

Sexual Function Before and After Non-surgical Treatment for Stress Urinary Incontinence
VL Handa for the Pelvic Floor Disorders Network

Objectives: Little information exists regarding whether non-surgical treatments for pelvic floor disorders result in improved female sexual function. Our objectives were (1) to describe sexual function in women presenting for treatment of stress urinary incontinence (SUI); (2) to compare the impact on sexual function of three non-surgical SUI treatments; and (3) to investigate whether successful non-surgical treatment of SUI is associated with a reduction in sexual complaints.

Methods: Women with symptoms of SUI were randomized to continence pessary, behavioral therapy (pelvic floor muscle training and continence strategies), or combination therapy. Sexual function was assessed at baseline and 3-months using the short form of the Pelvic Organ Prolapse-Urinary Incontinence Sexual Function Questionnaire (PISQ-12) and the Short Personal Experiences Questionnaire (SPEQ). Improvement in SUI was assessed with a global impression of improvement (PGI). ANOVA was used to compare total and items scores between groups.

Results: Among 445 participants, mean age was 49.8 years, 42.2% were postmenopausal and 63.1% had a current sexual partner (no difference between treatment groups). At randomization, several measures of sexual function were worse among women with mixed incontinence as compared to those with only SUI and also were worse among those with more frequent incontinence. At three months, successful treatment of SUI was associated with significant increase in PISQ score, reflecting greater improvement in sexual function among those with improved SUI (2.26 ± 3.24 versus 0.48 ± 3.76 , $p < 0.001$). Also, compared to women who did not experience improvement in SUI, successful treatment of SUI was associated with a greater decrease in incontinence with sexual activity (-0.45 ± 0.84 versus -0.01 ± 0.71 , $p < 0.001$) and a greater reduction in restriction in sexual activity related to fear of incontinence (-0.32 ± 0.76 versus 0.06 ± 0.78 , $p < 0.001$). Improvement in SUI was not associated with changes in sexual responsivity, dyspareunia, libido or SPEQ score. Among those successfully treated for SUI, the improvement in incontinence during sexual activity differed between treatment groups. Specifically, among those successfully treated for SUI, the mean decrease in score for incontinence during sexual activity was 0.45 greater in the combined therapy group as compared to the pessary group (p value 0.019). Similarly the mean decrease in score for incontinence during sexual activity was 0.42 greater in the behavioral therapy group as compared to the pessary group (p value 0.02). Among those not successfully treated for SUI, there was no significant difference among groups with respect any measure of sexual function.

Conclusions: Regardless of non-surgical treatment approach, improvements in SUI were associated with statistically significant improvements in incontinence-specific measures of sexual function, but not with any measureable effect on libido, dyspareunia, or arousal. Women successfully treated for SUI were more likely to experience improvement in continence during sexual activity after treatment with either behavioral therapy or combined therapy than with pessary.

Characters and Spaces: 3214 (3300 is the maximum)