

Abstract

Urinary incontinence is a common health problem in women and its incidence increases with age.

In our study we aimed to compare women who have urinary incontinence and their healthy control pairs in terms of sexual function.

105 women were included in this study. 52 of them were placed in study group and 53 were in the control group. Participants were evaluated with basic urogynecological tools such as physicals examinations (POP-Q evaluation, perineometer, Q-Tip test, 1-h pad test), bladder diary, Turkish language validated questionnaires UDI-6, IIQ-7, FSFI (female sexual function index).

Our study findings show that women with stress urinary incontinence have lower sexual desire, arousal, orgasm, lubrication and satisfaction subscale scores.

As a conclusion urinary incontinence has a negative effect on female sexual function .

Methods and Materials

•53 patients diagnosed with urinary incontinence and their age, body mass index, parity and menopausal status matched healthy 52 women in control group were included in this study.

•Presence of pelvic organ prolapse or an history of incontinence surgery were used as exclusion criteria. Diagnosis of urinary incontinence was made based on anamnesis, UDI-6 (urinary distress inventory-6) questionnaire and bladder diary charts.

•Age, body mass index, number of deliveries, mode of delivery, history of macrosomic birth, smoking, menopausal status and the use of hormon replacement therapy were recorded for all study participants.

•Participants were also asked to complete bladder diary for three continuous days and to fill in UDI-6, IIQ-7 (Incontinence Impact Questionnaire, Short Form) and FSFI (female sexual function index) questionnaires. Physicals examinations were carried out to evaluate POP-Q stage, pelvic floor muscle strength. Perineometer, Q-Tip test and 1-h pad test were performed as well.

•Type of incontinence of the participants in the urinary incontinence group were categorised as stress, urge or mixed and the duration of incontinence was recorded as well. All data were evaluated statistically using SPSS software.

Table 2: Participation Criteria for Participants

Volunteer to participate in the study, of incontinence group,

In the 18-75 age range,,

Pelvic muscle strength above 2

Having had urinary incontinence for at least six months

At least primary school graduates

Volunteer to participate in the study, of control group,

In the 18-75 age range,

Pelvic muscle strength above 2,

No complaints of urinary incontinence

At least primary school graduates

Table 3: Non-Participation Criteria for Participants

Planned to participate in the «Incontinence" and «Control" group

Non-primary school graduates,

Oncology patient-receiving pelvic radiotherapy,,

Prolapsus evaluation with a score above 2

Undergoing an operation for urinary incontinence

Urinary infection

Severe neurological, cardiac, respiratory and psychiatric diseases

Puerperal, pregnancy and suspicion of pregnancy,

Individuals receiving HRT treatment in the last year will not be included in the study.

Introduction

Although urinary incontinence is not a life-threatening disease, it often has negative effects on quality of life.(1) One of the most important components of quality of life is healthy sexual life. Sexual dysfunction is more common in women with complaints related to urinary system.

Results

Mean age of the incontinence group and the control group was 47,81±7,4 and 46,90±8,0 respectively (p=0,55). Body mass index of the incontinence group was 28,85±4,8 while body mass index of the control group was 26,83±3,6 (p=0,059)

Rate of postmenopausal status was %43,4 in the urinary incontinence group and %34,6 in the control group (chi-square test 0.3). Rate of hysterectomy was %13,2 in the incontinence group and %11,5 in the control group (chi-square test 0.7).

Median of parity didn't differ between the groups (P=0,01).

FSFI scores of the study groups were statistically analyzed and overall FSFI scores for the incontinence group was found to be lower (p=0,00) against control group. Furthermore subscale scores were found to be lower for the incontinence group as well (with p values for following subscales; desire p=0.00, arousal p=0.001, orgasm p=0.00, lubrication p=0.00, satisfaction p=0.001) against control group.

UDI-6 score was found to be negatively correlated with sexual pain subscale in the urinary incontinence group (p=0.02).

Pelvic floor muscle strength measured using Oxford Scale was found to be positively correlated with overall FSFI score in the control group (p=0.03). This correlation was found to be significant in desire (p=0.02), lubrication (p=0.008) and arousal (p=0.01) subscales as well. Pelvic floor muscle strength measured using perineometer also showed positive correlation with sexual desire subscale (p=0.01)

	Incontinence Group	Control Group	Asymp. Sig. (P)
Sexual Desire	4,53±1,9	6,00±1,8	0,00
Sexual Arousal	10,32±4,1	13,23±3,8	0,001
Orgasm	9,19±3,2	11,54±2,4	0,00
Lubrication	12,62±4,0	15,46±3,1	0,00
Satisfaction	9,55±3,5	11,83±2,3	0,001
Dyspareunia	9,96±4,3	11,48±2,8	0,107
Total	56,17±17,4	69,54±12,0	0,00

Table 1. The Scores Of Female Sexual Function Index

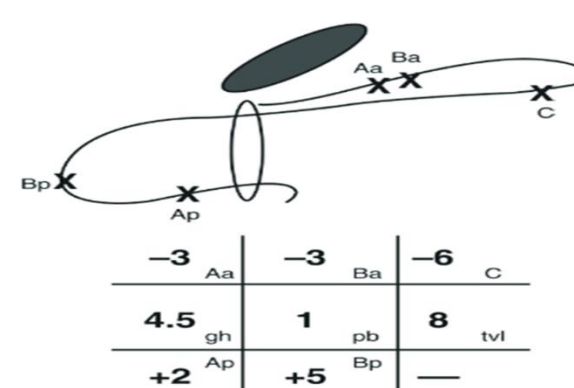


Figure 1
The System of Pelvic Organ Prolapse Quantification (POP-Q)

Discussion

Female Sexual Function Index (FSFI) was used for the evaluation of sexual functions in our study. This scale evaluates sexual problems and functions in the last 4 weeks. FSFI has proven to be the most suitable scale to evaluate sexual function in premenopausal and postmenopausal women. (2)

In our study FSFI scores were significantly lower in the urinary incontinence group than in the control group. In addition, five of the six sub-dimensions of FSFI (sexual desire, sexual arousal, orgasm, lubrication, satisfaction) scores were significantly lower in the urinary incontinence group than in the control group. There was no significant difference between the two groups only in the dyspareunia subscale scores. As previous studies (3,4) similar to our study, sexual function scores were found to be lower in the urinary incontinence group.

Conclusions

The results of this study shows that urinary incontinence has negative effects on female sexual function measured by FSFI. This outcome is supported by sexual desire, arousal, orgasm, lubrication and satisfaction subscale scores

References

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