

Sexual Life in Women with Stress Urinary Incontinence

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Urinary incontinence (UI) is a benign disease and a common condition in women with reported prevalence of 11.4–73.0%.¹ It is defined as any involuntary loss of urine and is a major social and health problem that can affect physical, psychological, and social well-being of the women affected.^{1,2} The etiology of UI is multifactorial and is related to age, number of pregnancies, overweight and obesity, diabetes, urinary tract infections, and menopause.¹

Stress urinary incontinence (SUI) is the most common subtype of UI. It is defined as an involuntary loss of urine that occurs during efforts, sneezing, coughing, laughing, etc.^{2–4} It has been estimated that SUI affects 15–20% of adult women.^{2,3}

Female sexual dysfunction (FSD) is a disorder relating to sexual desire, sexual arousal, orgasm, or dyspareunia.⁵ Literature about this topic underlined the association between SUI and FSD.^{1–3} Several studies have shown that sexual dysfunction affects up to 50–68% of women with SUI.^{1,2}

Women with SUI tend to avoid sexual intercourse because of wetness at night, leakage during intercourse, embarrassment, and depression.^{1,2} Moreover, disorders of arousal, desire and lubrication, anorgasmia, and dyspareunia were also reported.¹ Urinary tract infection symptoms can also cause emotional distress and low self-esteem, which may contribute to sexual dysfunction.

Treatment of SUI is primarily surgical. Indications for treatment were mainly based on the severity of incontinence, distress or bother resulting from incontinence, and effect on woman's

quality of life (QoL).^{5–7} Although the literature has highlighted the relationship between SUI and sexual dysfunctions, there were still few studies about sexual function change after treatment of SUI. Some studies reported improved function while others reported deterioration of function. Hence, further research about this topic is needed.

In conclusion, a multidisciplinary approach in the treatment of UI is recommended. It is important to provide adequate psychological counseling in order to evaluate the impact of symptoms on psychological and sexual well-being of the affected women. For this purpose, it would be appropriate to use validated instruments that evaluate QoL impact of UI and women's sexual function. For this purpose, it would be interesting to use the incontinence QoL (I-QoL) questionnaire, a specific instrument to examine QoL impact of UI;⁸ and the Female Sexual Function Index (FSFI), one of the most used instruments to evaluate women's sexual function.⁹ The assessment through these instruments should become an integral part of the therapeutic process in order to limit negative consequences of the disease.

Disclosure

The authors declared no conflicts of interest.

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