

IS THE URINARY INCONTINENCE ASSOCIATED WITH SEXUAL ABSTINENCE?

Hypothesis / aims of study

Urinary incontinence (UI) has a negative impact on social, psychological, physical and sexual aspects of women. Some studies suggest a great prevalence of sexual dysfunction on UI women. Psychological distress, fear of UI during intercourse and embarrassment has been associated with sexual dysfunction in those women. We have previously described that UI women has significantly great score on sexual dysfunctions questionnaires and more sexual abstinence than continent women. However, the role of UI on sexual dysfunction is still not clear. In the present study, we evaluated which are the reasons for sexual abstinence in the patients with urinary incontinence.

Study design, materials and methods

From July 2012 to Dec 2013, we prospectively evaluated UI women regard their sexual activity. Patients without sexual activity were included and evaluated regard the role of urinary incontinence in their sexual life decision. Exclusion criteria were pregnancy, neurological diseases and patients with cognitive impairment. All women were evaluated by 1-hour pad test; International Consultation on Incontinence Questionnaire (ICIQ-SF); Overactive Bladder Questionnaire (OAB-SF); World Health Organization in Quality of Life Questionnaire (WHOQOL-Brief).

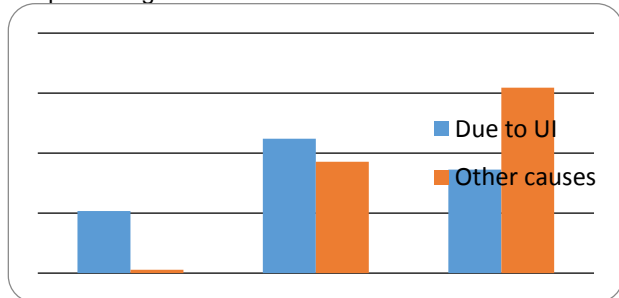
Results

A total of 274 women with UI were interviewed. It was included in the analysis 119 women (43%) that didn't have sexual activity. Demographic data were analyzed comparing those women who stated that urinary incontinence was the main reason to abandon sexual activity (Table 1). We performed a multivariate analyses and observed that more symptomatic with higher ICIQ-SF score (OR= 1.21; IC = 1.01-1.43 – p=0.03) and younger women (OR= 0.92; IC = 0.87-0.97– p=0.002) have great chance to abandon sexual activity due to UI.

Table 1: demographic data

	TOTAL (n=119)	Sexual Abstinence unrelated to UI (n=90)	Sexual Abstinence due to UI (n=29)	Values p
Age (mean±SD)*	61.24±11.65	63.38±1.09	53.79±12.39	0.001
BMI (mean±SD)*	28.52±4.76	28.75±4.96	27.84±4.11	0.376
Median total delivery (min-max)	3 (2-5)	3 (2-5)	3 (2-4,5)	0.682
Marital status % (n)				
Married/partnered	29.4% (35)	32.6% (29)	20.7% (6)	0.013
Single/ Divorced	45% (54)	38.2% (34)	69% (20)	
Widow	24.4% (29)	29.2% (26)	10.3% (3)	
Urinary leakage pad weight % (n)				
0g	16% (19)	20% (18)	3.4% (1)	0.074
1g- 10g	50% (60)	50% (45)	51.7% (15)	
≥11g	34% (40)	30% (27)	45% (13)	
ICIQ-short Form (mean±SD)	14.84±5.08	14.02±5.23	17.38±3.63	0.002
OAB-q* (mean±SD)	23.75±9.46	22.27±9.54	28.34±7.69	0.001
WHOQoL (mean±SD)				
Quality of life	51.80±19.83	54.21±19.11	44.39±20.49	0.028

Graphic 1: Age distribution of sexual abstinence associated with urinary incontinence.



Interpretation of results

In a UI population, the total prevalence of sexual abstinence is 43% (119/274) and only 10% (29/274) reported that sexual abstinence was due to UI. We observed that women who abandon the sexual activity and stated that it was due to UI were younger and more symptomatic than their counterparts. Despite of similar pad weight, sexual abstinent women due to UI were more

symptomatic than their counterparts. The patient self-perception of urinary incontinence seems to be the main problem, since it can directly affect the self-image, which may have a great impact on younger patients.

Concluding message

Women who abandon the sexual activity and stated that it was due to UI were younger and more symptomatic than their counterparts.

References

1. Schoenfeld M; Fuermetz A; Muenster M. Sexuality in German urogynecological patients and healthy controls: is there a difference with respect to the diagnosis? European journal of obstetrics, gynecology, and reproductive biology, 2013.
2. Felipe MR; Burti JS; Hacad CR; Girotti ME; Almeida FG. Urinary incontinence impact on Brazilian women sexual function. Non Discussion Poster ICS 2013.

Disclosures

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