

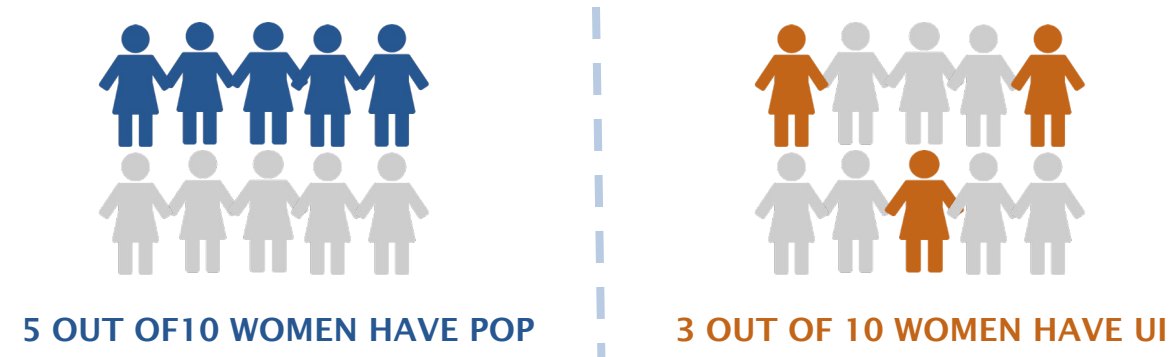
The impact of pelvic floor dysfunction on body image and sexual function

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BACKGROUND

The prevalence of **pelvic organ prolapse (POP)** and **urinary incontinence (UI)** in parous women is very common.



Body image (BI) is defined as an individual's **perception** and **emotions** related to their physical appearance.

A **negative body image** in women with urogynaecological disorders has a huge effect on **mental health**, as well as **sexual and social life**. Despite acknowledging the potential effects on quality of life, little is known about the relationship between the impact of these conditions on body image.

OBJECTIVES

- To assess whether **urinary incontinence** and **pelvic organ prolapse** have a **negative impact on body image**.
- To assess whether **body image** perception has an **impact on sexual function**.
- To assess which **age groups** are more likely to be affected with a **negative body image** in relation to their pelvic floor disorder.

MATERIALS

Data was obtained from a pre-existing database of 2,321 women who had completed the **electronic Personal Assessment Questionnaire - Pelvic Floor (ePAQ-PF)** between March 2018 and January 2022. The questionnaire is a validated electronic personal health questionnaire widely used in gynaecology clinics across the UK providing a measure of **self-reported symptoms and impact on quality of life measures** from women with pelvic floor disorders. It is a tool recognised by the National Institute for Health and Care Excellence (NICE) and the British Society of Urogynaecology (BSUG) as a useful clinical assessment tool and patient reported outcome measure (PROM).

METHODS

Analysis was carried out using **SPSS** (version 28.0. Armonk, NY: IBM Corp.).

T TEST	· BI SCORES IN WOMEN WHO REGARD SEXUAL ACTIVITY AS IMPORTANT
PEARSON'S CORRELATION	· UI/POP IMPACT SCORES · BODY IMAGE IMPACT SCORES
ONE-WAY ANOVA	· BI IMPACT SCORES · RANGE OF AGES

RESULTS

SYMPTOM SEVERITY

There was a positive correlation between UI impact scores and negative BI impact scores for women with urinary incontinence (Pearson correlation 0.128, $p=0.049$, $r=0.016$). (Fig 1)

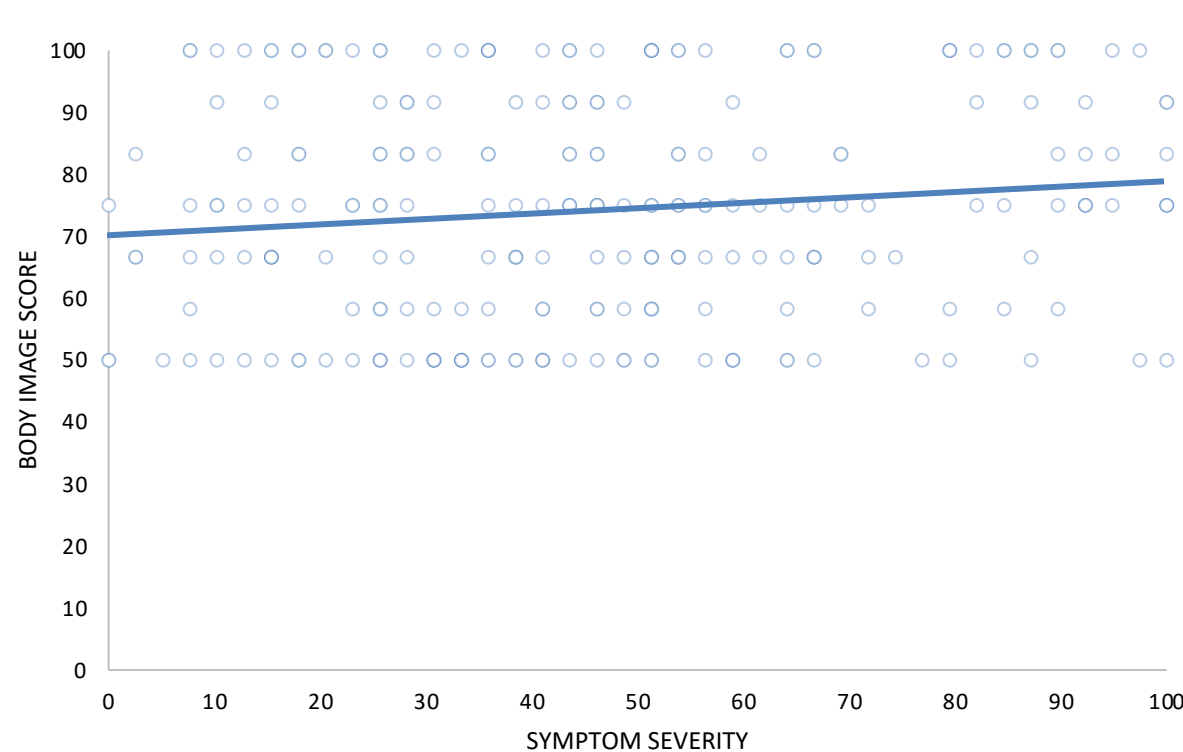


Figure 1. Correlation between body image and severity of the symptoms of UI. (n=239). The graph displays the correlation between body image scores and symptom severity in women with UI. A statistically significant correlation was found ($p=0.049$). However, it is considered weak or null ($r=0.016$).

For POP, there was a positive correlation (Pearson correlation 0.111) however this was not statistically significant ($p=0.11$, $r=0.012$).

RESULTS

SEXUAL FUNCTION

52% (n=1,198) of the patients were sexually active at the time of completing the questionnaire.

20% (n=460) were not sexually active but considered sexual activity as important.

An independent T test showed that women with a higher body image score were less likely to be sexually active ($p < .001$). (Fig 2)

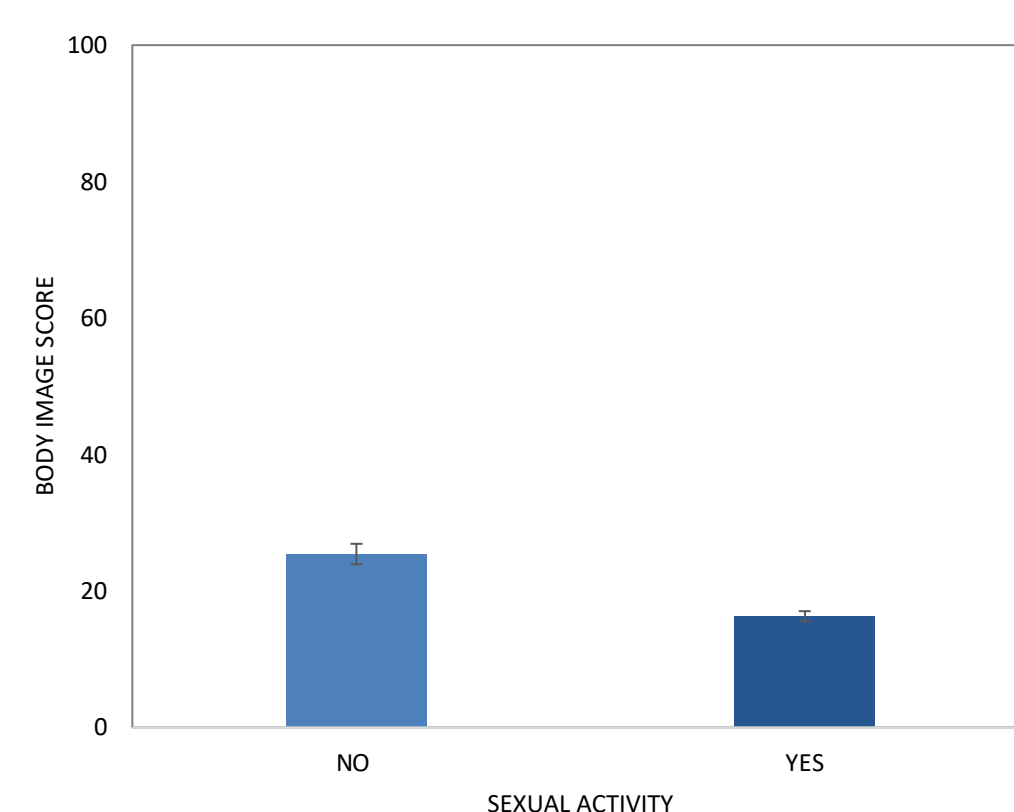


Figure 2. Relationship between body image and sexual activity in women who consider sexual intercourse as important in their lives. (n=1658) The graph displays the means and standard error means (SEM). Women who were not sexually active had higher BI scores.

AGE

A one-way repeated measure analysis of variance (ANOVA) revealed a significant difference between age groups (<50, 50-70 and >70 years) and body image impact scores ($p < .001$). (Fig 3)

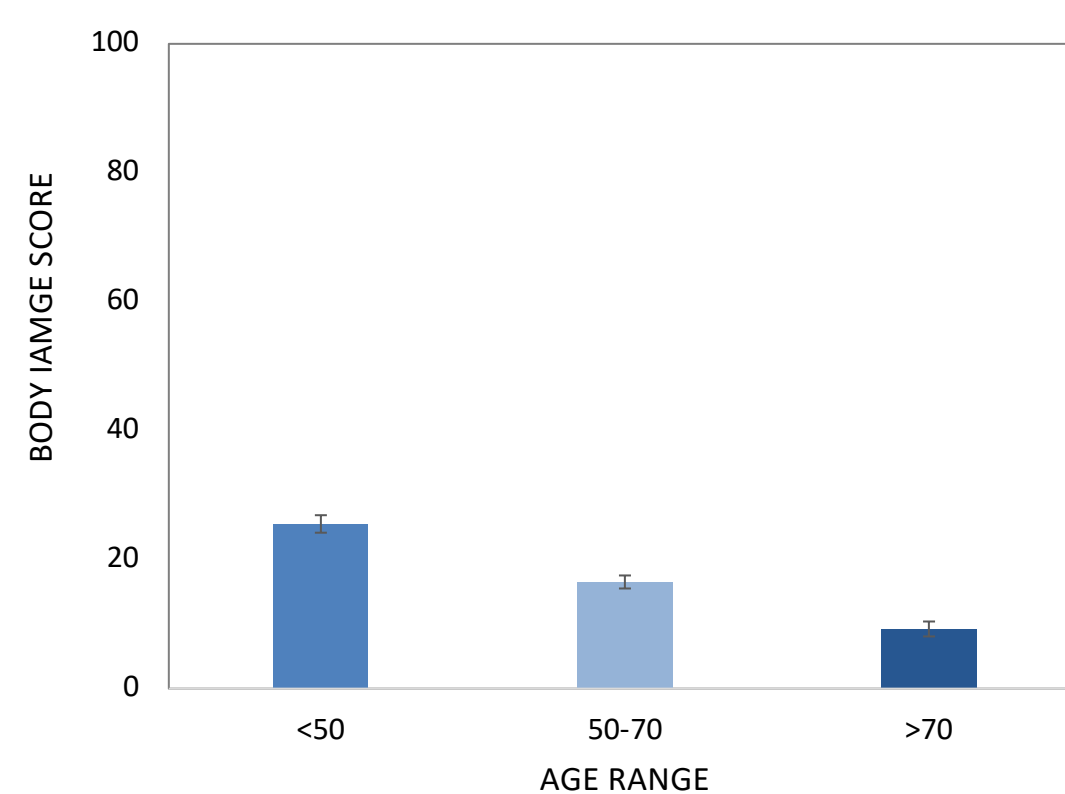


Figure 3. Relationship between body image and age. (n=1486) The graph displays the means and standard error means (SEM). Older women were more likely to have lower body image scores.

INTERPRETATION OF THE RESULTS

- Symptoms of UI have a negative effect on patients' body image, independent of their age or level of sexual activity.
- POP symptoms have a negative effect on body image, however the level of correlation for symptom severity and body image scores was not statistically significant.
- Women with a higher BI impact score experienced lower rates of sexual activity despite regarding sexual activity as being meaningful in their life.
- The impact of body image is inversely proportional to a patient's age, with negative body image having a higher impact on younger women.

CONCLUSIONS

The **impact of body image** can be influenced by a patient's **age**, with younger patients showing the highest impact of negative body image. Hence, the importance of body image and the patient's perception should be taken into account when counselling patients on management of pelvic floor dysfunction in gynaecology clinics. It is also important to recognise that a **negative body image can significantly affect the woman's sexual function**. As a result, consideration of patients' sexual activity and degree of importance of sexual function in their life is essential. Furthermore, as women with pelvic floor dysfunction experience a negative impact on their body image, this highlights the **importance of optimising care and treatment for UI and POP** for all age groups.

References

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