

SEXUAL ACTIVITY AND SATISFACTION IN RELATION TO PELVIC FLOOR DYSFUNCTION AND THE INFLUENCE ON QUALITY OF LIFE.

Hypothesis / aims of study

Sexual dysfunction in women is common and is associated with increasing age and pelvic floor disorders (1). Data are limited on the sexual activity and satisfactory sexual life of older women in the general population.

The aim of this study is to describe sexual activity and satisfaction in women aged 45 to 85 in relation to pelvic floor disorders and to describe the influence on quality of life. Two hypotheses have been formulated:

1. Pelvic floor dysfunction has a negative influence on sexual activity and sexual satisfaction.
2. Both sexual activity and sexual satisfaction enhances quality of life.

Study design, materials and methods

A community-based cross-sectional research was performed. The entire population of 2750 women (age 45-85) of a small town was invited to fill in several questionnaires on quality of life (Euroqol), urinary incontinence (UDI6), pelvic floor function and sexual activity. A total of 1398 women (51%) responded. Symptoms of pelvic floor dysfunction were defined as pelvic floor prolapse, urinary incontinence (UI), faecal incontinence (FI) and sexual pain.

Statistical analysis was performed by using SPSS 12.0. Logistic regression analysis was used to identify variables that were independently associated with sexual activity and satisfactory sexual life. Linear regression was performed using quality of life as outcome variable.

Results

A total of 1382 women, aged 45 to 85 (mean 58), were included. One hundred and twelve women (8%) were nullipara. The median parity was 2 (range 1-13). Seventeen percent of all women had a hysterectomy in the past. Pelvic organ prolapse (feeling and/or seeing a lump) was reported in 12% of all cases. Urinary incontinence was divided in 3 categories: urge incontinence (30%), stress incontinence (54%) and any incontinence (61%). Fourteen percent of all women reported faecal incontinence (liquid and/or solid stool loss).

We found that 89% (931/1051) was sexually active with their partner. Only 6% was sexually active without having intercourse. Among the sexually active women, 81% reported a satisfactory sexual life. Fifty three percent of the women reported having intercourse once a week or more. Pain during sexual activities was the most prevalent complaint, reported by 24% (225/940). Urinary loss during intercourse was identified in 8,5% of all women, faecal loss during intercourse in 1%.

Table 1. Sexual activity: univariate and multivariate analysis

Variable	Univariate analysis			Multivariate analysis *		
	Odds Ratio	95% CI	P value	Odds Ratio	95% CI	P value
Age	.878	.864-.893	<.001	.878	.863-.893	<.001
UI	1.139	.894-1.450	.291			
Pelvic organ prolapse	.668	.475-.938	.020			.159
FI	.585	.425-.805	.001			.079
Hysterectomy	.753	.556-1.022	.068			.943

* Variables in univariate analysis with p value lower than .10 were used for multivariate analysis.

Table 2. Sexual satisfaction: univariate and multivariate analysis

Variable	Univariate analysis			Multivariate analysis *		
	Odds Ratio	95% CI	P value	Odds Ratio	95% CI	P value
Age	.969	.951-.988	.001			.119
UI	.772	.555-1.076	.126			
Pelvic organ prolapse	.667	.425-1.048	.079			.288
FI	.481	.316-.731	.001	.588	.367-.941	.027
Hysterectomy	.738	.494-1.103	.138			
UI during intercourse	.721	.413-1.228	.222			
FI during intercourse	1.441	.172-12.043	.736			
Sexual pain	.269	.190-.382	.000	.284	.199-.405	.000

* Variables in univariate analysis with p value lower than .10 were used for multivariate analysis.

Table 3. Quality of life: multivariate analysis *

Variable	Beta	95% CI	P value	% explained variance
Sexual activity	.126	.025-.070	<.001	2.7

Age	-.085	-.003-.000	.006	.5
Sexual satisfaction	.120	.021-.073	<.001	2.4
FI	-.113	-.085- -.023	.001	1.2
Sexual pain	-.112	-.064- -.017	.001	1.1

* Stepwise logistic regression analysis

Interpretation of results

Sexual activity appears to be independent of symptoms of pelvic floor dysfunction. Ageing leads to a decrease in sexual activity. Of all symptoms of pelvic floor dysfunction, only sexual pain and faecal incontinence, decrease a satisfactory sexual life in women. Sexual activity has a small, but significant positive effect on quality of life, independently of age. Multivariate analysis showed that a satisfactory sexual life is significantly associated with enhancing quality of life, suggesting that sexual pain and faecal incontinence have a separate negative effect on quality of life.

Concluding message

As expected sexual activity diminishes with age. Sexual pain and faecal incontinence have a negative influence on sexual satisfaction. Sexually active women have a higher quality of life than women who are not sexual active. A satisfactory sexual life is also associated with a higher quality of life.

Reference

1. Best Practice & Research Clinical Obstetrics and Gynaecology. 2005;19(6):993-1008.

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NONE

HUMAN SUBJECTS:

This study was approved by the Medical Ethics Committee of the Erasmus University of Rotterdam and the University Hospital of Rotterdam and followed the Declaration of Helsinki Informed consent was obtained from the patients.