

The Influence of Pelvic Organ Prolapse on Female Sexual Dysfunction and Quality of Life - A Systematic Review

UBC MRSc - RHSC 585 Presentation

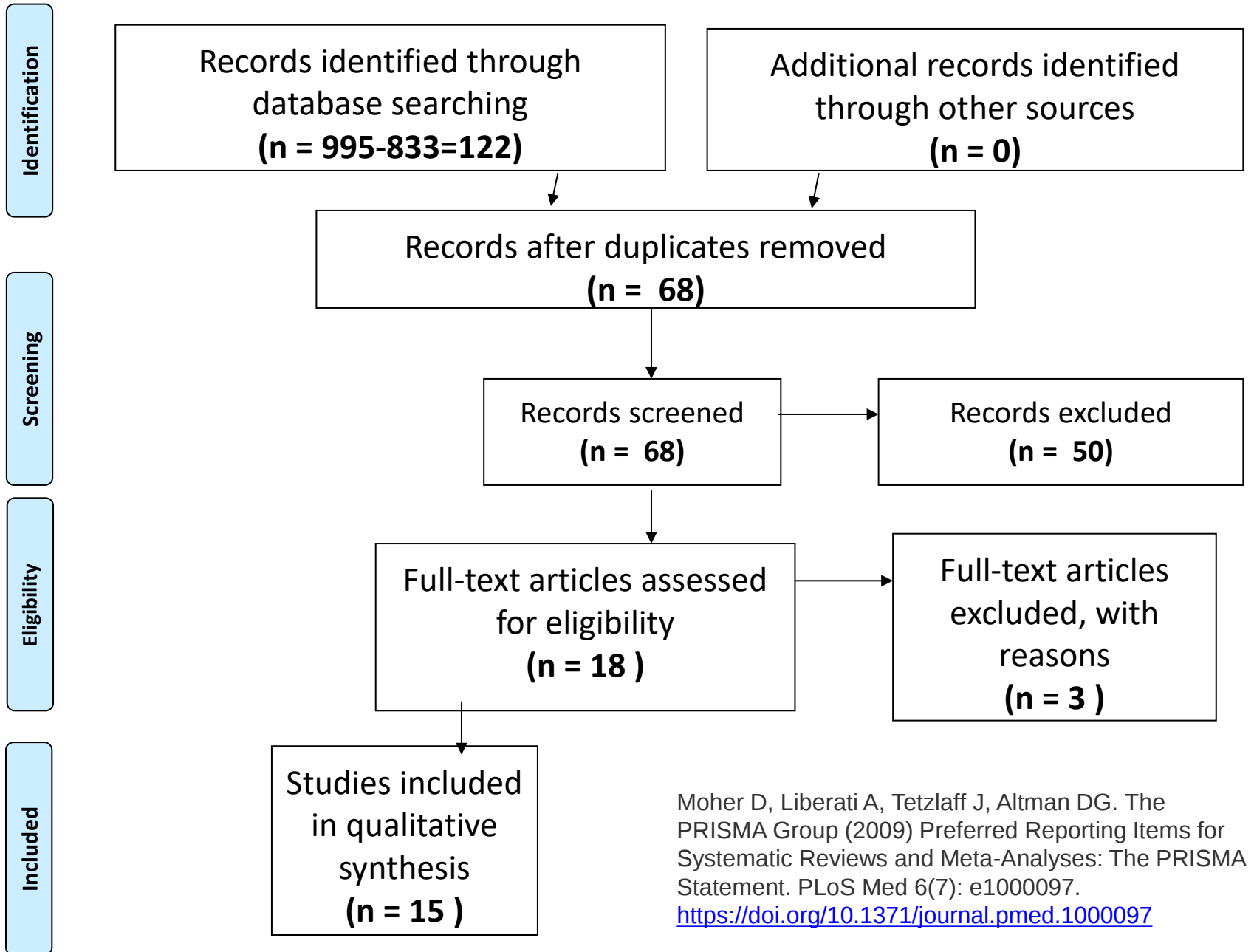
Suzanne Thompson, BScPT, BScPE, (MRSc)

Supervisor – Lesley Bainbridge, BSR(PT), MEd, PhD
(Patricia Mortenson, MSc, OT)

Search Strategy

- Limits 2012-Current Full text, English Language, Humans/Adults 19 years+
- Inclusion Criterion: Females, Pelvic Organ Prolapse, Sexual Function, +/- Quality of Life
- Exclusion Criterion: practice bulletins, case studies, questionnaire validation studies, pessary studies, interventional studies, medication studies, pre-post natal studies
- “NOT” surgery (was NOT effective!)

PRISMA 2009 Flow Diagram



Review Approach

- McMaster University Critical Review Forms for Quantitative and Qualitative Studies
(Law, Stewart, Pollock, Letts, Bosch, Westmorland, 2007)
(Letts, Wilkins, Law, Stewart, Bosch, Westmorland, 2007)
- 18 articles reviewed : 3 excluded
- POP + SD =/- Quality of Life (QoL)

Pelvic Floor Outcome Measures

- **POP-Q** – Pelvic Organ Prolapse Quantification System (Hall et al, 1996)
- **PISQ-12** – Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (Rogers et al, 2003)
- **PFDI-20** – Pelvic Floor Distress Inventory (Barber et al, 2005)
- **FSFI** – Female Sexual Function Index (Rosen et al, 2000)
- **Others** – Genital Self Image Scale; Body Self Esteem Scale; SPEQ, ,ePAQ; PFIQ-7; EPIQ, BSAQ; Wexner FIS, Cleveland Clinic Florida Constipation Scale, ICIQ-UI; UDI-6; OAB-8; IIQ-7

Findings

POP impacted SD

- All POP (stage 1-4)
 - Athanasiou et al (2012) – (control group) POP : no POP = SD with POP; however – *sexual activity and importance was the same between groups (POP/No POP) and stages of POP*
 - Jha et al (2016)– The only study to utilize the ePAQ; *POP=SUI for SD*
- Symptomatic POP
 - Espuna-Pons et al (2014) – “symptomatic” POP = SD
 - 64% stage 2 and 90% stage 3-4 (*)
 - Karabulut et al (2014) and Karbage et al (2016) – “symptomatic” – identified but did not factor out “conditions”
 - Ozengin et al (2017) – no difference between POP stages (no control group)

Findings

POP did not impact SD

- Berghmans et al (2016) - POP did not impact SD unless UI and/or FI were present
- Centinkaya et al (2013) /Ozengin et al (2017) - no difference between POP stages (did not have a control (non-POP) group
- Faskokun et al (2013) – adjusted for age; no difference POP: no POP. Did find decreased desire
- Li-Yun-Fong et al (2017) – corrected for factors and found no SD with POP

Findings

POP may affect sexual activity

- Ozengin et al (2017) – found an increase in symptom distress – stages 3-4, but no difference in sexual activity between all stages
- Panman et al (2014) - found that increase symptom distress (PFDI-20/PISQ-12) resulted in decreased sexual activity ; whereas Fashokun et al (2013) found that when age adjusted, despite decrease in sexual desire, sexual activity and sexual function were not affected by POP (FSFI).

Findings

Quality of Life (As It relates to POP and SF)

- Jha et al (2016) – Despite POP impact on SF and high levels of avoidance for POP, QoL was not impacted (ePAQ)
- Karbulut et al (2014) – SD = decreased QoL (a factor in the PFDI-20 that was not factored out by other studies that used PFDI-20)
- Mastoroudes et al (2013) – Benign Joint Hypermobility Disorder = increased POP severity, SD and decreased QoL

Findings

Roos et al (2014) – Qualitative study – 15 themes:

- (BI) - POP +/- UI and SD are strongly related to Body Image and Genital Body Image (GBI)
- POP – negative effects on motivation, arousal orgasm, dyspareunia, fear and concern for partner satisfaction

Zielinski et al (2012) – control group of No POP; utilized the FSFI, Body Esteem Scale (BES), and Genital Self Image Scale (GSIS)

- Stage 2+ POP = lower GBI
- higher GBI = higher FSFI

Findings

Predictors of decreased sexual function and activity

- Older
- Lower socio-economic status
- Decreased education
- Menopause/post menopause
- Chronic illness
- Overactive bladder or UI
- Fecal Incontinence (FI)
- Increase BMI
- Decreased total vaginal length
- Partner issues/no partner

Edenfield et al (2015) , Fashokun et al (2013) , Karabulut et al (2014), Karbage et al (2016), Li-Yun-Fong et al (2017), Panman et al (2014)

Strengths

- All studies used validated outcome measures
- Sample sizes were significant
- Identified difference between SD and sexual activity
- A few studies excluded subjects with known “confounders” and others utilized factor analysis to factor out the impact of age
- Calculating the differences between Stages of POP
- Identifying Body Image (BI) and Genital Body Image (GBI) as contributors to SD

Limitations

- ? Transferability – cultural differences
- ? Generalizability
- Lack of qualitative studies
- Often no control group
- Knowing that up to 50% POP present with co-morbidities, subject selection and factor analysis is lacking
- “sexual activity” – not defined
- Scope of current outcome measures
- Heterosexual population – mentioned in 1 study only.
 - FSFI – validated for both heterosexual and homosexual population
 - PISQ-12 – while pelvic floor and sexually active specific, validated only for heterosexual population (used in 6 studies).

Implications for Practice

- Stage of POP may or may not reflect SD or sexual activity.
- Sexual activity and SD are independent variables.
- Many co-morbidities and factors exist with POP – presence of one factor should lead to inquiry about others
- Utilization of appropriate and potentially more than one outcome measure may be indicated to cover the scope of POP and associated factors. It may also be a segue to further qualitative information gathering.
- Incorporating Body Image Scale and Female Genital Self Image Scale into practice should be considered when assessing POP.
- ** Given the prevalence of POP in our adult female population, it is possible that many of our clients struggle with POP and SD.

Recommendations for future research

- Further studies utilizing control groups
- Better definitions and determinants of sexual activity
- Consideration to sexual orientation of subjects
- Utilization of more outcome measures and factor analysis within studies (inc. BES, GBI)
- Qualitative studies – expanding on the concepts of sexual activity and function; information more complete - the “lived experience”

Summary/Conclusion

- The relationship between POP and SD remains unclear. There is some evidence to show that increased severity of POP is associated with SD
- There are many comorbid factors, making it difficult to isolate the effect POP has on female sexual function
- Sexual activity, sexual function/dysfunction, and QoL are potentially independent
- Body Image and Genital Body Image may play a significant role in POP and SD

Thank you!

- For a copy of this presentation or references, please contact:

Suzanne Thompson

info@kootenaytherapycenter.com