

HOW DOES WEIGHT REDUCTION AFFECT SEXUALITY AND QUALITY OF LIFE BY IMPROVING INCONTINENCE AND PROLAPSE TREATMENT?

Hypothesis / aims of study

The study investigated whether weight reduction supports the conservative and operative therapy of urinary incontinence and prolapse and can thus improve the patient's sexuality and quality of life.

Study design, materials and methods

A total of 150 patients were followed up and questioned 12 months after participation in a weight reduction program. The patients had a mean body mass index of 37,2 kg/m² (\pm 12 kg/m²). The mean age was 59 (\pm 18) years. One hundred thirty-five (90%) patients had urinary incontinence, among them 76 (51%) with additional prolapse. In 25 (17%) patients, prolapse was associated with gastrointestinal symptoms. Sixty-seven (45%) of the women reported sexual problems due to severe obesity.

Weight reduction measures were offered as part of conservative management or prior to surgical therapy. The weight reduction program was offered by the same dietician in 5 to 6 individual sessions. Instead of a standard weight reduction diet, the patients were offered a supervised program with a change in diet and psychological counseling to better cope with daily problems and stress. Weight reduction was followed by surgical treatment of urinary incontinence and/or prolapse in 92 (61%) of the patients, the remaining 44 (29%) required conservative therapy only.

Results

Nutritional therapy resulted in a mean weight loss of 8 (\pm 4) kg in 136 (91%) of the patients, which was maintained or even further optimized at 12-month follow-up in 129 (86%) women. Three (2%) women maintained the weight loss, four (3%) reported that they had put on weight again. Fourteen (9%) patients discontinued therapy or were noncompliant.

The morphologic and clinical outcome of surgery was found to significantly correlate with the degree of weight loss achieved.

Quality of life improved from a mean score of 3 (\pm 2) to 8 (\pm 2). With regard to satisfaction with their sexual life, 41 (27%) of the 65 (43%) patients described a significant improvement. In the other 26 (17%) women, sexual dissatisfaction was due to pronounced partner problems.

Interpretation of results

Extreme obesity has a major role in the etiology and outcome of therapy in patients with the urogynecologic symptom complex comprising urinary incontinence, prolapse, and disturbed sexuality. The present study shows that weight reduction is mandatory in obese patients.

Concluding message

The results demonstrate that weight reduction improves the outcome of surgery and that there is a significant association between weight loss and an improved sexuality and quality of life. Further studies are needed in view of the fact that only little data is available on these associations.