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GENERIC AND DISEASE-SPECIFIC HEALTH-RELATED QUALITY OF LIFE IN WOMEN WITH COITAL INCONTINENCE: A PROSPECTIVE, MULTI-CENTER STUDY

Hypothesis / aims of study

Sexual well-being is an important aspect of women's health, and dysfunction can lead to a decrease in HRQOL and affect marital relationship. Women with urinary incontinence (UI) also had problems with sex. However, it is unclear whether UI increases the risk of sexual dysfunction in women or whether the two conditions are manifestations of the genitourinary changes seen with aging. The presence of urinary leakage during intercourse can also adversely affect the sexual experience.

To date, there is no study comparing the results of generic and disease-specific HRQOL questionnaires in women with and without coital incontinence. We examined the generic and disease-specific HRQOL using both generic (Medical Outcomes Study Short Form [SF-36]) and disease-specific (BFLUTS) HRQOL instruments and compared the results of these instruments in two groups.

Study design, materials and methods

The data set of this study was derived from the database of a nation-wide multi-center study to evaluate the reliability and validity of the Korean Version of the BFLUTS instrument in the Korean population. The study was conducted between February 2003 and January 2004.

Of patients enrolled in this study, 82 patients (31.3%) had no sexual activity and were excluded from the analysis. Remaining 180 patients were evaluated according to a protocol that included history taking, a complete physical examination, urinalysis, and urine culture uroflowmetry, postvoid residual urine volume measurement, and urodynamic study.

To obtain HRQOL assessments, patients were asked to fill the BFLUTS and the SF-36 questionnaires immediately before the urodynamic investigation. The BFLUTS questionnaire was designed to assess a wide range of symptoms, including UI, and impact on sexual function and QOL.

The Korean version of the BFLUTS questionnaire has been translated forward and backward [1]. Recently, Brookes et al [2] described development and validation of a scored form of the BFLUTS questionnaire. Three domains were identified to assess symptoms: UI (5 items, BFLUTS-IS); voiding (3 items, BFLUTS-VS); and filling (4 items, BFLUTS-FS); with additional subscales for sexual function (2 items, BFLUTS-sex) and QOL (5 items, BFLUTS-QoL). All scales have simple additive scores. In this study, we calculated a scored form of the BFLUTS for the statistical analysis.

Results

Patients with coital incontinence had significant lower Valsalva leak point pressure than the no coital incontinence group (70.0 cmH₂O versus 92.5 cmH₂O, $p = 0.042$). The frequency of UI and volume of leakage were higher in the coital incontinence group than the no coital incontinence group. All symptom questions regarding sexual matters and QOL except cutting down fluid were more frequently in patients with coital incontinence than those without coital incontinence. Of the eight domains in the SF-36 questionnaire, five domains, namely, 'physical functioning', 'role-physical functioning', 'social functioning', 'role-emotional functioning', and 'mental health' were significantly different between the two groups. When comparing the BFLUTS scores in the two groups, all domain scores except voiding symptoms domain in the coital incontinence group were significantly higher than those in the no coital incontinence group.

Interpretation of results

When compared with the women without any problem, the women who had urinary leakage during sexual intercourse were 4.7 times less satisfied with their sexual life and their partners had ejaculation with full erection 3.1 times more. In this study, scores of sexual questions regarding dry vagina, sex life spoiled and pain during intercourse (and BFLUTS-sex subscales) were significantly higher in women with coital incontinence than in those without coital incontinence. These findings suggest that coital incontinence may adversely affect the quality of sexual life.

Concluding message

To our knowledge, this is the first study to evaluate the influence of coital incontinence on HRQOL in women with lower urinary tract symptoms. In the study, patients with coital incontinence had more HRQOL impairment than those without coital incontinence. Coital incontinence might be a hidden cause for seeking medical help. Therefore, female patients should be asked and assessed for the presence of coital incontinence at the initial clinical visit for UI.

References

1. J Korean Continence Soc 2004;8:89-113.
2. Am J Obstet Gynecol 2004;191:73-82.

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