Prolapse or Incontinence: What Affects Sexual Function the Most?

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ABSTRACT

Pelvic organ prolapse (POP) and stress urinary incontinence (SUI) affect about a third of community-dwelling women and have a significant impact on a woman's quality of life. Both POP and SUI adversely affect sexual function in women. The frequency of sexual problems in women with POP or SUI ranges from 37% to 64%. Reported problems include disorders of desire, arousal, orgasm, and dyspareunia.

There have been few comparative studies of these 2 subgroups with respect to sexual activity and results are conflicting. Some studies found no difference in sexual function between women with prolapse or incontinence. Others reported that POP was more likely to affect sexual relations than SUI. In another study, women with urinary incontinence were more likely to report low libido, vaginal dryness, and dyspareunia.

In most studies, the women evaluated had mixed symptoms of both POP and SUI, and validated questionnaires were not used, which could obscure their findings.

The aim of this retrospective cohort study was to compare female sexual function among 2 subsets of patients with POP or SUI. Women had sufficient severity of symptoms that surgery was planned for these conditions. The study population was composed of women with POP or SUI seen at a tertiary referral hospital in the United Kingdom. There was no overlap of symptoms. Patients with POP undergoing surgery for stage 2 prolapse or greater had no bothersome urinary symptoms. Similarly, patients undergoing SUI surgery had no symptoms of POP and had urodynamically proven stress incontinence. All patients completed an ePAQ (electronic pelvic floor assessment questionnaire), a validated symptom-specific and quality-of-life questionnaire. The Mann-Whitney U test was used to calculate the incidence of sexual dysfunction and to compare symptoms in both groups.

A total of 343 women undergoing surgery for either SUI or POP were age matched (184 underwent SUI surgery [age range, 33–77 years] and 159 underwent POP surgery [age range, 27–78 years; \( P = 0.869 \)). The impact of POP and SUI on sexual function was not significantly different in the 2 subgroups (\( P = 0.703 \)). However, both patients with POP and their partners avoided intercourse significantly more frequently compared with SUI (patients: 73% vs 36%, \( P = 0.00 \); and partners: 50% vs 24%, \( P = 0.00 \)). The difference in avoidance between groups did not, however, have a significant impact on quality of life.

These data show that the impact of bothersome SUI or POP on sexual function is similar. Although patient and partner avoidance of intercourse in women with POP is greater compared with those with SUI, this difference does not have a significant impact on quality of life.

EDITORIAL COMMENT

(That disorders of pelvic support and urinary control would have a negative effect on sexual quality of life would seem apparent, but the nature and severity of the impact has not been easy to pin down. Lack of data in this domain stems from a variety of reasons including the collinearity of sexual symptoms arising from both conditions, the frequent coexistence of both POP and SUI in the same patient, and insufficient attention to or inadequate measures of sexual function. Sexually inactive patients may be inactive due to their pelvic floor condition, or due to other unrelated reasons, which diminishes the pool of potential research subjects regarding sexual function in the context of pelvic floor dysfunction.

These authors got around most of these challenges. They surveyed sexually active age-matched women with either POP or SUI but not both. They used a validated electronic symptom questionnaire with domains specific to urinary bowel, vaginal, and sexual function and showed that their group assignments conformed to high symptom severity in the group condition and low severity for the opposite condition. This seemed to successfully isolate the effect of either POP or SUI on quality of life related to sexual function.)
Women with POP were more likely to avoid sexual activity and more likely to report interference with sexual function by their condition. Importantly, women with POP also reported higher likelihood of their partner avoiding sexual activity than did women with SUI, supporting a greater impact on both members of the couple than SUI alone. In addition, a feeling of obstruction in the vagina due to POP yielded the highest impact score with regard to vaginal function of all those assessed. It is important to note that the mean overall sexual function scores for the 2 groups were not significantly different. In addition, there are no data about the minimally important difference for the ePAQ scale that was used in this study.

Take home for the clinician is that POP and SUI may well have different types of negative impact on sexual function. Pelvic organ prolapse may have a greater negative impact on patients’ body image and perception of sexual attractiveness. At least 1 study has shown a significant positive impact on body image and sexual function after prolapse surgery (Lowder et al. Int Urogyn J. 2010;21:919–925). Another has noted that women with POP seeking treatment have worse body image and quality of life than normal controls (Jelovsek et al. 2006;194(5):1455–1461). These reports emphasize the importance of assessing a patient’s body image and sexual function concerns when contemplating treatment, particularly for POP.—ACW

Sacral Neuromodulation: An Effective Treatment for Lower Urinary Tract Symptoms in Multiple Sclerosis

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ABSTRACT

Approximately 80% of patients with multiple sclerosis (MS) have lower urinary tract symptoms (LUTSs), which have a major impact on quality of life. The most common urodynamic abnormalities include neurogenic detrusor overactivity, detrusor underactivity, and detrusor sphincter dyssynergia. These often result in chronic urinary retention, urge urinary incontinence, and recurrent urinary tract infection. Management is difficult because of the progressive and unpredictable course of the disease. Currently, the most frequent treatments are oral antimuscarinics (ie, anticholinergics) and, more recently, repeated intradetrusor botulinum toxin (BTX) type A injections. Anticholinergics have short-term efficacy. Adverse effects, including constipation and central nervous system effects, such as cognitive impairment, limit their benefit and long-term use in MS patients. Moreover, incomplete voiding occurring in MS patients may worsen with the use of anticholinergics. Botulinum toxin injections of the bladder are effective treatment for urinary frequency and urgency as well as for urinary incontinence. However, BTX injections paralyze the detrusor muscle and further deteriorate bladder contractility that is already present in many MS patients. Other limitations of BTX include limited duration of action, need for repeat injections, increased risk of urinary tract infection, and the need in many patients to perform intermittent self-catheterization because of urinary retention.

Over the last few decades, sacral neuromodulation (SNM) has received increasing popularity among new effective treatments for bladder disorders associated with MS. Sacral neuromodulation has been shown to be effective in treating apparently opposite bladder disorders such as refractory overactive bladder, voiding dysfunctions, and chronic urinary retention, which are very common in MS patients. The exact mechanism of action of SNM is unclear; predictive parameters are not yet available. There are no large studies or randomized controlled trials.

The aim of this study was to review and evaluate evidence in the published literature on the use of SNM as treatment for LUTS in MS patients. A systematic literature search was conducted up to December 2014 using relevant search terms in MEDLINE and EMBASE databases to identify all relevant English-language articles describing the use of SNM in MS. Relevant articles were also obtained from the Clinicaltrials.gov, Controlled-trials.com online trial registries, and abstracts from