

Prevalence of pelvic floor disorders in community-dwelling women

Pelvic floor dysfunction is currently under-reported and undertreated, hence there is a severe lack of data available on the prevalence of such disorders. Lawrence *et al.* used the Epidemiology of Prolapse and Incontinence Questionnaire to assess the prevalence and co-occurrence of stress urinary incontinence (SUI), overactive bladder (OAB), pelvic organ prolapse, and anal incontinence in a sample of 12,200 community-dwelling women aged 25–84 years.

The overall prevalence of any one or more pelvic floor disorder was 37% (95% CI 35.8–38.9%) for the 4,103 women for whom full data was available. The individual prevalence of SUI was 15%, OAB 13%, pelvic organ prolapse 6%, and anal incontinence 25%. Although the unadjusted prevalence of SUI, OAB and anal incontinence each significantly increased with increasing age ($P < 0.01$ for all), age was not associated with the prevalence of any pelvic floor disorder in multivariate analysis adjusted for common confounding factors. The presence or absence of all four disorders was assessed in 3,799 women (93% of the total sample); 67% of those who had any pelvic floor disorder were found to have an additional pelvic floor disorder, the most common combination being SUI and anal incontinence (9%, 95% CI 7.9–9.7).

More than a third of women are affected by at least one pelvic floor disorder; clinicians treating women with pelvic floor dysfunction should enquire about symptoms of other lower urinary tract conditions.

Original article Lawrence JM *et al.* (2008) Prevalence and co-occurrence of pelvic floor disorders in community-dwelling women. *Obstet Gynecol* 111: 678–685

Health-related quality-of-life changes in prostate-cancer survivors

Little is known about health-related quality of life (HRQOL) in prostate-cancer survivors after contemporary first-line treatments. Accordingly, Sanda and colleagues identified the factors that influenced post-treatment HRQOL in prostate-cancer survivors, and determined

their effects on patients' and their partners' satisfaction with treatment outcomes.

This multicenter study included 1,201 men (median age 63 years, 9% black) who elected to undergo radical prostatectomy, brachytherapy, or external-beam radiotherapy as initial treatment for stage T1–T2 prostate cancer. Responses to the 'Expanded Prostate Cancer Index Composite' and 'Service Satisfaction Scale for Cancer Care' questionnaires were collected before treatment, and 2, 6, and 24 months after treatment started. At the same time points, 625 partners responded to similar questionnaires.

Changes in HRQOL strongly influenced satisfaction with outcome for both patients and their partners. Treatment-related decreases in patients' HRQOL, particularly those associated with sexual and urinary symptoms, distressed their partners and influenced partners' satisfaction with treatment outcomes. Black patients were less satisfied than white patients with their outcomes, although reasons remained obscure.

Nerve-sparing surgery mitigated the adverse effects of prostatectomy on HRQOL. Even short-duration adjuvant androgen deprivation therapy (ADT) exacerbated the adverse effects of radiotherapy or brachytherapy on HRQOL, however, and particularly impaired sexual functioning and vitality. These detriments persisted long after ADT ceased. Sanda and colleagues caution that physicians' enthusiasm for adjuvant ADT should be tempered for men with low to intermediate-risk prostate cancer, in whom it might not improve survival.

Original article Sanda MG *et al.* (2008) Quality of life and satisfaction with outcome among prostate-cancer survivors. *N Engl J Med* 358: 1250–1261

Circumcision probably does not protect against non-HIV STIs in developed countries

Compelling evidence exists that circumcision has a protective effect against heterosexual acquisition of HIV infection, but there are conflicting reports on whether it does so for other sexually transmitted infections (STIs) that are common among heterosexual populations in developed countries. Several large, population-based studies conducted in the US, UK and Australia found no effect of circumcision on