



Quality of life of Brazilian women with urinary incontinence and the impact on their sexual function



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ABSTRACT

Introduction and objective: Sexual function may be affected in women with urinary incontinence (UI), but data regarding this association are controversial. The aim of this study was to assess the impact of sociodemographic characteristics in the sexual function of Brazilian women with UI.

Study design: Cross-sectional study with 251 women with UI in the period from April to June 2014. Firstly, sociodemographic and pelvic floor dysfunctions (PFD) characteristics were compared between groups of women with and without sexual activity. Secondly, we compared the variables above with the total score of Pelvic Organ Prolapse and/or Urinary Incontinence Sexual Questionnaire (PISQ-12). For continuous variables, we used the Mann–Whitney or Kruskal–Wallis test; for categorical variables we used the chi-square statistic considering the difference of $p < 0.05$.

Results: Women with sexual activity tend to be younger, to be premenopausal, have a steady partner and not be hypertensive. The mean total score of PISQ-12 was 27.30. Women who attended elementary school, with coital UI, with moderate constipation and symptomatic prolapse have worse sexual function. Premenopausal women with mixed urinary incontinence have worse sexual function than those with stress urinary incontinence.

Conclusion: The association between sexual dysfunction and UI deserves special attention from health professionals. The care of the maintenance or restoration of sexual well-being should be offered to all women, regardless of age, since UI may affect sexual life and QoL of these women.

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Introduction

The International Continence Society (ICS) defines urinary incontinence (UI) as a complaint of any involuntary loss of urine. UI is considered a public health problem and affects the quality of life (QoL) of thousands of women [1,2]. Other pelvic floor dysfunctions (PFD), such as anal incontinence (AI) and pelvic organ prolapse (POP), are usually associated with UI can adversely affect women's QoL [3]. These debilitating conditions interfere with social wellbeing, psychological, occupational and domestic aspects and are also related to sexual complaints [4].

According to the World Health Organization, female sexual dysfunction (FSD) is defined as an inability to derive satisfaction from the sexual act [5]. Up to 64% of sexually active women attending an urogynecology clinic suffer from FSD [6]. They may be at higher risk of sexual complaints for multiple sociodemographic reasons, advanced age and the presence of PFD [6]. Older publications examining the relationship between FSD and PFD, as well as the effects of its treatment, have been limited by the use of nonvalidated and non-condition-specific questionnaires or not controlling for confounding variables including age and menopausal status [3].

We decided to investigate the impact of sociodemographic characteristics in the sexual function of Brazilian women with UI. First we compared sociodemographic characteristics in women with UI with and without sexual activity. Finally, we evaluated sexual function using the Portuguese version of short form Pelvic Organ

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Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12) in sexually active women.

Materials and methods

This was a cross-sectional study conducted in Urogynecology departments of two tertiary hospitals in Fortaleza-Ceará-Brazil, from April to June 2014. The study was approved by the local ethical committee, and all participants gave informed consent before enrollment to the study.

All women with complaints of UI evaluated in this period were invited to participate in the research. Initially a total of 361 patients were found to be eligible for the study, but 54 women did not return to fill in the QoL questionnaires. The POP quantification system approved by ICS was used to assess the degree of prolapse in each patient [2]. Then, 56 of the participants were excluded for having POP grade 3 or 4, due to their possible confounding QoL effects. Finally our sample consisted of 251 women with UI.

After providing a medical history and undergoing a general physical examination, all the patients underwent a thorough pelvic examination and urodynamic assessment in the lithotomy position. Demographic information included age, marital status, schooling, income, social class, occupation, body mass index, medical comorbidities, medications, smoking, menopausal status, parity, weigh of newborn and sexual activity.

Incontinence was divided into three subcategories, according to ICS terminology [2]: stress urinary incontinence (SUI), mixed urinary incontinence (MUI) and overactive bladder syndrome (OAB). SUI was the complaint of involuntary leakage with effort, exertion, sneezing or coughing. OAB was defined as complaints of urgency associated with incontinence, frequency or nocturia, and MUI was an involuntary leakage associated with urgency and with effort. Coital incontinence was defined when UI occurs during sexual intercourse.

Fecal incontinence was assessed with the Wexner Fecal Incontinence Scale (FIS), which records both type (gas, mucus, liquid, solid stool) and frequency of anal incontinence (AI) symptoms. Scores range from 0 to 12, with higher scores representing more severe AI [7,8]. Constipation was classified as mild, moderate or severe according to Cleveland Clinic Florida Constipation Scale [9].

All sexually active women during the past six months were asked to answer the Portuguese version of Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12). Privacy and confidentiality were assured during the study. The PISQ-12 is a self administered, validated, condition-specific, sexual health questionnaire that evaluates sexual function in women with UI and/or POP [4,13]. The questionnaire evaluates 3 main domains: emotive/behavioral (questions 1–4), physical (questions 5–9), and partner-related (questions 10–12). Responses are graded on a 5-point Likert scale from “never” to “always”. Each question is scored from 0 to 4, for a maximum total score of 48, where higher scores indicate better sexual function. Participants should answer at least 10 questions for the total score calculation.

Data management and statistical analyses were performed using SPSS, version 20.0 (SPSS Inc., Chicago, IL, USA). Firstly, demographic and QoL comparisons between women with and without sexual activity were made. Then, response rates and demographic information were compared with the total score of PISQ-12 in sexually active women. For continuous variables, we used Mann–Whitney or Kruskal–Wallis tests for two or more groups. Chi-square test was used to compare categorical variables, and Spearman test was used to numerical variables, considering statistical difference of $p < 0.05$.

Results

The first part consists of the comparison of social characteristics of women with and without sexual activity. In Table 1, we found that the variables age, marital status, hypertension, diabetes and menopausal status had statistical association between the two groups of women (with or without sexual activity).

Most sexually active women with UI were married (73.0%), were pre-menopausal (68.6%), were not hypertensive (73.8%) and were not diabetic (91.5%). Women with partner had 5.4 more chances to have sexual activity than women without partner. Pre-menopausal women with UI had 12.62 more chances to have sexual activity than post-menopausal ones. Women without hypertension and without diabetes had 3.41 and 2.45 more chances to have sexual activity than hypertensive and diabetic ones, respectively.

Table 2 contains PFD characteristics of women with UI and shows that stage of POP, AI and constipation scores, type of UI and urodynamic data do not seem to interfere with their sexual activity.

The second part consists of the evaluation of sexual function of women with UI using PISQ-12. From 176 women with sexual activity, 161 (91.4%) responded correctly the instrument (at least 10 questions). The average total score was 27.30 ± 8.67 (range 5–47), and the average of each domain was as follow: emotive/behavioral – 8.75 ± 4.39 (0–16), physical – 11.05 ± 5.15 (0–20), and partner-related – 7.49 ± 2.43 (0–12).

Among sexually active women, 48.3% referred coital incontinence: 68.3% with penetration, 27.0% with orgasm, and 4.7% with both situations. Approximately 58% of respondent women answered that the fear of leakage interferes negatively during the sexual intercourse sometimes, usually or always (question 7). The first three questions of PISQ-12 also reveal that 23.3% of women with UI have desire dysfunction (seldom or never), 35.2% have orgasm dysfunction (seldom or never), and 32.1% have arousal dysfunction (seldom or never).

There was statistical association between the variables schooling, coital incontinence, constipation and symptom of POP with the total score of PISQ-12 (Table 3). Lower educational level is associated with worse sexual function. Women with coital incontinence have worse sexual function than women without coital incontinence. Women with moderate constipation have worse sexual function than women with mild constipation. Women with symptomatic POP have worse sexual function than women with asymptomatic POP.

There was no difference in the total score of PISQ-12 in women with SUI (28.84 ± 9.03), MUI (26.32 ± 9.03) or OAB (33.50 ± 7.77). Women with MUI had the lowest score, but this difference was not statistically significant ($p = 0.101$). Similarly, urodynamic findings were not statistically associated with PISQ-12 scores.

However, evaluating separately pre and post-menopausal women, there was a difference in the total score of PISQ-12 between women with SUI and MUI in the pre-menopausal group ($p = 0.004$). Among pre-menopausal women, those with MUI (25.92 ± 7.85) have worse sexual function than those with SUI (30.85 ± 8.48). Among post-menopausal women, there were no difference in the total score of PISQ-12 between women with MUI (26.25 ± 10.01) or SUI (25.65 ± 8.47), $p = 0.821$.

Comments

This study revealed an association between sexual activity and demographic characteristics. Older and post-menopausal women, without partner and with comorbidities, like hypertension and diabetes, are the group of incontinent women that have lower sexual activity.

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