Sexual Function Spared in Pelvic Floor Disorders

BY DAMIAN McNAMARA

HOLLYWOOD, FLA. — Women with a pelvic floor disorder do not experience significantly diminished rates of sexual activity compared with unaffected women, based on a study of 505 women older than 40 years.

Only the desire component of the Female Sexual Function Index (FSFI) was significantly lower among women with a pelvic floor disorder, suggesting that there was no notable impact on arousal, lubrication, orgasm, satisfaction, or pain, Dr. Tola B. Omotosho said at the annual meeting of the American Urogynecologic Society.

"Sexual health is an essential component of a woman's overall well-being," she said.

However, "there remains limited and conflicting information about the impact of pelvic floor disorders on sexual health and well-being," Dr. Omotosho said.

Dr. Omotosho and her Fellows' Pelvic Research Network colleagues recruited 505 women older than 40 years from September 2007 to April 2009. The cohort included 308 urogynecology patients with a pelvic floor disorder and 197 general gynecology patients without such a disorder.

Participants came from 11 clinical sites in the United States.

Women in the pelvic floor disorder group were older, with a mean age of 56, vs. 52 years in the unaffected group. Although mean parity also was significantly higher in affected women (2.6 vs. 2.1), only age remained significantly different after multivariate analysis adjustment.

There were no significant differences

Oophorectomy Takes Toll on Sexual Function

SAN DIEGO — Women who underwent bilateral oophorectomy at the time of hysterectomy reported significantly decreased levels of sexual functioning compared with women who underwent hysterectomy with ovarian conservation, results from a survey of 50 women showed.

The findings underscore the potential impact of prophylactic ovary removal on women's sexual functioning, Elizabeth Plourde, Ph.D., said during a poster session at the annual meeting of the North American Menopause Society.

"The potential for loss of ability to respond sexually is a very important consideration for women who are being advised to do prophylactic oophorectomy," said Dr. Plourde, a psychologist in Irvine, Calif. She and her associates asked 25 women who underwent hysterectomy with ovarian conservation and 25 women who underwent bilateral oophorohysterectomy to complete the Changes in Sexual Functioning Questionnaire–Female (CSFQ-F) and the Sexual Response Questionnaire–Hysterectomy (SRQ-H). The mean age of the respondents was 49 years.

Only women with functioning ovaries, based on their responses to a survey of menopause symptoms, were retained for the hysterectomy-only group, she said.

Compared with women who underwent a hysterectomy with ovarian conservation, those who underwent bilateral oophorectomy at the time of hysterectomy had significantly lower scores in total sexual functioning and in the subscale aspects of pleasure, desire/frequency and desire/interest; the number who were orgasmic was also lower among those who had bilateral oophorectomy.

Significant interactions favoring the hysterectomy with ovarian conservation group were also detected before and after surgery in total sexual functioning scores and in the subscales of pleasure, desire/frequency, desire/interest, and orgasm/completion.

Dr. Plourde acknowledged that the small sample size was a limitation of the study. She disclosed no conflicts of interest.

—Doug Brunk

in race, body mass index, depression, comorbidity, or relationship status between groups.

The primary outcome measure was the total mean score on the FSFI, where a higher score indicates better sexual function. The mean total score in the pelvic floor disorder group was 23.2, and was not significantly lower than the mean 24.4 score in the unaffected women.

"Women with pelvic floor disorders were as sexually active as women without pelvic floor disorders when [the results were] adjusted for age," said Dr. Omotosho, an ob.gyn. fellow at the University of New Mexico Health Sciences Center in Albuquerque.

Dr. Omotosho said that she had no relevant disclosures.

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Sexual activity in the past 6 months with a male partner was reported by 62% of the affected and 75% of the unaffected women. This difference was not statistically significant after the investigators controlled for age, Dr. Omotosho said.

The lack of a sexual partner was the most commonly cited reason for sexual inactivity. Only heterosexual women were studied because the FSFI is not validated in a lesbian.

Of the women with a pelvic floor disorder, 75% had urinary incontinence, defined as a score of 1 or greater on the Incontinence Severity Index. In addition, 53% met criteria for anal incontinence, defined as a score of 1 or greater for liquid or solid stool on the Wexner Fecal Incontinence Scale.

Also, 30% had at least stage II pelvic organ prolapse based on a Pelvic Organ Prolapse Quantification examination.

The inclusion of only women older than 40 years is a potential limitation of the study, Dr. Omotosho said.

On the other hand, the multicenter design and use of validated instruments were strengths. ■