

## Evaluating the change in Quality of Life (QoL) and Sexual Function Scores in Incontinence Patients following an Intervention of External Electrical Stimulation (EES)



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### Introduction

According to Sen 2006, urinary incontinence has been shown to have detrimental effects on quality of life in terms of psychological, social, and sexual problems.<sup>1</sup> Recent studies have shown a novel EES modality to produce improvements in patient condition which coincided with enhanced QoL scores.<sup>2</sup> Despite this encouraging data, no research has been carried out to determine any secondary benefits associated with enhanced sexual function following an intervention of regular use. This registry exercise, therefore, evaluated the impact of EES on the overall quality of life and sexual function scores of a group of French (n=48) incontinence patients after treatment.

### Aims

The purpose of this study was to retrospectively investigate the changes in patient QoL and Sexual Function after an intervention of EES.

### Methods

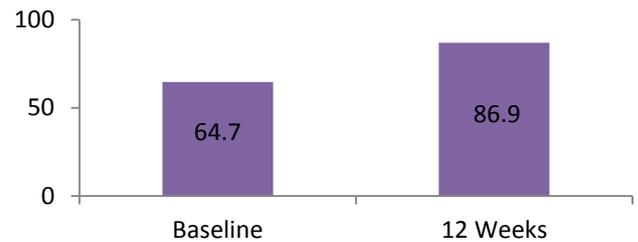
Treatment outcomes were monitored by means of the Incontinence Quality of Life Questionnaire (iQoL) and the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12) following 12 weeks of intervention with the stimulation device. The iQoL and PISQ-12 are psychometric questionnaires that have been shown to have good reliability and validity and are used internationally in practice as a marker of patient QoL and sexual function. Outcomes were evaluated before and after treatment in 48 patients across 4 clinics in France.

### Results

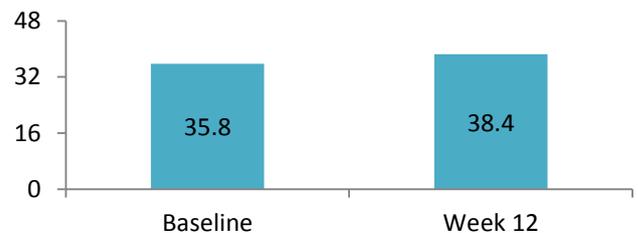
The iQoL Scale Score for the 47 respondents who completed their questionnaire went from 64.7 at baseline to 86.9 at Week 12. Yalcin 2006 reported a baseline adjusted score differential of at least 6.3 points as being required to establish a minimal clinical important difference (MCID) for post intervention iQoL scores.<sup>3</sup> The PISQ-12 score for the 37 patients who completed their questionnaire went from 35.8 at baseline to 38.4 at week 12. Similar to a minimal important difference (MID) for the iQoL Mamik 2014 reports a reasonable estimate of MID for the PISQ total score of 6 points.<sup>4</sup> Therefore while sexual function did appear to show post intervention

improvement it did not meet the MID threshold defined in the literature.

#### iQoL Scale Score following Treatment



#### PISQ-12 Score following Treatment



**Figure 1 – iQoL and PISQ-12 Scores following Intervention**

### Discussion and Conclusions

Results from this observation study have revealed an improvement in patient QoL and a trend also for improved sexual function. While the extent of improved sexual function did not meet the MID, it should be noted that patients in this study appeared to have a high baseline score suggesting that the impact of their condition on their sexual function was limited, if impacting at all to begin with. Overall, it was found that an intervention of EES training was found to enhance the QoL and to a limited extent, the sexual function of patients post intervention.

### References

1. Sen (2006) - The impact of urinary incontinence on female sexual function. *Advances in therapy* 23(6), pp999-1008.
2. Soeder S, Tunn R. (2013) – NMES of the Pelvic Floor Muscles using a Non-Invasive Surface Device in the Treatment of Stress Urinary Incontinence (SUI); A Pilot Study. IUGA Conference.
3. Yalcin (2006) - Minimal clinically important differences in Incontinence Quality-of-Life scores in stress urinary incontinence. *Urology* 67(6), pp1304-08.
4. Mamik (2014) -The minimum important difference for the Pelvic Organ Prolapse-Urinary Incontinence Sexual Function Questionnaire. *International Urogynecology Journal* 25(10), pp 1321-26.