

Treatment of orgasmic urinary incontinence with physical therapy and weight loss

Tratamento da incontinência urinária orgásmica com fisioterapia e redução de peso

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ABSTRACT

Importance of the problem: Orgasmic urinary incontinence (OUI) is an uncommon finding among other types of urinary leakage. Treatment of this condition is not established. **Aims:** To describe the case of a patient who presented OUI and had a multidisciplinary treatment. **Methods:** An obese, 50-year patient complained of OUI with two sexual partners during her consultation. Pharmacological treatment with imipramine and anticholinergics were undertaken, without success. **Results:** Patient had an important subjective improvement after performing a treatment combination of biofeedback, electrostimulation, pelvic floor muscle training and behavioral measurements such as weight loss, improved after bariatric surgery. **Comments:** OUI is a complex disorder, without standard treatments and needs to be further investigated with larger, prospective samples. Combined physical therapy approaches should be considered when discussing treatment.

Keywords: Orgasmic Disorder. Urinary Incontinence. Physical Therapy Specialty.

Introduction

Coital urinary incontinence (CUI) is the loss of urine during sexual intercourse at the moment of penetration or during orgasm.¹ This phenomenon is also related with masturbation. Urinary incontinence (UI) during penetration is mostly related to stress urinary incontinence, when leakage of urine is caused by an increase of abdominal pressure during an effort

maneuver (cough, exertion), while urinary incontinence during orgasm is related to detrusor overactivity, which occurs during bladder cystometry by contractions of detrusor muscle, secondary to unknown reasons or in response to stimuli.²

Coital urinary incontinence is prevalent in 20% of sexually active women, causing a huge impact on quality of life, regardless of age, BMI and other urinary symptoms.³ However, prevalence of orgasmic

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urinary incontinence (OUI) is low, especially among women who refer multiple orgasms. Men who were submitted to radical prostatectomy, prevalence of orgasmic incontinence is high, due to unknown reasons.⁴ An Italian research found that, from 18% of sexually active women with CUI, one third presented OUI.⁵ Due to paucity of evidences about OUI, we present this case of a patient who did not succeed with pharmacological treatment of OUI, presented a subjective cure with the use of feedback, electrostimulation, pelvic floor muscle treatment and behavioral modifications.

Case report

We attended a 50-year-old patient, phone operator, primiparous with a previous cesarean section, premenopausal status, presenting obesity, hypotireoidism, fibromyalgia and insulin resistance. She used metformin, levotiroxine, folic acid and omeprazol. She was attended at our Service in August 2008, referring that she has presented a great loss of urine during orgasm for more than 15 years, causing an important embarrassment, which took her to reduce her sexual frequency. She also referred multiple orgasms (ten episodes/intercourse), hyperactive sexual drive (six sexual intercourses/week) and sexual relationship with two partners. One of them was not embarrassed with her urine loss. Physical exam revealed a BMI of 35 kg/m² and genital examination did not have any changes on vulva, cervix and vagina, as well as a negative cough test. According to POP-Q classification¹, it was noted a grade 2 posterior defect, and bidigital exam found a decrease in pelvic muscle strength.

Diagnosis was Overactive Bladder Syndrome (OAH) during orgasm (OUI). It was prescribed imipramine 25 mg/day associated with weight loss and bladder training. Three months later, she obtained a partial improvement of symptoms with reduction of micturition intervals. She referred intestinal constipation, headache, trembling, and emotional fragility, which were probably secondary to imipramine. Patient did not present any weight loss; imipramine was replaced by anticholinergics (oxibutinine 10 mg/d), without improvement. An urodynamic study was performed, which confirmed detrusor overactivity, with an important urine leakage. No stress urinary incontinence was detected. However, patient did not improve urgency symptoms after three years of medication.

Patient was submitted to a posterior colporrhaphy due to symptoms of rectocele. Two years later, she

performed a bariatric surgery (Sleeve type) and lost 16 kilos in the first postoperative month, with an improvement of urinary symptoms. At the same period, she interrupted the use of medications for OAB. As she still has complaints of orgasmic incontinence, patient was referred to a physical therapy service for a weekly, 12-session-programme which included endovaginal electrostimulation for inhibition of detrusor contractions (frequency: 10Hz, pulse width: 400µs and stimuli time: 20 min), biofeedback and pelvic floor muscle training (PFMT) for improvement of coordination and strength of pelvic muscle floor, as well as orientations for home exercises. The first method was chosen according to our protocol.⁶

Clinical assessment showed an increase of pelvic muscle contraction strength. Patient referred an important subjective improvement of irritative symptoms (one episode with mild urine loss), however she still presents rare episodes of urine loss during sexual activity, probably related with stress component. She also refers a management difficulty with one of her partners, who complained that he decreased his interest during sexual intercourse.

Discussion

This case shows, step by step, what measures were used to treat OUI and, it shows the possibility of the lack of response from different interventions. To our knowledge, it is the first report that describes a complete subjective improvement from a multidisciplinary non-pharmacological treatment. Moreover, it shows the complexity of dealing with sexual questions, once that a condition that causes sexual dysfunction for a person can mean a stimulus to other, such is the case of one of her partners that gets stimulated with patient's loss of urine during orgasm. It is possible that this partner relates this fact with ejaculation, considering that some reports that women also ejaculates during orgasm. Vaginal lubrication during sexual intercourse derives from transudes of vaginal wall,⁷ besides the secretions of uterine tubes, cervix and Skene glands, and increases substantially considering that excitation is potentiated, finishing with orgasm. This liquid is usually clear, with no odor, similar to the liquid produced by prostate on men.

In this case, the eliminated liquid during orgasm smelled and looked like urine. It is a difficult task to confirm the diagnosis of OUI, because usually urodynamic study is negative for detrusor hyperactivity in

this situation, considering that urinary symptom occurs only in orgasm. Orgasmic urinary incontinence seems to be the worse symptom to treat among subtypes of detrusor hyperactivity and treatment options of this condition are few effective.⁸ In this way, a research showed that pharmacological treatment with antimuscarinics was not satisfactory and was similar to empirical treatment of patient.⁷ Despite the patient had shown an improvement of her symptoms, we can not determine the role of physical therapy in this case since other treatments were enrolled at the same time.

Weight loss has a positive impact in the mechanism of UI,⁹ and a possibility of adjuvant role to physiotherapy. Another chance of improvement in this patient was when she realized posterior colporrhaphy for

rectocele. According to the Continence Integral Theory, which considers that vaginal elasticity and pelvic organ suspension and sustentation system generate a force that keeps urethra closed during bladder filling period, posterior anatomic defects would activate prematurely the micturition reflex represented by irritative symptoms¹⁰. However, posterior colporrhaphy did not reduce urgency, so this theory could not be applied in this case.

In summary, weight loss associated with physical therapy improved sexual complaints of this patient, by the reduction of the number of episodes of urge incontinence. Controlled studies evaluating these two variables are necessary to define the role of physical therapy on OUI.

RESUMO

Importância do problema: Incontinência urinária orgásmica (IUO) é um tipo incomum dentre os tipos de perda urinária. O tratamento para esta condição ainda não está estabelecido. **Objetivo:** Descreve o caso de uma paciente que apresentou IUO e foi submetida ao tratamento multidisciplinar. **Metodologia:** Paciente obesa, 50 anos, relatando, durante a consulta, IUO com dois parceiros sexuais. Tratamento farmacológico com imipramina e anticolinérgicos foram realizados sem sucesso. **Resultados:** Paciente apresentou importante melhora subjetiva após a realização de uma combinação de tratamento de biofeedback, eletroestimulação, treinamento muscular do assoalho pélvico e medidas comportamentais, como perda de peso, incrementada após a cirurgia bariátrica. **Comentários:** IUO é uma doença complexa, sem tratamentos padrão e precisa ser mais bem investigada com amostras prospectivas maiores. Abordagens fisioterapêuticas combinadas devem ser consideradas quando se discute o tratamento.

Palavras-chave: Disfunções Sexuais Psicogênicas Disfunções Sexuais Psicogênicas. Incontinência Urinária. Fisioterapia.

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