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Overactive bladder and female sexual dysfunction: assessment using the FSFI and the psychosocial effects on quality of life.

Overactive bladder and female sexual dysfunction: evaluation by the fsfi and psychosocial effects on quality of life

Isabela Ribeiro Mascarenhas Ferro – Medical Residency Program in Gynecology and Obstetrics at the Gama Regional Hospital – Federal District, affiliated with the Higher School of Health Sciences / Foundation for Teaching and Research in Health Sciences (ESCS/FEPECS) and the State Secretariat of Health of the Federal District, isabelaribeiromascarenhas@gmail.com

Odílio Mendes Frazão – Gama Regional Hospital, odiliofrazao@gmail.com

Summary

This study aimed to investigate the impact of Overactive Bladder Syndrome (OAB) on female sexuality through a literature review. OAB is a clinical condition defined by the presence of urinary urgency, frequently accompanied by increased frequency and nocturia, with or without urge urinary incontinence, excluding urinary tract infection or other evident pathology. It is a highly prevalent chronic condition, affecting between 12.8% and 31.3% of adult women, with an estimated prevalence of 16.6% in the European population and 16.9% in the USA. Female sexual health is an essential component of quality of life, encompassing somatic, emotional, intellectual, and social aspects, with Female Sexual Dysfunction (FSD) affecting approximately 43% of women in the USA, with low libido being the most frequent complaint. Several studies have shown that women with abdominal osteoporosis (OAB) have significantly impaired sexual function compared to healthy controls, with markedly lower scores on the Female Sexual Function Index (FSFI) in all domains (desire, arousal, lubrication, orgasm, satisfaction, and pain). Factors such as fear of leakage and unpredictability of urgency contribute to anxiety and loss of self-confidence, leading to low sexual frequency. Treatment of OAB, including pharmacotherapy, pelvic floor muscle training, and minimally invasive procedures, generally improves sexual function without significant adverse effects. Thus, it is concluded that OAB constitutes an independent risk factor for sexual dysfunction (SD), and active assessment of patients' sexual health is essential as part of clinical management to optimize quality of life.

Keywords: Overactive Bladder Syndrome; Female Sexual Dysfunction; Quality of Life; Female Sexual Function Index.

Abstract

This study aimed to investigate the impact of Overactive Bladder Syndrome (OAB) on female sexuality through a literature review. OAB is a clinical condition defined by the presence of urinary urgency, often accompanied by increased frequency and nocturia, with or without urgency urinary incontinence, excluding urinary tract infection or other obvious pathology. It is a highly prevalent chronic condition, affecting between 12.8% and 31.3% of adult women, with an estimated prevalence of 16.6% in the European population and 16.9% in the United States. Female sexual health is an essential component of quality of life, encompassing somatic, emotional, intellectual, and social aspects, with Female Sexual Dysfunction (FSD) affecting approximately 43% of women in the United States, low desire being the most frequent complaint. Several studies have shown that women with OAB have significantly impaired sexual function compared to healthy controls, with markedly lower scores on the Female Sexual Function Index (FSFI) across all domains (desire, arousal, lubrication, orgasm, satisfaction, and pain). Factors such as fear of leakage and unpredictability of urgency contribute to anxiety and loss of self-confidence, leading to low sexual frequency. OAB treatment, including pharmacotherapy, pelvic floor muscle training, and minimally invasive procedures, generally improves sexual function without significant adverse effects. Thus, OAB constitutes an independent risk factor for FSD, and proactive evaluation of patients' sexual health should be part of



clinical management to optimize quality of life.

Keywords: Overactive Bladder Syndrome; Female Sexual Dysfunction; Quality of Life; Female Sexual Function Index.

1. Introduction

Human sexuality goes beyond the physiological component, encompassing physical aspects, social, spiritual and emotional (RIBEIRO; SCETTER DO VALE, 2016). The World Organization The World Health Organization (WHO) defines sexual health as the integration of somatic, emotional, and sexual health. In a positive way, they foster intellectual and social development, promoting personality, communication, and love. In this context, the female sexual response is configured as a complex process, influenced due to physiological, psychological, and interpersonal factors. Historically, the sexual response cycle The female model was based on the linear model of Masters and Johnson, composed of the phases of arousal, plateau, orgasm and resolution; however, this model proved limited by prioritizing physiological aspects and This does not explain the variability in female responses. Subsequently, Helen Singer Kaplan proposed a three-phase model (desire, arousal, and orgasm), which served as the basis for the classification of Female sexual dysfunction in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. For to overcome the limitations of the linear model and reflect the real experiences of women, Basson developed a circular model that incorporates the importance of emotional intimacy, factors Contextual factors and sexual satisfaction. In this non-linear model, sexual desire can emerge during or after the excitement, being widely adopted by organizations such as the International Society for Sexual Medicine (MOTA, 2017; TSAI; YEH; HWANG, 2009).

Female Sexual Dysfunction (FSD) is recognized as a complex health problem. It is highly prevalent, with estimates indicating it affects approximately 43% of women. in the United States (TSAI; YEH; HWANG, 2009; ZHANG et al., 2025). In the update In the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5), there was a unification of the old diagnoses of Female Hypoactive Sexual Desire Dysfunction and Dysfunction of Female Arousal, becoming part of the diagnosis known as Disorder of Female Sexual Interest / *Arousal Disorder*. Similarly, Dyspareunia and vaginismus have been unified under the diagnosis of Pain Disorder. Genitopelvic *Pain/ Penetration Disorder*. The DSM-5 made the criteria more rigorous diagnoses by defining a minimum duration of six months and frequency of symptoms in 75% to 100% of sexual experiences account for most sexual dysfunctions (STAMOS et al., 2025). Among the instruments available for evaluating female sexual function, the *Female* stands out . *Sexual Function Index* (FSFI), which consists of a multidimensional assessment composed of 19 items organized into six domains that encompass desire, arousal, lubrication, orgasm, satisfaction and pain (TSAI; YEH; HWANG, 2009).



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In parallel, Overactive Bladder Syndrome (OAB) corresponds to a set of symptoms characterized primarily by urinary urgency, which may or may not be associated with Urge urinary incontinence (UUI), usually associated with increased urinary frequency and Nocturia, in the absence of urinary tract infection or other evident pathologies. This refers to a highly prevalent chronic condition, affecting between 7.7% and 31.3% of adult women and It significantly compromises quality of life, negatively impacting well-being. emotional well-being, sleep quality, and social functioning (CAMERON et al., 2024; FONTAINE et al., 2021; KOCH et al., 2025; SOURESHI; EILBER, 2023). Furthermore, the OAB has an impact. substantial economic impact, with estimated annual costs between 25 and 37 billion dollars in the United States. United States (FONTAINE et al., 2021; KOCH et al., 2025).

The anatomical and functional proximity between the urinary and female reproductive systems. This contributes to urinary changes that directly interfere with sexual function. The Syndrome of Overactive bladder (OAB), in particular, is associated with increased anxiety and reduced... self-esteem and psychosocial impairment, being considered an independent risk factor for Female Sexual Dysfunction (FSD) (MOTA, 2017). Despite its high prevalence, dysfunction Female sexual abuse often remains underreported and undertreated due to embarrassment. and the shame that many women experience when seeking medical assistance for complaints. related to sexuality (RIBEIRO; SCETTER DO VALE, 2016).

Given the high prevalence of Overactive Bladder Syndrome and Sexual Dysfunction Female, this final course paper proposes to carry out a literature review. with the aim of analyzing the impact of Overactive Bladder on female sexuality, encompassing the magnitude of associated sexual dysfunction, possible interfering mechanisms, and effects of different therapeutic approaches described in the literature.

2. Theoretical Framework / Results

2.1 Models of female sexual response and the classification of female sexual dysfunctions (FSD)

Sexual health is understood by the World Health **Organization** (WHO) as the integration of somatic, emotional, intellectual, and social aspects that contribute to the Development of personality, communication, and love. Historically, the sexual response The female form was described by the linear model of Masters and Johnson (1960), composed of the phases of Excitement, plateau, orgasm, and resolution. Although pioneering, this model has been criticized for focusing... It focuses excessively on physiology and ignores individual variability and the role of sexual desire.

To overcome these limitations, Helen Singer Kaplan proposed a three-phase model - desire, Arousal and orgasm - highlighting desire as a precursor to arousal (TSAI; YEH; HWANG, 2009). More recently, Basson's circular model has gained prominence by recognizing that the response



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Female sexual behavior often presents a non-linear character, integrating emotional factors, biological and psychological factors. In this model, desire can arise during or after arousal, being influenced by intimacy and interpersonal satisfaction (TSAI; YEH; HWANG, 2009; STAMOS et al., 2025; MOTA, 2017).

In the diagnostic field, the DSM-5 brought significant changes to increase accuracy. Clinical practice. The old diagnoses of hypoactive sexual desire disorder and sexual arousal disorder. They were merged into Female Sexual Interest/Arousal Disorder (FSIAD). Similarly, Vaginismus and dyspareunia were grouped together under Genitopelvic Pain/Penetration Disorder, with criteria that require a minimum duration of six months and an occurrence frequency of 75 to 100% of events for most DSF diagnoses (ISHAK; TOBIA, 2013; LIM-WATSON; HAYS; KINGSBERG et al., 2022).

The clinical assessment of female sexual dysfunctions is facilitated by validated instruments. The Female Sexual Function Index (FSFI) is the most widely used. The FSFI covers six domains. Essential elements: desire, arousal, lubrication, orgasm, satisfaction, and pain, allowing for analysis. comprehensive overview of female sexual function. (TSAI; YEH; HWANG, 2009; LIN; LIN; KE et al., 2021; LIM-WATSON; HAYS; KINGSBERG et al., 2022).

2.2 The impact of Overactive Bladder Syndrome (OAB) on female sexual function

Overactive bladder syndrome is defined by the presence of urinary urgency, usually accompanied by increased frequency and nocturia, with or without urge incontinence (UI). This is a highly prevalent condition, affecting approximately 16.6% of the European population and approximately 16.9% of women in the United States (FONTAINE et al., 2021; CAMERON et al., 2024; SHOURESHI; EILBER, 2023; ZHANG et al., 2025; SONDKA-MIGDALSKA et al., 2024).

Studies indicate that women with OAB exhibit significantly impaired sexual function. inferior compared to healthy groups. In the study by Atlihan et al. (2025), the Female Sexual Function Index (FSFI) showed significantly lower total scores in women with overactive bladder syndrome (19.2 ± 1.8) when compared to the control group (23.1 ± 2.1), indicating a more pronounced impairment of sexual function in the OAB group ($p < 0.001$) (ATLIHAN et al., 2025; NAUMANN et al., 2021; SHOURESHI; EILBER, 2023; LIN; LIN; KE et al., 2021).

The negative impact is observed in all domains of sexual function, and... Decreased sexual interest and desire is often the most pronounced complaint (ATLIHAN et al., 2025; NAUMANN et al., 2021). Data from the NHANES study show that 30.43% of the participants Women identified with female sexual dysfunction (FSD) report a sexual frequency of 0 to 11 times. per year, while women with preserved sexual function report a frequency higher than 11



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times a year. The results indicate that women with OAB certification are 23% more likely to report low sexual frequency compared to the control group (ZHANG et al., 2025).

The severity of urinary symptoms correlates directly with the level of dysfunction.

Sexual issues, with severe cases of OAB resulting in worse performance and satisfaction scores. (LIN; LIN; KE et al., 2021).

2.3 Subtypes of urinary incontinence (UI) and quality of life (QoL)

Urinary incontinence is a common problem among women, affecting between

Between 15% and 55% of them. The anatomical proximity of the urinary and reproductive systems justifies the interference.

The mutual interaction between these functions results in a significant impact on quality of life and satisfaction.

general female health. In the context of urinary incontinence (UI), especially urinary incontinence.

Urgency, often associated with overactive bladder, has the greatest negative impact on

quality of life (QoL). This condition is related to increased anxiety and damage to

self-esteem, and compromised female sexual health, especially in overweight women.

(MOTA, 2017). Although stress urinary incontinence (SUI) also affects sexuality, its

The impact is often less when compared to that of the Brazilian Bar Association (OAB). Studies show that women

Patients with IUE showed significant differences compared to the control groups, mainly in

Pain management is less affected, while other aspects of sexual function are less affected (NAUMANN et al. al., 2021).

Urinary incontinence related to intercourse is a major concern and can occur

both during penetration and during orgasm. Urinary leakage during penetration is more

associated with SUI, while leakage during orgasm is more related to hyperactivity of the

detrusor present in the OAB. Furthermore, the OAB favors the development of anxiety, depression and

decline in self-esteem, due to the unpredictable and unavoidable nature of the urgency and episodes of

Urinary incontinence, negatively impacting self-esteem, personal, social, and sexual life.

women (LIN; LIN; KE et al., 2021; MOTA, 2017).

2.4 Therapeutic interventions and improvement in sexual function

The management of overactive bladder (OAB) follows a multidisciplinary approach, which includes

Behavioral therapies, pharmacological therapies, and invasive procedures. Evidence from the literature.

Studies show that proper treatment of OAB, in general, promotes improvement in sexual function.

female, presenting no harmful effects. The guidelines of the *American Urological Association*

They recommend pelvic floor muscle training (PFMT) as a first-line therapy.

line, due to its effectiveness in muscle strengthening, suppressing urinary urgency, and increasing

of genital blood flow, improving desire, arousal and orgasm (SHOURESH; EILBER,

2023; LEVY; LOWENSTEIN, 2020; STAMOS et al., 2025).



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In pharmacological treatment, the use of anticholinergics, such as tolterodine, and agonists Beta-3 adrenergic agonists, such as mirabegron, have demonstrated clinically relevant improvements in sexuality. in more than 85% of patients. Treatment with mirabegron, specifically, resulted in an increase significant changes in total Female Sexual Function Index (FSFI) scores across all domains, both in women in both pre-menopause and post-menopause (LEVY; LOWENSTEIN, 2020; SHOURESHI; EILBER, 2023).

In refractory cases, third-line therapies, such as botulinum toxin (Botox) and... Sacral neuromodulation (SNM) has shown promising results. SNM, in particular, It demonstrated a positive impact on female sexual dysfunction, possibly by modulating directly shared neural pathways between urinary and sexual functions. On the other hand, in Recent studies indicate that, although botulinum toxin improves urological symptoms, its effects Regarding the quality of sexual life, the differences are not significant in all cases. (FONTAINE et al., 2021; CAMERON et al., 2024; SHOURESHI; EILBER, 2023; SONDKA-MIGDALSKA et al., 2024).

In summary, the literature reinforces the need for healthcare professionals to address... A positive approach to sexual health in the treatment of women with OAB, aiming for full recovery. of quality of life (ATLIHAN et al., 2025).

2. Materials and Methods

This is a literature review study in which articles were analyzed. The bibliographic search included original articles, systematic reviews, and meta-analyses published between 2016 and 2025. The search was conducted using the SciELO, UpToDate, and PubMed databases, using Portuguese keywords. Overactive bladder syndrome, female sexual dysfunction, quality of life, female sexual function index; and in English: overactive bladder syndrome; female sexual dysfunction; quality of life; female Sexual Function Index. Nineteen articles that met the eligibility criteria were included. previously established, excluding those published outside the aforementioned period and that They were not directly related to the objective of the study.

3. Results and Discussion

Overactive bladder syndrome (OAB) places a substantial burden on women's health. affecting between 7.7% and 31.3% of adult women and drastically reducing their quality of life. global (ATLIHAN et al., 2025). Several cross-sectional and prospective studies have demonstrated that Patients with OAB present with total scores on the Female Sexual Function Index (FSFI). significantly smaller compared to healthy women. In a retrospective analysis, It was observed that the mean FSFI score in the group with OAB was 19.2 ± 1.8 while the group The control group reached 23.1 ± 2.1 . Another prospective investigation confirmed this decline, recording...



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scores of 15.59 ± 7.47 for the clinical group compared to 22.24 ± 5.29 in the control group, which shows a generalized impairment in all domains of sexual response (ATLIHAN et al., 2025; LIN; LIN; KE et al., 2021). Among the most affected areas, sexual interest and desire stand out. whether due to the sharp drop, registering lower scores and revealing a direct correlation between the severity of urogynecological symptoms and the intensity of sexual dysfunction (LIN; LIN; KE et al., 2021).

The presence of the syndrome also objectively interferes with the routine of intimacy. increasing by 23% the likelihood of women reporting low sexual frequency, defined as 11 or fewer encounters per year. The mechanisms behind this impact involve a complex interaction of psychological factors, such as embarrassment, anxiety, and loss of self-esteem, often exacerbated by the unpredictable nature of urinary urgency and the fear of urinary incontinence during intercourse, especially during orgasm (ZHANG et al., 2025; MOTA, 2017; SHOURESHI; EILBER, 2023).

Furthermore, urinary incontinence associated with overactive bladder syndrome (OAB) can affect the physiological vaginal pH, contributing to vaginal dryness and lubrication dysfunction. which results in pain and difficulty during sexual intercourse (LIN; LIN; KE et al., 2021). Although the Stress incontinence can also have a negative impact on sexuality, and the symptoms of The urgency imposed by the Brazilian Bar Association (OAB) proves to be more disruptive and impactful on the perception of well-being. emotional and partner satisfaction (ATLIHAN et al., 2025; SOURESHI; EILBER, 2023).

Notably, studies indicate that female sexual dysfunction (FSD) is more prevalent. related to the presence of overactive bladder syndrome itself rather than just the physical presence of incontinence, since women with OAB, with or without associated incontinence, present high risks for disorders of sexual desire and satisfaction (SHOURESHI; EILBER, 2023).

Therapeutic interventions for the management of overactive bladder syndrome (OAB) They present encouraging results, with evidence that traditional treatments not only They stabilize urinary symptoms, but also promote the recovery of sexual function. Pelvic floor muscle training (PFMT), for example, has been shown to be a effective intervention to significantly improve scores for desire, arousal, orgasm and satisfaction, in addition to reducing sexual distress in women with various conditions. urogynecological (SHOURESHI; EILBER, 2023; STAMOS et al., 2025).

In the context of pharmacotherapy, the use of anticholinergics and beta-3 adrenergic agonists demonstrated clinically relevant increases in sexual function in more than 85% of patients. treated. In addition, advanced therapies, such as sacral and tibial nerve neuromodulation, They had a significantly positive impact on female sexual dysfunction, possibly because to modulate neural pathways common to the mechanisms of bladder control and sexual response. On the other hand



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On the other hand, although intradetrusor application of botulinum toxin is highly effective in controlling Regarding symptoms of urgency, recent studies have not identified statistically significant improvements in subjective quality of sexual life after the procedure, suggesting that the perception of improvement in Intimacy may require a longer period of psychological recovery than that necessary for the physiological control of bladder function (SHOURESH; EILBER, 2023; LEVY; LOWENSTEIN, 2020; SONDKA-MIGDALSKA et al., 2024).

More recently, energy-based therapies, such as vaginal laser and radiofrequency, have been developed. Fractionated intravascular coagulation (Fraxx) has been studied as an adjunctive approach in the treatment of the syndrome. Overactive bladder and associated genitourinary symptoms. These methods work by stimulating... Controlled thermal stimulation of the vaginal mucosa and pelvic floor tissues, promoting remodeling. of collagen, neovascularization, and improved tissue elasticity. Studies demonstrate that such Interventions can contribute to reducing urinary urgency, urinary frequency, and... mild incontinence, in addition to promoting improved sexual function and quality of life, especially in postmenopausal women. Despite promising results, these technologies are still These are considered complementary therapies, but more long-term studies are needed to determine their suitability. consolidation of its effectiveness and definition of standardized clinical protocols (SALVATORE et al., 2015; GAMMIE et al., 2019).

In summary, overactive bladder syndrome (OAB) acts as an independent risk factor. associating itself with a significant reduction in Female Sexual Function Index (FSFI) scores, which evidences a functional impairment in several domains of female sexuality (ATLIHAN et al., 2025; NAUMANN et al., 2021). This scenario is aggravated by a profound psychosocial burden, in which The unpredictable nature of urinary urgency and the fear of urinary incontinence during intercourse. They contribute to the development of anxiety, social isolation, declining self-esteem, and emotional distress (SÖNMEZ et al., 2024).

However, the reviewed studies highlight that the various treatment modalities for OAB – including physiotherapy, pharmacotherapy with anticholinergics or beta-3 adrenergic agonists and Neuromodulation – not only alleviates urinary symptoms, but also promotes improvements. significant in sexual function and quality of life of patients (ATLIHAN et al., 2025; (SOURESHI; EILBER, 2023; LEVY; LOWENSTEIN, 2020). Consequently, it reinforces the The need for a comprehensive and multidisciplinary approach on the part of health professionals, which Proactively investigate sexual health and consider individual preferences during the Clinical management, ensuring a personalized care plan focused on restoring well-being. physical, psychological and social aspects of women (ATLIHAN et al., 2025; LIN; LIN; KE et al., 2021).



Final Considerations

This literature review allows us to conclude that overactive bladder syndrome (OAB) constitutes an independent and significant risk factor associated with the development of dysfunction. Female sexual dysfunction (FSD). Studies show that women affected by this syndrome They exhibit generalized deterioration of sexual function, as visualized in scores on the Female Sexual Function Scale. Function Index (FSFI) significantly lower than those of healthy women. The negative impact It extends to all domains of the sexual response, with sexual interest and desire being the components most affected. Beyond subjective perception, the Brazilian Bar Association (OAB) interferes in the clinical practice of sexuality, being associated with a 23% higher probability of low sexual frequency (less than 12 encounters) per year).

The mechanism of this interference goes beyond organic pathology and involves a burden. A profound psychosocial condition, characterized by fear, anxiety, and loss of self-esteem. The nature The unpredictable and unavoidable urgency of urination, coupled with the fear of urinary incontinence during the Intercourse, especially during orgasm, generates a state of constant vigilance that inhibits relaxation. for full sexual response. This urogenital distress results in avoidance of intimacy and feelings. feelings of inadequacy or lack of attractiveness directly impact quality of life and satisfaction. partner.

The literature shows that therapeutic interventions for OAB (Oppositional Delay) are ineffective. harmful to sexuality and, in most cases, promote significant improvement in function. Sexual. Conservative treatment, especially pelvic floor muscle training. (PFMT) has been shown to be effective in restoring desire, arousal, and orgasm. Similarly, Pharmacotherapy with anticholinergics and beta-3 adrenergic agonists results in increases Clinically relevant in FSFI scores. Third-line therapies, such as neuromodulation, They also have positive impacts, possibly by acting directly on neural pathways. shared between bladder control and sexual response.

Finally, this work highlights the urgency of a comprehensive and multidisciplinary approach to women's health management. It is essential that healthcare professionals break down barriers... Stigma and proactively screen for sexual dysfunction in patients with symptoms. Urinary tract tests, using validated tools such as the FSFI. When addressing the OAB from a perspective From a biopsychosocial perspective, it is possible not only to mitigate urological symptoms, but also to restore health. Sexual well-being and the overall well-being of women.

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