

SEXUAL MEDICINE REVIEWS

Contemporary Review of Male and Female Climacturia and Urinary Leakage During Sexual Activities

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ABSTRACT

Introduction: Urinary leakage during sexual activity is a prevalent and often distressing condition that is under-addressed despite having a range of reasonable treatment options.

Aim: To review the available literature on prevalence, pathophysiology, and treatment of urinary leakage during sexual activities.

Methods: A literature review was performed through PubMed from 1996 to 2017 regarding urinary leakage during sexual activities for men and women including foreplay incontinence, coital incontinence, and climacturia.

Main Outcome Measures: To assess various physiologic and social factors of urinary leakage during sexual activities for men and women, treatment options, and their reported outcomes.

Results: Urinary leakage during sexual activity is a prevalent condition that is underdiagnosed and undertreated. The pathophysiology of sexual incontinence is very similar between men and women and is influenced by injury to the pelvic and pudendal nerves, pelvic floor and external sphincter incompetence, and detrusor overactivity. There are different treatment options that are effective and should be offered to patients bothered by their symptoms.

Conclusion: Improved awareness is critical for better addressing the issue of sexual incontinence. There is likely a common pathophysiologic pathway between men and women and many treatment options are effective. However, further study is required to better elucidate this disease process and most effective treatment options.

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INTRODUCTION

A 75-year study was recently published by Harvard University investigating the keys to aging well, life success, and overall happiness: the foundation to all three was good relationships. In fact, being in a healthy and stable relationship at 50 years of age was more predictive of good health in 30 years than good cholesterol or physical fitness.¹ Colloquially, a good sex life is often construed a vital aspect of intimacy and studies have found that sexual satisfaction, relationship satisfaction, and life satisfaction are indeed correlated.^{2,3} However, good relationships are not isolated to marital or partnered relationships. Societal

interactions and the support of friends and family also are critical components to the good relationship milieu. One of the most common medical causes of social isolation and lowered quality of life (QoL) is urinary incontinence (UI).⁴ Unfortunately, sexual dysfunction and UI are medical conditions that are often under-addressed. This is often believed to be secondary to lack of knowledge, embarrassment, or the feeling that little can be done on the patient's and provider's parts.⁵ There is a unique group of patients who experience urinary leakage during sexual activity. This leakage can occur during any point of the sexual activity and is often categorized by the timing at which it occurs: foreplay incontinence, coital incontinence (CI), and orgasm-induced incontinence or climacturia.^{6–8} These symptoms occur in men and woman in the setting of known UI but also in the absence of urinary leakage otherwise. Urinary leakage during intercourse presents a unique problem and can have significant impact on patients and their partners.^{9–11} It is important to discuss these topics with patients and their partners so they understand they

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are not alone and there are treatment options. With this literature review, we aim to help increase awareness of the prevalence, pathophysiology, impact on QoL, treatment options, and associated outcomes of this important medical condition for men and women.

DEFINING UI

UI is defined as any involuntary leakage of urine. UI is categorized into three main types by the inciting factor that caused the incontinence: (i) stress UI (SUI) is the complaint of involuntary leakage on effort or exertion or on sneezing or coughing; (ii) urge UI (UUI) is the complaint of involuntary leakage accompanied or immediately preceded by urgency; and (iii) mixed UI (MUI) is the complaint of involuntary leakage associated with urgency and with exertion, effort, sneezing, or coughing.¹² Overactive bladder (OAB) is a syndrome defined by the presence of detrusor overactivity (DO) at urodynamics and is characterized by urinary urgency, with or without UUI, usually with increased daytime frequency and nocturia, with no proven infection or other obvious pathology.¹³ When considering urinary leakage during sexual activity, the time point at which the urinary leakage occurs defines the type of sexual incontinence (SI). Foreplay incontinence occurs during activities of sexual foreplay, CI occurs during penetrative intercourse, climacturia or orgasm-induced incontinence occurs at the time of orgasm, and SI is a global term for leakage during sexual activity without assigning a discrete time point. These types of incontinence are often found in the presence of SUI, UUI, MUI, or OAB but also can occur in isolation.

PREVALENCE OF SI IN WOMEN

The National Health and Nutrition Examination Study (NHANES) study demonstrated the prevalence of incontinence of any type in women to be 53.4% in 2008.¹⁴ Two studies, one an ongoing longitudinal study and the other a randomly distributed population questionnaire, found that SI occurred in the general population at a 2% to 10% prevalence rate.^{15,16} The prevalence significantly increases when examining a clinical population of women with some degree of incontinence. A systematic review on the prevalence of SI in women with UI found SI rates ranged from 10% to 56% (average = 22%).¹⁷ One of the most interesting findings within the prevalence data was the clear trend in orgasmic incontinence vs CI experienced by women based on which type of UI they experienced. A case-control study of 90 women with UI examined with urodynamics and pelvic magnetic resonance imaging found that CI, or leakage with penetration, was most prevalent in women with SUI at 89% compared with 33% of women with OAB ($P < .0001$) and was associated with factors of parity and prolapse.¹⁸ The investigators concluded that CI is almost invariably a symptom of SUI with urethral sphincter incompetence even when it occurs during orgasm. Other studies have highlighted the relation between female climacturia and OAB and DO. In a prospective

case-control study of 132 women, Serati et al¹⁹ found 69.4% of women with incontinence at orgasm were found to have DO at urodynamics compared with only 28.9% of those with incontinence during penetration ($P < .0001$). A similar finding was reached in a prospective study by Hilton²⁰ in which 79 sexually active women with SI underwent urodynamic evaluation. Twenty-six women had climacturia, and of those 35% had DO, whereas only 4% of the 53 women with SI with penetration had DO ($P = .0005$, odds ratio [OR] = 13.5, 95% CI = 2.65–68.76).

PREVALENCE OF SI IN MEN

During the past 30 years, prostate cancer diagnosis, treatment, and survivorship have increased.²¹ Given the improvements in oncologic control, more attention has been focused on decreasing the side effects of treatment and improving survivorship QoL. However, despite years of research and using more advanced surgical techniques, postoperative rates of UI remain stable.²² The surgical alterations of a radical prostatectomy result in partial loss of the proximal intrinsic sphincter, the proximal urethral sphincter, and the suspensory ligaments, resulting in post-prostatectomy continence that is largely dependent on the external sphincter.²³ The Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE), a national, longitudinal cohort study that examined 372 men after prostatectomy, found that only 63% returned to their baseline continence.²⁴ According to the European Association of Urology's UI guideline review, post-prostatectomy SUI rates ranged from 5% to 48.0%.²⁵ This variability is likely secondary to a wide variety of definitions of SUI. In addition to SUI, a literature review of post-prostatectomy urodynamic findings found that up to 77% of patients will have DO and up to 50% will have decreased bladder compliance.²⁶ The investigators surmised surgical intervention causes destabilization of the bladder from postoperative inflammation and anatomic disruption.²⁶ Specific to SI, a recent review by Fode et al²⁷ found that cross-sectional questionnaire studies have shown climacturia can occur in 20% to 64% of men after prostatectomy. In a postsurgical questionnaire, Barnas et al²⁷ found that 93% of the 239 patients surveyed had experienced climacturia at least once. The breakdown within this population was 16% who experienced leakage with every orgasm, 44% who occasionally experienced such leakage, and 33% who rarely experienced such leakage.²⁸ In the largest study to date, Mitchell et al²⁹ prospectively examined 1,459 men who underwent radical prostatectomy and completed the UCLA Prostate Cancer Index (UCLA-PCI) questionnaire preoperatively and at 3, 6, 12, and 24 months postoperatively. At 3 months postoperatively, 44% reported bother from incontinence during sexual activity, which decreased to 36.1% at 24 months. This bother was strongly associated with SUI at all times ($P < .001$).²⁹ Other studies also have shown decreases in rates of climacturia over time, which raises the question of the kind of pathophysiology in which some people can recover and others do not.

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