Ankle position, pelvic tilt and pelvic floor muscle activity in stress urinary incontinence

Up to 44% of women suffer from stress urinary incontinence, and pelvic floor muscle (PFM) training is generally agreed to be the first treatment choice to help combat this problem. Posture is known to have an effect on pelvic floor laxity, but the relationship between PFM activity and postural changes that affect pelvic tilt have rarely been studied.

Chen and colleagues investigated the influence on PFM activity of various pelvic tilt angles created by a range of ankle positions (horizontal, dorsiflexed and plantar) in 39 women with stress urinary incontinence. Resting PFM activity was measured while the women were standing on either a horizontal or inclined plane; PFM activity was significantly greater with the ankle in the neutral and especially the dorsiflexed position, compared with the ankle in plantar flexion. The authors linked this finding to the effect of ankle position on pelvic tilt: in the dorsiflexed position the pelvis tilts anteriorly, which has a favorable effect on PFM, compared with the posterior pelvic tilt that results from the plantar position. As pelvic tilt also has an impact on abdominal muscle activity, there would appear to be a link between PFM activity, abdominal muscle strength and pelvic tilt tendency that warrants further investigation.

Upright standing posture with the ankles dorsiflexed can facilitate anterior pelvic tilt, which in turn increases effective PFM activity. The authors recommend the use of ankle position as an aid to PFM training for stress urinary incontinence.

Carol Lovegrove

Original article Chen C-H *et al.* (2005) Relationship between ankle position and pelvic floor muscle activity in female stress urinary incontinence. *Urology* **66**: 288–292

Acupuncture as a therapy for overactive bladder

Current therapies for overactive bladder syndrome are limited: around 50–70% of patients respond to anticholinergic medication, although significant adverse effects cause many patients to withdraw from therapy. Behavioral and physical therapies often have good initial efficacy, but patient responses tend to attenuate after about 3 months. There is, therefore, an unmet

need for effective treatments for this common and socially debilitating problem.

Emmons and Otto randomly assigned 85 women with urge incontinence to receive four sessions of weekly acupuncture treatment, either a course designed specifically to address overactive bladder symptoms, or a placebo acupuncture treatment designed for relaxation. There was no significant difference between the reduction in number of incontinent episodes between the treatment group (59%) and the placebo group (40%); however, in the treatment group, but not in the placebo group, there were significant reductions in urinary frequency and urgency and significant increases in maximum cystometric capacity and maximum voided volume. There was a significantly greater improvement in both the urinary distress scale (57% versus 32% decrease, $P=0.05$) and incontinence impact questionnaire (52% versus 23% decrease, $P=0.004$), in the treatment group compared with the placebo group, respectively.

This single-blind study showed good results for treatment-specific acupuncture despite a large placebo effect, similar to that previously reported in the overactive bladder literature (33–56%). Use of a 7-day rather than a 3-day symptom diary and longer follow-up might have allowed the detection of differences in incontinent episodes, say the authors.

Carol Lovegrove

Original article Emmons SL *et al.* (2005) Acupuncture for overactive bladder: a randomized controlled trial. *Obstet Gynecol* **106**: 138–143

Erectile dysfunction: the female perspective

A questionnaire given to women whose partners suffer from erectile dysfunction (ED) reveals the significant negative impact of ED on the female sexual experience, but suggests that this can be improved with the use of phosphodiesterase type 5 (PDE5) inhibitors. While many studies have assessed the impact of ED on men, few have evaluated ED from the female sexual partner's perspective.

Of the 808 men enrolled in the 2004 Men's Attitudes to Life Events and Sexuality (MALES) study, 430 consented to their sexual partner being interviewed. Consenting female partners were