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## Research Article

# PARTNER SATISFACTION OF MEN USING 5 MILIGRAM DAILY TADALAFIL FOR URINARY TRACT SYMPTOMS

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### ABSTRACT

**Objectives:** Sexual functions of men and women interact with each other. Therefore any problem or improvement in the sexual activity of one of the couple will effect the other.

In recent years low dose of tadalafil (5 mg) has been used for both relieving lower urinary tract symptoms and improving sexual functions.

In this study we aimed to see whether sexual functions of women will improve upon the improvement of their partners' sexual functions after using daily 5 mg tadalafil for 3 months.

**Methods:** Sexually active partners of men using 5 mg daily tadalafil, aged between 20-60 years were included in this study. All men with lower urinary tract symptoms filled up IIEF-5 form before the treatment and again after 3 months medication. All their female partners filled up FSFI form at the first control visit after 3 months medication. The partners concomitantly filled up the same form (FSFI) according to the situation before 3 months (before medication).

**Results:** There was significantly increase in the IIEF-5 score of men ( $p < 0.05$ ). Similarly there was a significantly increase in the FSFI score after 3 months treatment ( $p < 0.05$ )

There was no significant correlation between the age of men and the improvement of IIEF score ( $p > 0.05$ ). Also there was no significant correlation between the age of men and the improvement of FSFI score ( $p > 0.05$ ).

**Conclusions:** Sexual partner satisfaction is an important issue in men's sexual life. It must be investigated and should be paid attention by the physician while conducting the medication.

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### INTRODUCTION

Sexual activity is an important part of daily life. The importance differs due to the person's life style, education, occupation, religious belief, age, concomitant disease and partner. This theory is valid both for men and women.

Woman sexual health has been getting more important in urology practice for 15 years. According to our knowledge woman sexual health interacts with their partners' sexual performance. Recent studies shows that women those have partners with decreased libido and erectile dysfunction, suffer from lack of libido and arousal and orgasmic disorders[1]. As it is known to be a multifactorial problem, men's sexual health is one the factors that affects women sexual health. Due to this definition sexual health should be evaluated as a couple's problem.

Determination, evaluation and investigation of women sexual health is more complicated than men. Sexual activity shelters many functions. Therefore, in order to understand and treat this activity, a necessity to determined subgroups arised.

At the beginning of 21. century, Roehrborn *et al.* declared 'Female Sexual Function Index' for determining women sexual activity more accurate and objectively[2]. This index includes 19 questions about sexual desire and arousal, lubrication, orgasm, satisfaction and pain. Each of six domains has self and different coefficients. Each score is been calculated according to these different coefficients for every question and the sum gives the total score of the index (Table 1). It is not a measure of sexual experience, knowledge, attitudes or interpersonal functioning in women and it is not recommended to be used for a diagnostic instrument. However, it was validated to several languages and being used for women sexual health worldwide.

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For the original test, test-retest reliability was found high in all domains ( $r=0.79-0.86$ ) and for total scale ( $r=0.88$ ). And inter-items correlations were observed high for all six domains (Cronbach's alpha values of 0.82 and higher)[2]. Turkish validation of the test was found to be reliable and valid for Turkish women with 0.98 Cronbach's alpha value and 0.75 test-retest reliability ratio[3].

**Table 1** Domain Scoring

Domain	Item number	Score range	Minimum score	Maximum score
Desire	1,2	1-5	2	10
Arousal	3,4,5,6	0-5	0	20
Lubrication	7,8,9,10	0-5	0	20
Orgasm	11,12,13	0-5	0	15
Satisfaction	14,15,16	0(or 1)-5	2	15
Pain	17,18,19	0-5	0	15

Sexual satisfaction is related to the partners sexual behaviours and perspectives. Therefore women sexual satisfaction inherently depends on men's sexual activities. Several studies have shown the interaction between couples' sexual life [4,5]. Therefore women's sexual life is affected by their partners sexual activities.

Benign prostatic hyperplasia (BPH) and sexual dysfunction are common problems among elderly men [6]. Also these two problems may be accepted as co-existence among aged men. Low doses of phosphodiesterase type 5 (PDE5) inhibitors have been used to improve lower urinary tract symptoms due to benign prostatic hyperplasia [7,8] and tadalafil is being used widely for BPH and improving erectile functions concomitantly [9,10]. It is well known that PDE5 inhibitors contributes erectile functions and this attributes to the improvement of whole sexual life of couples.

In this study we aimed to evaluate a possible improvement of women's sexual satisfaction after their partners have used daily tadalafil 5 mg tablets for three months.

**MATERIALS AND METHODS**

This study was approved by Baskent University Institutional Review Board and Ethics Committee (Project no: KA 15/287) and supported by Baskent University Research Fund.

Sexually active 50 men and their female partners with 20-60 years old age were included in this study. Women with diagnosis of diabetes mellitus (Type 1 or Type 2), story of a genital surgery and using medicine those can affect sexual life (e.g. antidepressant, antipsycotics), and who refused or cannot be able to fill the questionnaire were excluded from the study (Table 2).

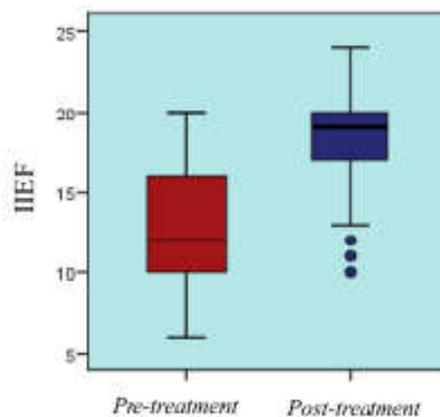
**Table 2** Exclusion criterias

Men	Women
<ul style="list-style-type: none"> <li>On demand PDE5 inhibitors usage in 3 months</li> <li>Radical pelvic surgery</li> <li>Diagnosis of urethral stricture</li> <li>Antidepressant or antipsycotic usage in 3 months of medication</li> <li>Homosexuality</li> </ul>	<ul style="list-style-type: none"> <li>Sexually inactive</li> <li>More than one sexual partner</li> <li>Diagnosis of DM</li> <li>Story of genital surgery</li> <li>Antidepressant or antipsycotic usage in the past 3 months</li> </ul>

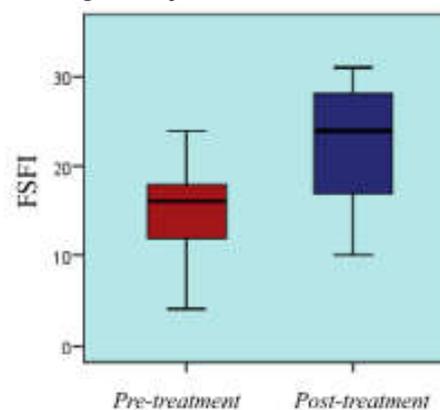
Men those had used tadalafil 5 mg. daily tablet filled International Index of Erectile Function (IIEF-5) form before

they started up the medication. After 3 months of medication, during their first visit they filled up the same IIEF-5 form again as usual. Additionally, they were recommended to take their partners with them to the first visit (after 3 months of medication). Their female partners had filled up Female Sexual Function Index (FSFI) form. Far from men, the female partners had filled up the same form at the same time comparing with their sexual functions at three months ago (before medication).

**Statistical method:** Average, standard deviation, lowest and highest median values were used for descriptive data statistics. Distribution of variables were calculated with Kolmogorov Simirnov test. Wilcoxon test was used for the analyse of the repetitive measurements. Spearman correlation analyse was used for correlation analyses. SPSS 22.0 programme was used for analyses.



**Figure 1** Improvement of IIEF score of men



**Figure 2** Improvement of FSFI score of women

**RESULTS**

Fifty couples completed the study. All men filled up IIEF-5 form at the beginning of the study as well as at the end of the study. All women filled up FSFI form at the end of 3 months medication of their partners. Additionally women partners filled up FSFI form again, according to their situation before medication of their partners.

There was significantly increase in the IIEF-5 score of men ( $p<0.05$ ). Similarly there was a significantly increase in the FSFI score after 3 months treatment ( $p<0.05$ ). (Table 3)

**Table 3** Questionnaire scores of men and women before and after 3 months medication

p	Min-Max	Median	Mean±sd
Male Age	40.0 - 71.0	52.0	52.7 ± 7.1
Female Age	30.0 – 60.0	48.0	46.7 ± 6.9
IEEF Before treatment	6.0 – 20.0	12.0	12.8 ± 3.6
0.000 After treatment	10.0 – 24.0	19.0	18.2 ± 3.0
FSFI Before treatment	4.0 – 24.0	16.0	14.9 ± 4.4
0.000 After treatment	10.0 – 31.0	24.0	22.1 ± 6.8

Wilcoxon test

There was no significant correlation between the age of men and the improvement of IIEF score ( $p>0.05$ ). Also there was no significant correlation between the age of men and the improvement of FSFI score ( $p>0.05$ ). (Table 4)

Additionally, no significant correlation was determinate neither between the age of women and the improvement of IIEF score ( $p>0.05$ ) nor between the age of women and the improvement of FSFI score ( $p>0.05$ ). (Table 4)

**Table 4** Correlation analysis between age and questionnaire scores of men and women

		IIEF			FSFI	
		Pre-tre	post-tre	change	pre-tre	post-tre
Age of men	r	-0.209	-0.275	0.012	-0.091	-0.121
	p	0.149	0.056	0.936	0.534	0.408
Age of women	r	-0.100	-0.277	-0.120	0.001	-0.109
	p	0.494	0.054	0.410	0.993	0.457

Spearman Correlation

## DISCUSSION

Sexual activities of the couples have one goal and that is satisfaction. Satisfaction has two components aiming self pleasure and satisfaction of the partner. Like all of the mammals sexual activity of human being is one of the basic instincts but unlike the mammals it interacts with the partners desire and seduction.

Chronic diseases may affect men’s sexual life [6]. BPH is a widespread disease among elderly men. Sexual dysfunction is seen among those men concomitantly. This leads the studies to find out a treatment for both of these problems.

Low doses of phosphodiesterase-5 inhibitors have been used for treatment of lower urinary tract symptoms and erectile dysfunction concomitantly [11,12]. Recently it is well known that low doses of tadalafil improves erectile functions. In this study we have shown that the improvement of sexual functions of men comes with the improvement of women’s sexual life. Additionally, it was determinate that the improvement of the sexual life of both men and women is independent from age. This shows that women’s sexual life is strictly correlates with

their partners’ erectile functions and age is not a factor for this improvement.

The results of the questionnaire (FSFI) shows not only the improvement of orgasm or satisfaction compounds but also the improvement of desire and arousal compounds. These findings also shows that the perspective of women for sexual activities may change with the improvement of the sexual functions of their partners.

All the findings shows that, women sexual functions are both directly and indirectly depends on their partners’ sexual functions. Therefore any improvement of men’s sexual functions leads to the improvement of their female partners. This attributes to a new treatment modality which concerns with couples sexual activities together. According to our knowledge cognitive therapies about couples’ sex life needs the participation of both man and woman. Similarly, questioning women should be prevalent in urological practice. This may introduce us a deeply and correct information about men’s sexual activities. Additionally, questioning curing men may improve women’s sexual life.

## Conflict of Interest

None of the contributing authors have any conflict of interest, including specific financial interest or relationships and affiliations relevant to the subject matter or materials discussed in the manuscript.

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