



## REVIEW ARTICLE

# Questionnaires in the assessment of sexual function in women with urinary incontinence and pelvic organ prolapse<sup>☆</sup>



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Received 19 May 2014; accepted 26 May 2014

Available online 28 February 2015

### KEYWORDS

Questionnaires;  
Sexual dysfunction;  
Urinary incontinence;  
Pelvic organ prolapse;  
Pelvic floor

### Abstract

**Context:** Integrating sexual health in clinical practice is important. In women with pelvic floor disorders, the evaluation of the anatomical defects, lower urinary tract function and the anorectal function often receives more attention than the sexual function.

**Methods:** Review of Medline using defined search terms to identify articles related to sexual health assessment in urogynecology and manual analyses was performed. Only articles published in English or Spanish were included.

**Results:** Only 50% of women attending urogynecological clinics are sexually active. Of those, 60% present with some sort of sexual dysfunction (FSD). Questionnaires and sexuality scales would facilitate discussion of sexual matters between the Health Care professionals and the women, and may increase the likelihood of FSD being diagnosed. The Pelvic Organ Prolapse Incontinence Sexual Questionnaire (PISQ) and the PISQ-IR (IUGA-Revised) are the only female sexual function specific questionnaires currently validated and developed specifically to assess sexual function in women with urinary incontinence and/or pelvic organ prolapse. Furthermore, the PISQ-IR also allows evaluation of the outcomes of women who are not sexually active when requiring urogynecologic care. PISQ-IR is also designed for international validation. In order to use the PISQ-IR in Spain, a proper interpretation and validation of the questionnaire is needed.

**Conclusions:** The evaluation of sexual function through specific questionnaires facilitates the identification of the sexual dysfunctions associated to the pelvic floor disorders. The inclusion of sexuality questionnaires as an outcome measure allows to analyze the impact in the sexual life of women treated for an urogynecological problem.

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<sup>☆</sup> Please cite this article as: Mestre M, Lleberia J, Pubill J, Espuña-Pons M. Los cuestionarios en la evaluación de la actividad y función sexual en mujeres con incontinencia urinaria y prolapso de órganos pélvicos. Actas Urol Esp. 2015;39:175–182.

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**PALABRAS CLAVE**

Cuestionarios;  
Disfunción sexual;  
Incontinencia  
urinaria;  
Prolapso órganos  
pélvicos;  
Suelo pélvico

## Los cuestionarios en la evaluación de la actividad y función sexual en mujeres con incontinencia urinaria y prolapso de órganos pélvicos

**Resumen**

**Contexto:** La integración del cuidado de la salud sexual en la práctica clínica es importante. En las mujeres con enfermedad del suelo pélvico se da más importancia a la evaluación de los defectos anatómicos, a la función urinaria y anorrectal que a la función sexual.

**Métodos:** Se realizó una revisión y un análisis manual de las publicaciones relacionadas con la evaluación de la salud sexual en uroginecología, en Medline utilizando términos de búsqueda previamente definidos. Se incluyeron solo artículos publicados en inglés y en español.

**Resultados:** Solo el 50% de las mujeres que consultan por un problema uroginecológico son sexualmente activas, de ellas el 60% refieren algún tipo de disfunción sexual. Los cuestionarios y las escalas de sexualidad facilitan la discusión entre la mujer y el profesional de la salud en los diversos aspectos de su vida sexual, su utilización rutinaria puede facilitar el diagnóstico de la disfunciones sexuales y un mejor control de los resultados de los tratamientos. El *Pelvic Organ Prolapse Incontinence Sexual Questionnaire* (PISQ) y el PISQ-IR (IUGA-revised) son los únicos cuestionarios de función sexual femenina validados que han sido desarrollados específicamente para evaluar la función sexual en mujeres con incontinencia urinaria y/o prolapso de órganos pélvicos. El PISQ-IR, además, permite evaluar el impacto en la función sexual en mujeres que no son sexualmente activas, así como en mujeres con incontinencia anal y está diseñado para su validación internacional.

**Conclusiones:** La evaluación de la función sexual mediante cuestionarios específicos facilita la identificación de las disfunciones sexuales asociadas a la enfermedad del suelo pélvico. La inclusión de cuestionarios de sexualidad como medida de resultados permite analizar el impacto de los tratamientos aplicados en la vida sexual de las mujeres con problemas uroginecológicos. © 2015 AEU. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

**Introduction**

Sexual health is a state of physical, emotional, mental and social well-being associated with sexuality; it is not only the absence of disease, dysfunction or infirmity.<sup>1</sup> Sexual activity in women is important for many different reasons, including the strong need for emotional intimacy. Traditional linear models for sexual response describe it as invariable, equal for men and women, in which desire always precedes arousal. More recently, Basson has developed a new non-linear model for female sexual response integrating emotional intimacy, sexual stimuli and satisfaction in the relationship.<sup>2</sup> This model acknowledges that female sexual functioning is more complex and that it is not linear as in the case of men, with many women starting a sexual encounter from a point of sexual neutrality.

According to the Diagnostic and Statistical Manual of Mental Disorders, DSM-5, female sexual dysfunction (FSD) includes disorders of sexual desire, arousal, orgasm and sexual disorders due to genito-pelvic pain or penetration.<sup>3</sup> In order to diagnose female sexual dysfunction, it is crucial to investigate the degree of concern this problem arises. There is agreement that the definition of female sexual dysfunction implies that the woman is, to a greater or lesser degree, concerned about this sexual problem. There is an association between female sexual dysfunction and poor physical and mental health and impaired quality of life.<sup>4</sup> From the clinical standpoint, it is important to take different factors affecting sexual health into account, the roles of interpersonal, social and mental health contexts

are important, but so are chronic conditions and the sexual health of the couple. The effects of this condition on sexual function can be directly mediated by physiological mechanisms or by psychological factors related to the disease. The treatment itself of the disease may affect sexual function. Comorbidities in women with sexual dysfunction are fairly common, and predisposing, precipitating and maintenance factors need to be assessed within the framework of sexual dysfunction assessment.<sup>4</sup>

The roles of urinary incontinence (UI) and pelvic organ prolapse (POP) in sexual function, like any other chronic urogynecologic problem, should not be underestimated in relation to other factors that are considered to be more commonly involved, such as age or menopause, and it is important to consider the role that anatomical-biological factors (for instance, scars, etc.) might have in women's sexual response.<sup>5</sup> The psychological consequences of pelvic floor disorder (PFD) can be clinically significant and affect sex life (for example, depression related to severe urinary incontinence), thus limiting the response to the ability to start sexual relationships or the sexual response itself (for example, the impact of the symptom and incontinence with intercourse or with orgasm). More specifically, it is important to know the effects on sexual activity and function of pelvic pain secondary to urogynecological problems or to the treatments applied (for example, pain following treatment with transobturator mesh).

Evaluation of sexual activity and function on each new visit should be part of the usual content of patient-care

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