

# Effect of Stress Urinary Incontinence on the Sexual Function of Couples and the Quality of Life of Patients



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**Purpose:** Studies of the effects of stress urinary incontinence on the sexual function of couples are scarce. We prospectively evaluated couple sexual function and the relationship between sexual function and quality of life. We also compared quality of life in females with vs without stress urinary incontinence.

**Materials and Methods:** Sexually active females at least 21 years old with or without stress urinary incontinence and their partners were recruited for study. To assess sexual function the couples completed GRISS (Golombok Rust Inventory of Sexual Satisfaction) and a 1-item question on overall sexual experience, "Over the past 4 weeks, how satisfied have you been with your overall sexual life?" Additionally, females completed ICIQ-LUTSqol (International Consultation on Incontinence Questionnaire-Lower Urinary Tract Symptoms Quality of Life) to assess quality of life.

**Results:** For sexual function assessment 66 of 134 couples with (49.3%) and 95 of 176 without (54.0%) stress urinary incontinence were recruited. Females with stress urinary incontinence had lower overall sexual function, lower frequency of sexual intercourse, less satisfaction (each  $p < 0.001$ ) and higher avoidance behavior ( $p = 0.026$ ). Partners of females with stress urinary incontinence had more problems with erectile dysfunction ( $p = 0.027$ ), less satisfaction ( $p = 0.006$ ) and lower frequency of sexual intercourse ( $p = 0.001$ ) but no difference in overall GRISS score ( $p = 0.093$ ). Couples with stress urinary incontinence had poorer overall sexual experience ( $p < 0.05$ ). Females with stress urinary incontinence had poorer quality of life than those without stress urinary incontinence (120 of 134, response rate 89.6% vs 145 of 176, response rate 82.4%,  $p < 0.001$ ). Sexual function and quality of life did not significantly correlate ( $r = 0.001$ ,  $p = 0.997$ ).

**Conclusions:** Stress urinary incontinence in females is negatively associated not only with female quality of life and sexual function but also with partner sexual function.

**Key Words:** urinary bladder; urinary incontinence, stress; sexual partners; quality of life; questionnaires

## Abbreviations and Acronyms

ICIQ-UI SF = International Consultation on Incontinence Questionnaire for Urinary Incontinence-Short Form

QoL = quality of life

SUI = stress urinary incontinence

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STRESS urinary incontinence is a chronic condition in which there is involuntary loss of urine upon effort, physical exertion, sneezing or coughing.<sup>1</sup> The condition results in diverse

detrimental effects, including effects on sexual function and QoL.<sup>2-4</sup> A growing body of evidence highlights the interdependence of sexual function of a heterosexual couple.<sup>5,6</sup>

However, most studies of sexual function in incontinent patients have evaluated sexual function only from the patient perspective while ignoring that of the partner.<sup>4,7,8</sup> To date only 1 study has considered the sexual function of male partners when studying females with urinary incontinence (a mixture of stress, urge or mixed incontinence).<sup>9</sup>

We investigated the effects of specifically SUI rather than any incontinence on the sexual function of couples because different types of incontinence have distinct underlying pathophysiological mechanisms and have been reported to affect sexual function to a varying degree.<sup>7,10</sup> The objective of our cross-sectional survey was to compare the sexual satisfaction of females with vs without SUI as well as the sexual satisfaction of their partners individually and of the couple as a whole. We also explored the relationship between sexual function and QoL, and compared QoL in females with vs without SUI.

## MATERIALS AND METHODS

### Study Design

From September 2013 to March 2015 sexually active female patients at least 21 years old diagnosed with SUI were recruited from the outpatient urology clinic at Island Hospital, Penang, Malaysia. Initial assessments of SUI status included a detailed history, urinalysis, uroflowmetry with post-void residual volume and pelvic ultrasound. SUI was diagnosed by the consultant urologist based on urine leak upon coughing at a bladder volume of approximately 200 to 250 ml.

During the same study period study investigators recruited the control group from friends and family members of patients seeking care at the urology clinic but who themselves were not seeking treatment. The control group included females at least 21 years old who were continent and sexually active. Continence was determined based on symptom assessment and defined as an answer of never (score 0) to ICIQ-UI SF question 3, "How often do you leak urine?"<sup>11</sup>

Potential subjects in the SUI and control groups were excluded from study if they had an acute severe infection (eg pneumonia) or significant comorbidity (eg chronic renal failure, uncontrolled diabetes or a major psychological disorder such as depression) that might affect sexual function, recently underwent pelvic floor surgery or were pregnant. The respective partners were also invited to participate.

Subjects were given an information sheet detailing the purpose and details of the study. If they consented verbally, they then completed a series of self-administered questionnaires. One of us (RL) was available on site if subjects had difficulty understanding certain words or phrases. To maintain patient confidentiality personal details such as name and signature were not recorded. Patients whose partners were not present were asked to bring the spouse set of questionnaires home and return

them during their next visit to the hospital. The study was approved by the Joint Ethics Committee of the School of Pharmaceutical Sciences, Universiti Sains Malaysia-Hospital Lam Wah Ee on Clinical Studies, No. USM-HLWE/IEC/2013(0006).

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Demographic characteristics were obtained, such as age, height, weight, education level, income level, comorbidities, smoking status, alcohol consumption, exercise, relationship duration and circumcision in males, and obstetric and gynecologic history in females. To assess sexual function both partners completed GRISS and a 1-item question on patient overall sexual experience, "Over the past 4 weeks, how satisfied have you been with your overall sexual life?" Additionally, female subjects completed ICIQ-UI SF and ICIQ-LUTSqol to assess QoL.

GRISS, a 28-item multidimensional measure with separate forms for males and females, was designed to assess the sexual satisfaction of both partners.<sup>12</sup> The 12 subscales given were erectile dysfunction and premature ejaculation in males, vaginismus and anorgasmia in females, nonsensuality, avoidance and dissatisfaction in males and females, and sexual infrequency and sexual noncommunication.<sup>12</sup> Each item score ranges from 0 to 4. In accordance with the GRISS final subscale structure only 48 of the total of 56 questionnaire items were used to calculate the overall score (range 0 to 96). A higher score indicates a higher degree of the problem being measured.

ICIQ-UI SF consists of 3 scored items to evaluate the type and severity of incontinence.<sup>11</sup> Subjects were divided into 4 categories of incontinence severity, including slight SUI—1 to 5, moderate—6 to 12, severe—13 to 18 and very severe—19 to 21.<sup>13</sup> ICIQ-LUTSqol has 20 scored items (range 19 to 76) that assess the impact of urinary problems.<sup>14</sup> A higher score indicates a more negative impact on QoL. The validity and reliability of the questionnaires have been established in the Malaysian population.<sup>15,16</sup>

### Statistical Analysis

Univariate analysis results are expressed as the count and percent for categorical variables and as the mean  $\pm$  SD (or median and IQR for nonnormal distributions) for continuous variables. We assessed the normality of continuous variables using histograms, normal probability curves, skewness and kurtosis. The chi-square or Fisher exact test was used to compare baseline demographic categorical variables and the 1-item question on patient overall sexual experience. The independent t-test or Mann-Whitney U test was used to compare GRISS scores and other continuous variables between SUI couples and healthy controls. The Pearson correlation coefficient was applied to analyze bivariate associations between total ICIQ-LUTSqol and GRISS scores. The Spearman rank correlation coefficient was used to study the relationship between overall sexual satisfaction in SUI couples. Due to differences in baseline demographics for QoL assessments we used multiple linear regression to evaluate differences in QoL scores between patients with SUI and controls, adjusting for age, menopausal status and previous hysterectomy. Data entry was performed with Excel® 2007. SPSS®, version 22.0 was used to

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