled in the same questionnaire. This questionnaire is widely used in our country and is officially recommended by our National Pelvic Floor Society. It contains the IIQ and UDI short forms. Part of the questionnaire is devoted to sexual problems containing questions related to (fear of) sexual activity, satisfaction with it, coital frequency, pain during intercourse and urine loss during intercourse.

Results

133 women in the study group and 1172 women in the control group filled in the specific questions. Not all questions were filled in by all women.

Sexual activity was indicated by 71% in the study group and by 76% in the control group(ns).

Table 1-5 represents the most relevant answers to the questions

1.Are you hampered in the possibilities of a sexual relationship because of a pelvic floor problem? (in percentages and 95% CI)

Score	Study group	Control group	P
Not at all	47(37-57)	92(90-94)	<0.05
A little	19(11-27)	5(4-6)	<0.05
Rather	19(11-27)	2(1-3)	<0.05
Much	16(9-23)	1(0-2)	<0.05
Total(n)	133	1172	1305

2.How satisfied are you with your sexual relationship? (only for those with a sexual partner) (in percentages and 95% CI)

Score	Study group	Control group	P
Very satisfied	22(14-31)	31(28-34)	Ns
Rather satisfied	43(33-53)	48(45-51)	Ns
A little satisfied	18(10-26)	17(15-20)	Ns
Not satisfied	14(7-21)	3(2-4)	<0.05
Total (n)	94	888	1082

3.How often do you have sexual intercourse? (only for those with a sexual partner) (in percentages and 95% CI)

Score	Study group	Control group	P
More than once a week	19(11-28)	15(13-17)	Ns
Once a week	32(22-42)	37(34-40)	Ns
1-2 times per month	28(18-38)	28(25-31)	Ns
Less than once a month	21(12-30)	20(17-23)	Ns
Total (n)	85	885	1070

4. Do you experience pain during sexual activity? (only for those with a sexual partner) (in percentages and 95% CI)

Score	Study group	Control group	P
No	55(44-66)	75(72-78)	<0.05
Little or none	16(8-24)	16(14-18)	Ns
Rather much	20(12-29)	6(5-7)	<0.05
Very much	9(3-15)	3(2-4)	Ns
Total (n)	88	1049	1137

5. Do you experience urine loss during intercourse? (only for those with a sexual partner) (in percentages and 95% CI)

Item	Study group	Control group	P
Urine loss	41(31-61)	15(13-17)	<0.05
Total (n)	103	885	988

Interpretation of results

More than half of the patients in the study group feels herself hampered in the possibilities of a sexual relationship which is more than six times the percentage in the control group !. Interestingly this is not reflected in the percentages of sexual active women or the coital frequency. Possibly other factors are more important for that. However more women in the study group are dissatisfied with their sexual relationships, they suffer more from dyspareunia and more often from urine loss during intercourse.

Concluding message

Urinary incontinence and/or POP have a profound negative influence on the sexual wellbeing of the afflicted women. It deserves therefore more attention in our consultation with the patients.

References

1. Sexual functioning in women with uterovaginal prolapse and urinary incontinence. *Obstet Gynecol* 1996; 85:483-7.
2. The impact of urinary incontinence on sexual function. *Neurol Urodyn* 1992;11:359-60