

## EVALUATION OF SEXUAL LIFE IMPAIRMENT IN FEMALE PATIENTS UNDERGOING URODYNAMICS

### Hypothesis / aims of study

To investigate whether there is any difference in sexual life impairment in female patients with various indications for urodynamics studies.

### Study design, materials and methods

Prospective, cross-sectional study. The study population is consisted of a convenience sample of 69 female patients having urodynamics investigations for (1) moderate-severe stress incontinence (n=6/69, 8.7%), (2) mixed incontinence (n= 24/68, 34.8%), (3) other lower urinary tract symptoms (LUTS) (n= 10/69, 14.5%), (4) prior to anti-incontinence surgery evaluation (n= 21/69, 30.4%), and women with recurrent incontinence after surgery (n= 8/69, 11.6% ). ICIQ was used to quantify urinary incontinence symptoms. PISQ-12 (Pelvic Organ Prolapse / Urinary Incontinence Sexual Function Questionnaire) was used to address any sexual life impairment. Mean age was 52.3 years old (St.Dev. 13.01 years). All women answered ICIQ, whereas there were 10/69 (14.5%) patients who did not respond to PISQ-12. SPSS for windows 10.0 and one-way ANOVA were used to detect any statistical difference in questionnaire scores between the study subgroups.

### Results

Demographic data are presented in table 1. Urodynamic stress urinary incontinence (USI), detrusor overactivity (DO), and mixed incontinence (MI) were diagnosed in 47/69 (68.1%), 51/69 (73.9%), and 33/69 (47.8%) respectively. Voiding difficulties (VD) (defined as reduced average flow rate and/or postvoid residual >100ml) was found in 13/69 (18.8%) women. Higher PISQ-12 score was found in the groups of women who presented with USI (mean score 34.3), in women who had preoperative urodynamics (mean score 30.3), and in women who presented with mixed incontinence (mean score 27.3). Lower PISQ-12 score was found in the groups of women with recurrent incontinence (mean score 25.0) and in women with LUTS (mean score 21.0). There was statistically significant difference in ICIQ score (p=0.000) and PISQ-12 score (p=0.000) between the study subgroups.

### Interpretation of results

Our results indicate that women with urinary incontinence (USI, OAB or mixed incontinence) perform better in sexual life questionnaires compared to women with other lower urinary tract symptoms and recurrent incontinence after surgery. Age appears to be a critical factor, the group of women with recurrent incontinence appears to be older than the other groups. The same applies to younger women with urodynamic stress incontinence who reach significantly higher PISQ-12 groups. However, the mean PISQ-12 scores in the groups of women with mixed incontinence, LUTS, and preoperative evaluation, appear to be independent of the age.

### Concluding message

Sexual life is a major factor contributing to the quality of life impairment in women with recurrent urinary incontinence and lower urinary tract symptoms. Proper quantification with problem-specific questionnaires completes the diagnostic approach and sets pragmatic objectives of incontinence treatment.

### References

Int Urogynecol J (2003) 14: 164-168.

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**HUMAN SUBJECTS:** This study was approved by the Institutional Research Ethics Committee of Papageorghiou General Hospital, Thessaloniki, Greece. and followed the Declaration of Helsinki Informed consent was obtained from the patients.