Differences in Sexual Function in Patients with Urologic Chronic Pelvic Pain Syndromes (UCPPS) and Individuals with other Chronic Pain Conditions and Healthy Controls in the MAPP Research Network: 18-6908

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OBJECTIVES

- Sexual dysfunction is an important predictor of diminished quality of life in UCPPS
- Understanding sexual dysfunction as it relates to UCPPS may aid in clinical diagnosis and improve treatment strategies and overall symptom improvement

BACKGROUND

- Cross sectional analysis of subjects with UCPPS, PC (irritable bowel syndrome, chronic fatigue syndrome, fibromyalgia) and HC
- Sexual function assessed with:
  - Female Sexual Function Index (FSFI)
  - Self-Esteem and Relationship Questionnaire (SEAR)
  - University of Washington Male Sexual Function Scale (MSFS)
  - International Index of Erectile Function-Erectile Function Domain (IIEF-EF)
  - Ejaculatory Function Scale (EFS)
- Female sexual dysfunction defined as FSFI score <26
- Male sexual dysfunction defined as IIEF-EF score <21
- Data were compared among UCPPS, PC and HC by ANOVA for continuous variables and chi-square tests for categorical variables.

METHODS

- Study Population
  - UCPPS: 233 women and 191 men
  - PC: 156 women and 44 men
  - HC: 233 women and 182 men
- Female Sexual Function
  - FSFI scores were lower in UCPPS than HC or PC (p=0.001)
  - Higher prevalence of sexual dysfunction in UCPPS (65%) than PC (35.7%) or HC (14.7%) (p <0.001)
- Male Sexual Function
  - 5 times more likely to have sexual dysfunction in UCPPS (20%) than HC (4.2%)

RESULTS

TABLE 1. Cohort Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Stat</th>
<th>UCPPS</th>
<th>HC</th>
<th>PC</th>
<th>p</th>
<th>UCPPS</th>
<th>HC</th>
<th>PC</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>N</td>
<td>191</td>
<td>182</td>
<td>44</td>
<td></td>
<td>233</td>
<td>233</td>
<td>156</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Mean (SD)</td>
<td>46.8 (15.35)</td>
<td>43.7 (15.09)</td>
<td>41.1 (12.80)</td>
<td>0.0082</td>
<td>40.5 (14.35)</td>
<td>38.0 (12.70)</td>
<td>41.9 (14.03)</td>
<td>0.54</td>
</tr>
<tr>
<td>Live with Spouse</td>
<td>Yes</td>
<td>115</td>
<td>81</td>
<td>11</td>
<td>&lt;.0001</td>
<td>153</td>
<td>99</td>
<td>69</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Baseline FSFI score</td>
<td>Mean (SD)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>FSFI &lt; 26</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SEAR Sexual Relationship</td>
<td>Mean (SD)</td>
<td>63.3 (28.00)</td>
<td>82.4 (20.20)</td>
<td>67.9 (30.04)</td>
<td>&lt;.0001</td>
<td>45.3 (30.00)</td>
<td>72.0 (24.77)</td>
<td>62.0 (29.24)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Sear Self Esteem</td>
<td>Mean (SD)</td>
<td>72.0 (24.87)</td>
<td>90.4 (14.63)</td>
<td>75.6 (24.01)</td>
<td>&lt;.0001</td>
<td>68.0 (25.19)</td>
<td>84.8 (17.68)</td>
<td>72.0 (26.82)</td>
<td>0.013</td>
</tr>
<tr>
<td>Baseline EFS [MSFS]</td>
<td>Mean (SD)</td>
<td>2.7 (2.20)</td>
<td>0.6 (9.92)</td>
<td>2.0 (2.04)</td>
<td>&lt;.0001</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>IIEF [EF]</td>
<td>Mean (SD)</td>
<td>24.7 (6.44)</td>
<td>28.5 (3.46)</td>
<td>26.2 (6.15)</td>
<td>&lt;.0001</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
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<td>IIEF [EF] &lt; 21</td>
<td>Yes</td>
<td>30</td>
<td>6</td>
<td>4</td>
<td>0.0082</td>
<td>-</td>
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</tr>
</tbody>
</table>

CONCLUSION

Sexual dysfunction is more common in UCPPS than PC or HC

Assessment and treatment of sexual function is likely to improve quality of life in patients with UCPPS