



INTERNATIONAL CONTINENCE SOCIETY (ICS) REPORT ON THE TERMINOLOGY FOR SEXUAL HEALTH IN MEN WITH LOWER URINARY TRACT (LUT) / PELVIC FLOOR (PF) DYSFUNCTION.

A: Need for a working group on sexual health in men with LUT/PF dysfunction

- In men with LUT and PF dysfunction (D), symptoms of sexual dysfunction (SD) are highly prevalent.
- Multiple studies have identified that LUTD and sexual dysfunction share risk factors (i.e. diabetes, dyslipidemia, obesity, age)
- Most health care providers (HCP) do not address sexual health adequately. This problem has multiple causes, lack of standardization/consensus being one of them.
- Sexual issues in general and sexual dysfunction have a great variability around the world because of different cultural, religious and ethnic backgrounds. Hence there is need of an international consensus with wide geographical representation.
- There is a lack of adequate communication between professionals and lack of proper scientific reporting of these issues, also due to non- standardized language to address relevant signs, symptoms and other clinical assessments.
- The International Consultation on Incontinence (ICI-RS) Think Tank 2015 concluded that “Education among HCP’s on assessment and treatment of sexual dysfunction and communication skills are essential to encourage an initial engagement between patients and HCP’s”.
- A further conclusion of the ICI-RS Think Tank 2015: “Neurovascular and hormonal factors, but also indirect effects may link LUTD to SD in both sexes, but the evidence is not robust and the mechanisms unclear. There is a need for defining the terminology and standardizing outcomes assessed in clinical trials. The multifactorial nature of SD in both sexes makes trial design challenging and “real world” studies may prove more beneficial for patients’ outcomes and clinicians’ understanding”.
- A document from the ICS resulting from this working group would aid in addressing the need of proper definitions, and the need of educating HCP.

B: Scope

- The Report would be clinically based and would aim to be as user-friendly as possible.
- The Report would be definitional with any necessary explanations or descriptions included as footnotes. It would be appropriately referenced.
- Terminology will align with current terminology documents.



- A literature terms analysis (bibliometric search) will be included in the process
- Delphi method will be used to reach consensus
- The Report would be subject to multiple rounds of internal (WG) review (8-12 anticipated), external review (3-4 reviewers) and ICS membership (website) review.

C: Significant topics

- BPH
- Erectile dysfunction
- Hypogonadism
- Metabolic syndrome

- Urethral strictures

- Chronic pelvic pain syndrome

- OAB

- Urinary incontinence

- Chronic prostatitis

- Post radical prostatectomy patients

D: Membership of working group (Anticipated)

- Chair

- Members (around 12-16)

E: Timeline

The working group should target produce the report within 15-18 months, but with an absolute maximum of 2 years from commencement

F: References

- Rosier PF, de Ridder D, Meijlink J, Webb R, Whitmore K, Drake MJ: Developing evidence-based standards for diagnosis and management of lower urinary tract or pelvic floor dysfunction. *Neurourol Urodyn* 2012, 31(5): 621-624.
- Rantell A, Apostolidis A, Anding R, Kirschner-Hermanns R, Cardozo L. How does lower urinary tract dysfunction affect sexual function in men and women? ICI-RS 2015—Part 1. *Neurourol Urodyn*. 2017;36:949-952.



- Apostolidis A, Rantell A, Anding R, Kirschner-Hermanns R, Cardozo L. How does lower urinary tract dysfunction (LUTD) affect sexual function in men and women? ICI-RS 2015—Part 2. *Neurourol Urodyn.* 2017;36(4):869-875.