Better Sexual Function Follows Body Image Gains

BY DAMIAN McNAMARA

HOLLYWOOD, FLA. — A better body image perception following pelvic organ prolapse treatment correlated with improved sexual function in a multicenter, prospective cohort study of 239 women.

Sexual function improved 4-6 months after treatment compared with baseline, regardless of whether patients had surgery or pessary placement. Sexual function improvements also correlated with decreased bother from pelvic organ prolapse.

"Sexual dysfunction is highly prevalent in women attending urogynecology services," Dr. Lior Lowenstein said at the annual meeting of the American Urogynecologic Society. He estimated this condition affects as many as 60% of sexually active patients.

Other researchers previously demonstrated that women seeking treatment for advanced pelvic organ prolapse report a worse perception of body image and decreased quality of life, compared with controls who did not have pelvic organ prolapse (Am. J. Obstet. Gynecol. 2006;194:1455-61). The current study was designed to see if treatment improves body image and/or sexual function, and if there is any relationship between these two factors and prolapse symptoms.

Dr. Lowenstein and his colleagues enrolled 384 consecutive women presenting for urogynecologic care at one of eight U.S. academic medical centers.

At baseline, the mean prolapse stage was III, and the mean age was 62 years. At 4-6 months' follow-up, 145 women were lost to follow-up, but there were no significant demographic differences between that group and the 239 women who remained, said Dr. Lowenstein, who was a urogynecology fellow at Loyola University Medical Center in Chicago at the time of the study. He is now an instructor at Rambam Medical Center in Haifa, Israel.

The majority of patients (86%) chose surgery—most commonly sacrocolpopexy. The remainder opted for more conservative treatment with a pessary. A total of 126 women (61%) in the surgery cohort and 22 (67%) in the pessary group said they were sexually active—a not significant difference.

A meeting attendee asked if women treated with pessaries needed to remove them prior to sexual intercourse. "That was not part of the questionnaire we gave them, but it is an important issue that needs to be explored," Dr. Lowenstein said.

The Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire–12 (PISQ-12) was used to assess sexual function. Poorer sexual function, defined by lower scores on the PSIQ-12, significantly correlated with worse body image perception. Worse body image perception was reflected by higher scores on the Modified Body Image Perception Scale (MBIS).

Lower PISQ-12 numbers also correlated with significantly more bothersome prolapse—defined by higher scores on the prolapse subscale of the Pelvic Floor Distress Inventory (PFDI). Interestingly, Dr. Lowenstein said, the anatomic site of prolapse did not make a significant difference. The PISQ-12 scores were not significantly related to prolapse stage or affected compartment (anterior, apical, or posterior).

In addition to the three validated questionnaires, the investigators took a patient history, conducted a routine pelvic examination, and determined prolapse stage using the Pelvic Organ Prolapse Quantification (POP-Q) exam at baseline and follow-up. Dr. Lowenstein presented these results on behalf of the Fellows' Pelvic Research Network. The complete study findings have been published in the Journal of Sexual Medicine (2009;6:2286-91).

"Body image perception has an important role in sexual function in women with pelvic organ prolapse," Dr. Lowenstein said. He added that the results suggest sexual function may be related more to a woman's perception of her body image than to actual topographic changes from pelvic organ prolapse. ■

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Disclosures: Dr. Lowenstein had no conflicts of interest to report.