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Sexual abuse evaluation in urological practice

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Chapter 9:

Conclusions and general discussion

Conclusions and general discussion

The primary aim of this study was to investigate the prevalence of sexual abuse in a urological outpatient clinic and to see if differences could have been made in urological populations, like a general urological clinic, a university urological clinic and a tertiary university pelvic floor clinic. Sexual abuse prevalence rates measured with female patients are respectively 13% in a general urological outpatient clinic (HagaZiekenhuis), 17% in an academic urological outpatient clinic (Leiden University Medical Center), 22% and 23% in a university outpatient pelvic floor center (University of Manitoba and LUMC)[1-4]. All prevalences are in the same range as the sexual abuse prevalence in general population. The conclusion is that patients with sexual abuse do not avoid the urologist, nor do they present themselves more often. There is a tendency that the more complex the urological pathology, the higher the prevalence of sexual abuse, which is climbing from 13% (normal urology clinic) to 17% (university urology clinic) to 22-23% (university pelvic floor center). The measured prevalence of male patients is 2%[1]. This is lower than the prevalence of 8%-10% mentioned in international literature, but comparable to the repeatedly measured Dutch prevalence of 4% in teenagers and adults[5-8]. The lower percentage of 2% can be explained by the research population in which age was higher than 60 on average and median. People under 60 are more willing to report a history of SA than people older than 60[9]. The same significance was found in our study in which patients under 60 also reported sexual abuse more often[1]. Recall bias or embarrassment on this topic by an older generation can be an explanation for this low prevalence. Urologists are willing to ask their patients about sexual abuse history. Nearly 70% of Dutch urologists always ask their female patients about SA history. Those who doesn't, do ask when a patient suffers from abdominal pain (78%) or urgency/frequency (62%)[10]. Although Dutch urologists frequently ask about sexual abuse, they underestimate the prevalence of sexual abuse. They estimate the prevalence to be 10% or less. In contrast to sexual abuse, only 6% of the urologists ask all their female patients about female sexual dysfunctioning[11]. Most urologists ask about sexual dysfunction when a patient complains about lower abdominal pain (87%), incontinence (76%), urgency or frequency (71%), or urinary tract infections (66%). Urologists report a need for education and training about this topic. Most patients with sexual abuse history (72%) don't mind if urologists ask about sexual abuse[1]. Although the study was not primarily designed to answer this question, urologists should not be afraid raising the topic of sexual abuse, because patients are not concerned by this inquiry. Although patients with sexual abuse don't mind being asked about sexual abuse, half of them thought this information was not relevant for their urologist. Lack of knowledge of sexual abuse leading to urological complaints can be an explanation for this. Analysis of patient data of our academic pelvic floor population in Leiden showed that patients with sexual abuse had significantly more often complaints in more domains of the pelvic floor compared to pelvic floor patients without sexual abuse, suggesting that sexual abuse can lead to multiple pelvic floor related complaints[2]. In our Canadian pelvic floor study, we compared female patients with pelvic floor

complaints to patients without pelvic floor related complaints using the PeLFIs[4]. Looking more specified in the domains of the pelvic floor, it is shown that constipation, sexual dysfunction and urgency/frequency are all independently significant correlated with sexual abuse. Looking to urological complaints in an urological population, an association was found between a history of sexual abuse and urological complaints, namely a higher percentage of voiding complaints (63%), incontinence(61%) and urinary tract infections(53%) in the SA group, but the differences were not significant compared to patients without sexual abuse (voiding complaints 53%, incontinence 48% and urinary tract infections 44%)[3]. Remarkably patients with sexual abuse reported significant more urological complaints as reason for referral to the urologist. A model was postulated to clarify the two main pathways in the mechanism of sexual abuse leading tot urological complaints[12]. The first pathway is the response of the pelvic floor pathway to stimuli, which leads to bladder outlet obstruction en over active bladder. The second pathway is the direct response to stimuli of the central nerve system on the bladder. More research is necessary to clarify the influences and the mechanisms responsible for the urological symptoms and its association with sexual abuse. More research is necessary to prove that urological complaints in relation to sexual abuse must be treated in a biological-psychological model with a combination of pelvic floor physiotherapy and psychological treatment. Randomised trials should be initiated to prove this. Urologist should not be afraid to inquire about sexual abuse because it's relevant information for choosing the best treatment options for the patient and patients with sexual abuse don't mind if urologist inquires it.

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