Biologic correlates of sexual function in women with stress urinary incontinence

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Abstract

INTRODUCTION: Stress urinary incontinence (SUI) has a great impact on the quality of life and sexual function. We hypothesized that specific risk factors for SUI may be correlated with reduced sexual function in women with SUI. AIMS: To explore significant associations between the risk factors for SUI and female sexual function. METHODS: Women with SUI (N=223) were surveyed about their sexual function. Demographic data and clinical findings on pelvic examination and the 1-hour pad test were recorded. Sexually active respondents completed the short form of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12). MAIN OUTCOME MEASURE: PISQ-12 and the correlation of the risk factors for SUI with PISQ-12 scores. RESULTS: Of the 223 subjects, 68 (30%) reported no sexual activity for 6 months or more prior to the interview and did not respond to the PISQ-12. In comparison with the 155 (70%) of women who were sexually active, sexually inactive respondents were older and more likely to be postmenopausal and had a higher parity and more severe prolapse (all $P<0.01$). Among those completing the PISQ-12 questionnaire, the same factors (age, parity, severity of prolapse, menopausal status) were significantly associated with lower PISQ-12 scores. The scores were not correlated with body mass index, delivery mode, genital hiatus length, and total vaginal length by the short form of the Pelvic Organ Prolapse Quantification (POP-Q) system, or estrogen therapy. Lower points Ba and C of the POP-Q system were associated with lower PISQ-12 scores ($r= -0.200$, $P=0.026$; $r= -0.191$, $P=0.035$, respectively). Multivariate analysis identified parity as the only factor independently predictive of sexual dysfunction ($r= -0.225$, $P=0.013$). CONCLUSIONS: Anatomic and biologic pathology does not satisfactorily predict the level of sexual functioning in women with SUI.