

## Female Urology (I)

### Podium

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#### **INTERSTITIAL CYSTITIS PAIN MARKEDLY LIMITS SEXUAL FUNCTIONING**

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**Introduction and Objective:** To gain a better understanding of the psychosexual impact of Interstitial Cystitis (IC), a medical anthropologist collaborated with a team of clinicians to determine the extent to which this illness impacts the sexual lives of patients.

**Methods:**

Ethnographic and survey research methods were used to gather life histories and illness narratives on 49 patients, 11 men and 38 women, diagnosed with IC. Content analysis was performed on the qualitative data according to the Spradley ethnographic method. The demographic data were entered into Excel 10.4 and SPSS 9.0 and descriptive statistics were generated.

**Results:** Narrative data were divided by gender. Six domains with related cultural themes were uncovered. The analysis of sexual themes reveals that IC pain impacts sexual function differently in men versus woman. Most impressive, is how the persistent, constant pain of IC diminishes both the functional and emotional components of sexual activity. Men specifically report that difficulties in arousal, erection, and ejaculation are related to IC pain. Women not only report dyspareunia, but also severe and debilitating increases in IC symptoms following sexual intercourse which can last for several days. Patients report that their IC pain is not effectively controlled and treatments for sexual dysfunction are not usually offered. Moreover, restrictions in coverage under public and private health insurance policies limit access to appropriate medical treatment and rehabilitative services.

**Conclusions:**

This research reveals that patients directly link IC pain to diminished sexual functioning. In addition, we found that: 1) Patients with IC are deeply concerned about diminished sexual function but are reticent to talk about the problem with their physicians. 2) Management of IC pain is inadequate. 3) This inadequacy leads to increasing disability and dramatic changes in the sexual frequency and practices of IC patients. 4) Linking treatments for sexual dysfunction with pain management could improve quality of life for these patients. 5) This data also reveals how the structure of medical care delivery along with health insurance policies, have a synergistic effect of discouraging the optimal use of medical services. The health delivery infrastructure reduces patient access to a comprehensive and interdisciplinary set of needed health interventions. Recognition of both the problem and the structural issues restricting access to medical services is an important first step in addressing IC pain and related sexual dysfunction.

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