

Selected Elements Of Quality Of Life Assessment In Women With Urinary Incontinence

Katarzyna Juszcak^{1*}, Julita Wujas² and Piotr Juszcak³

1 Calisia University, Department of Medicine and Health Science, Kalisz, Poland

2 Graduate in nursing,, Calisia University, Department of Medicine and Health Science, Kalisz, Poland

3 Mikołaj Kopernik High School III in Kalisz

Correspondence Author:

Katarzyna Juszcak,

Department of Medicine and Health Science, Calisia University, Kaszubska 13 Street, 62-800 Kalisz, Poland

Email: kjuszcak@poczta.onet.eu, k.juszcak@uniwersytetkaliski.edu.pl

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1. Summary

1.2. Introduction:

The problem of urinary incontinence affects people all over the world; however, it definitely affects women more often because of predisposing factors, among which are: anatomy and physiology of urinary-genital system, natural childbirth, menopause, gynecological procedures. In the case of the inguinal hernias, the inguinal hernia is an invasive disease with a high risk of recurrent inguinal hernias and a high risk of inguinal hernias with a high risk of recurrent inguinal hernias. Women, due to the embarrassment and intimacy of the problem, do not report it and do not consult anyone, in a way trying to cope with it on their own. The growing fear of “uncovering” the problem, is often the basis for developing mental disorders, and even depression. This in turn leads to a gradual withdrawal from individual spheres of a woman’s life. The problem of urinary incontinence affects many spheres of a woman’s everyday functioning, therefore it is important to undertake educational activities concerning this embarrassing and still current problem [1,2].

1.2. Material and methods:

The study involved 127 women with diagnosed urinary incontinence under the care of a urology outpatient clinic. An original questionnaire was used containing 25 closed questions concerning episodes of UI,

diagnosis of UI, type of UI, duration of the disease, time of UI appearance, treatment of UI, situations in which UI occurs, sexual activity, number and method of births, influence of UI on life spheres, influence of UI on quality of sexual life, influence of UI on sexual activity.

1.3. Results:

The respondents were most commonly diagnosed with stress urinary incontinence 81,9% (n=104), with the remaining respondents having urgency 10,2% (n=13) and mixed incontinence 7,9% (n=10). Urinary incontinence occurred most frequently in postmenopausal women 27,6% (n=35), less frequently in menopausal women 20,5% (n=26), after childbirth 12,6% (n=16) or in other situation 22,8% (n=26). Urinary incontinence most commonly affected the physical sphere 87,4% (n=111), the mental sphere 79,5% (n=101) and the social sphere 78,7% (n=94). Less commonly, it affected the economic sphere 28,3% (n=36), the sexual sphere 26,8% (n=34), and the occupational sphere 13,4% (n=17). The problem of urinary incontinence affected the quality of sexual life in such a way that the respondents most often felt embarrassment 24,4% (n=31), avoided intercourse 18,9% (n=24), found it difficult to reach orgasm 7,1% (n=9), experienced pain during intercourse 3,9% (n=5) or lack of interest in sex 3,1% (n=4).

1.4. Conclusions:

Respondents rate their quality of life at a moderate level, quality of life varies individually in different spheres of life. Urinary incontinence affects all spheres of women’s functioning: physical, mental, social. The limitations resulting from the disease have a major impact on the patient’s perception of his quality of life and daily functioning.

2. key words:

Urinary incontinence, quality of life, incontinence

3. Urinary incontinence (UI)

Is a health problem affecting all societies in the world. It is the most common chronic disease affecting 17-60% of women. The World Health Organization (WHO) emphasizes the necessity of recognizing the disorder as a social disease, because it affects more than 5% of the population. The most common forms of urinary incontinence are

- excessive urinary incontinence, which accounts for about 50% of cases,
- mixed incontinence 32% of cases,
- aggravated urinary incontinence 14% of cases. [3]

The form of UI is variable, with many studies showing that postmenopausal women have an increase in the percentage of the urgency type (about 50-70%) and mixed type (about 10-30%) compared to the exercise type

(about 20-40%).[4,5]. Urinary incontinence is a significant medical problem, taking the name of a disease, which affects both sexes, mainly peri- and postmenopausal women. It is assumed that the female to male ratio is 2 : 1. The disease itself does not contribute directly to the patient's death, but noticeably impairs the quality of life. Urinary incontinence is a multispecialty disease caused by a multitude of causes and is a subject of research due to its complex and not fully understood etiology. [1,4,6,7,8]

4. Risk factors for UI

There are many risk factors for the appearance of UI, the most commonly mentioned in women are: multiparity, neurological diseases, advanced age, bedwetting episodes in childhood, conditions of increased intra-abdominal pressure (high obesity, excessive exercise, chronic cough), diabetes mellitus, circulatory insufficiency, radiation therapy in the pelvic region. [1,4,6,7,8,9,10,11,12]. In the literature one can find several divisions of factors contributing to the occurrence of this disease entity. One division divides them into: genetic, environmental, lifestyle factors, which integrated, occurring at one time, increase the already present risk. Another division is the division into:

- Predisposing factors (genetic, racial, neurological, anatomical, cultural factors);
- inducing (childbirth, muscle and/or nerve damage, surgery);
- decompensatory (physical activity, diet, bowel dysfunction, pulmonary disease, menopause, obesity)
- promoting (age, dementia, mental retardation, environmental illnesses) [2,4,5,6,19,13].

The most important of all the factors mentioned are obstetric factors such as pregnancy and childbirth. The use of a randomized controlled trial (RCT) is an alternative to a randomized controlled trial (RCT) for the treatment of urinary incontinence (UI). Caesarean section births are less dangerous in terms of urinary incontinence, but they do not ensure its avoidance. The results of the study are based on the results of a randomized controlled trial and a randomized controlled trial in which the results of a randomized controlled trial are compared with a randomized controlled trial in which the results of a randomized controlled trial are compared with a randomized controlled trial in which the results of a randomized controlled trial are compared with a randomized controlled trial in which the results of a randomized controlled trial are compared with a randomized controlled trial.

5. Material and methods

The study involved 127 women with diagnosed urinary incontinence under the care of a urology outpatient clinic. An original questionnaire was used containing 25 closed questions concerning episodes of UI, diagnosis of UI, type of UI, duration of the disease, time of UI appearance, treatment of UI, situations in which UI occurs, sexual activity, number and method of births, influence of UI on life spheres, influence of UI on quality of sexual life, influence of UI on sexual activity. The questionnaire also contained socio- demographic information (age, place of residence,

etc...). The nature of the questionnaire was voluntary and anonymous, of which the respondents were informed before completing the questionnaire. Measures of descriptive statistics were used to describe the results of the study: means, medians, standard deviations.

6. Results

Table 1 presents the socio-demographic characteristics of the study group Quality of life in women with urinary incontinence

Age (in years)	Mean	62,4
	Standard deviation	12,29
	Median	65,0
	Minimum	24,0
	Maksimum	88,0
Place of residence	Rural	55,9% (n=71)
	City of less than 100 thousand residents	33,9% (n=43)
	City with more than 100 thousand residents. mieszkańców	10,2% (n=13)
Education	Primary	3,9% (n=5)
	Voacational	33,1% (n=42)
	Secondary	44,1% (n=56)
	Higher	18,9% (n=24)
Nature of work	Physical	34,6% (n=44)
	Mental	23,6% (n=30)
	Mixed	41,7% (n=53)
Number of birts	None	7,1% (n=9)
	One	20,5% (n=26)
	Two	40,2% (n=51)
	Three	24,4% (n=31)
	Four or more	7,9% (n=10)
Mode of delivery	No delivery	7,1% (n=9)
	By natural force	63,0% (n=80)
	Caesarean section	9,4% (n=12)
	By natural causes, caesarean section	20,5% (n=26)

Table 1: Age, place of residence, education, nature of work, number of births, mode of delivery of respondents

The respondents were most commonly diagnosed with stress urinary incontinence 81,9% (n=104), with the remaining respondents having urgency 10,2% (n=13) and mixed incontinence 7,9% (n=10) (Figure 1). Women with the problem most often lived from 1 to 5 years 52,8% (n=67) or less than one year 26,8% (n=34). The remaining respondents had been diagnosed for 6 to 10 years 16,5% (n=21) and over 10 years, 3,9% (n=5) (Fig.2).

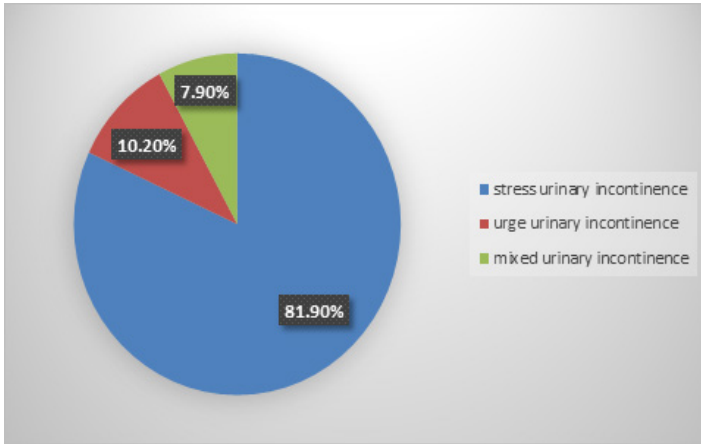


Figure 1: Type of urinary incontinence

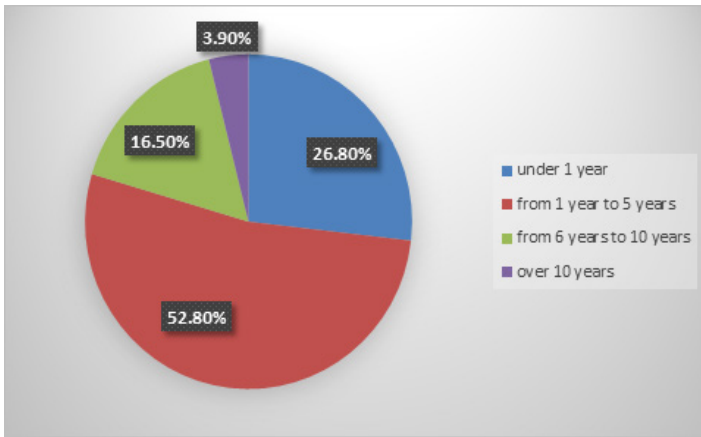


Figure 2: Time since the incontinence problems occurred

Urinary incontinence occurred most frequently in postmenopausal women 27,6% (n=35), less frequently in menopausal women 20,5% (n=26), after childbirth 12,6% (n=16) or in other situation 22,8% (n=26).(Fig.3).

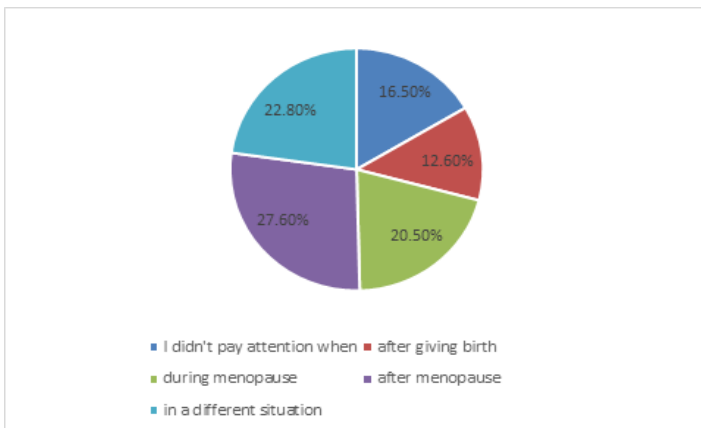


Figure 3: When did urinary incontinence first appear?

Most of the respondents were treated for urinary incontinence 96,1% (n=122) (Figure 4).

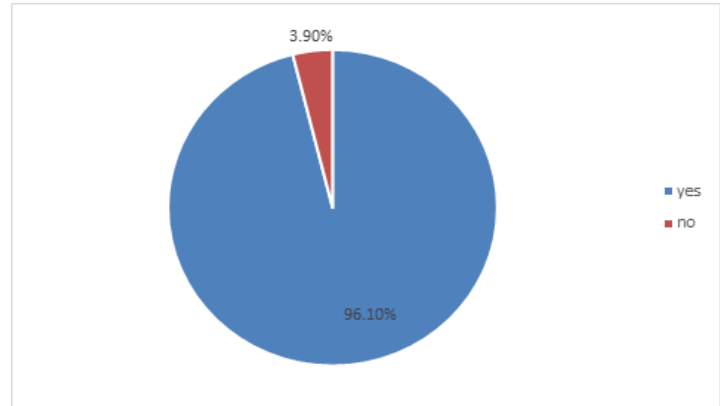


Figure 4: Treatment for urinary incontinence

Urinary incontinence affected the quality of life of the respondents slightly 52,8% (n=67) and moderately 32,3% (n=41). Less frequently, it had no impact 7,1% (n=9) or a significant impact 7,9% (n=10) (Figure 5).

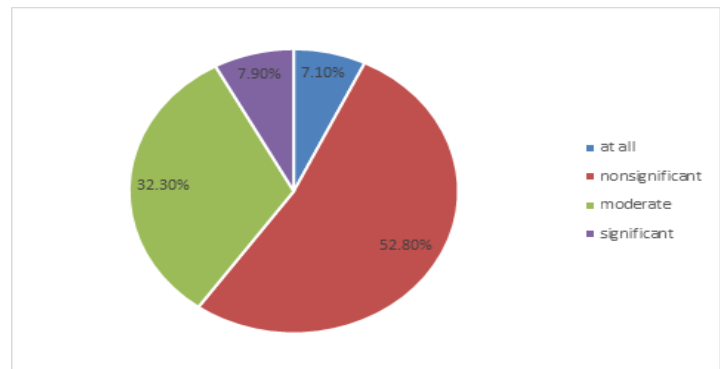


Figure 5: Impact of incontinence problem on quality of life

Urinary incontinence most commonly affected the physical sphere 87,4% (n=111), the mental sphere 79,5% (n=101) and the social sphere 78,7% (n=94). Less commonly, it affected the economic sphere 28,3% (n=36), the sexual sphere 26,8% (n=34), and the occupational sphere 13,4% (n=17) (Figure 6).

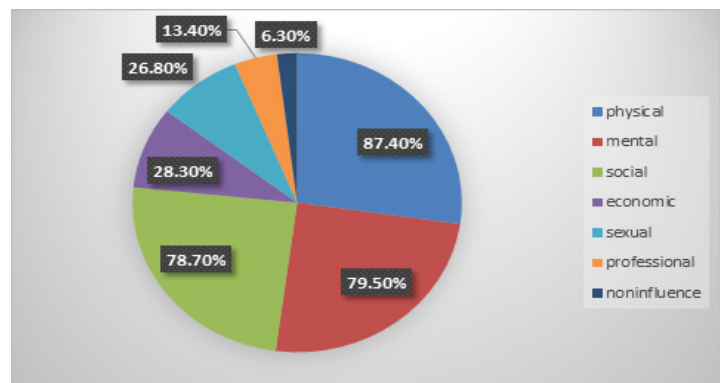


Figure 6: Spheres of life affected by accompanying incontinence. Possibility of multiple answer

In the majority of women, urinary incontinence did not affect their quality of sexual life 66% (n=84). In the remaining respondents, the impact was slight 17% (n=22), moderate 9% (n=12) and significant 7% (n=9) (Figure 7).

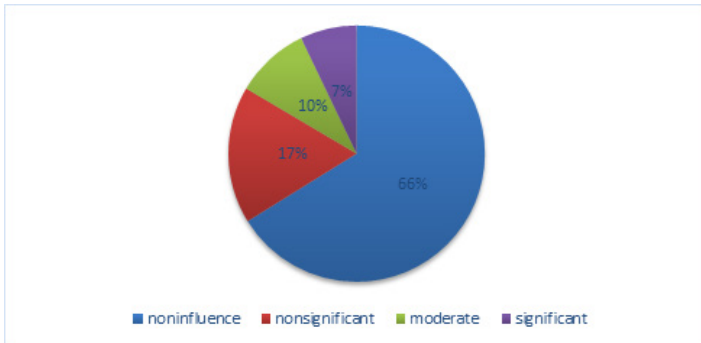


Figure 7: Impact of incontinence problem on quality of sexual life

The problem of urinary incontinence affected the quality of sexual life in such a way that the respondents most often felt embarrassment 24,4% (n=31), avoided intercourse 18,9% (n=24), found it difficult to reach orgasm 7,1% (n=9), experienced pain during intercourse 3,9% (n=5) or lack of interest in sex 3,1% (n=4) (Figure 8).

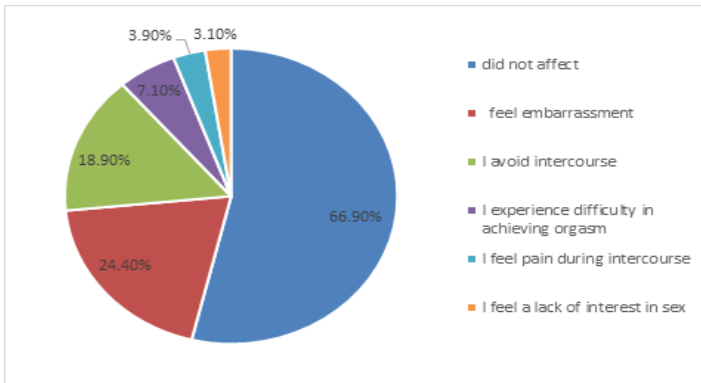


Figure 8: How has the problem of incontinence affected your sexual activity? Possibility of multiple answers

Physical activity was most often slightly affected by the incontinence problem 47% (n=60) or not affected at all 32% (n=41) (Figure 9).

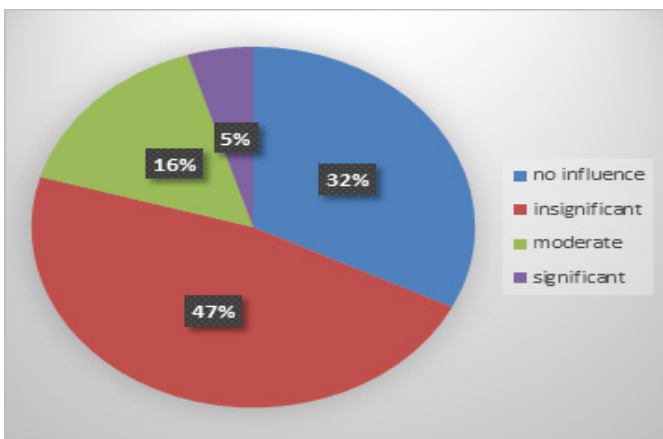


Figure 9: Impact of incontinence problem on physical activity

Also rarely did the problem of incontinence affect leisure activities 31,5% (n=40) responses not at all, 54,4% (n=69) slightly) (Figure 10).

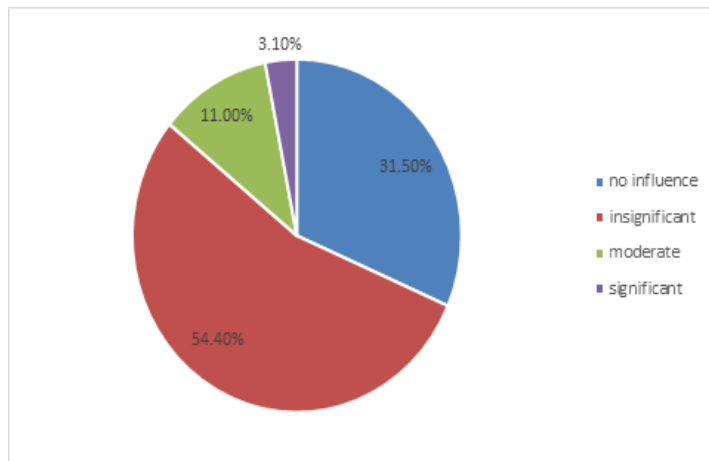


Figure 10: Impact of incontinence problem on leisure activities

More than half of the women interviewed felt that urinary incontinence did not affect travelling by car or bus at all 50,4% (n=64), 34,7% (n=44) felt that it affected them slightly (Fig. 11).

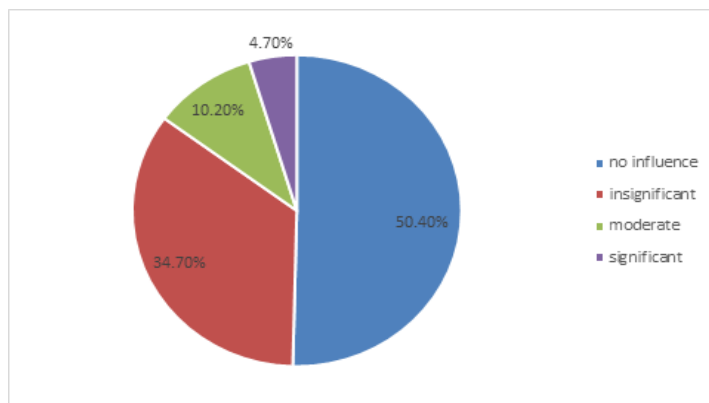


Figure 11: Impact of incontinence problem on traveling by car, bus more than 30 minutes from home

A greater impact of incontinence was felt by the respondents when it came to participation in social gatherings outside the home (52,8% (n=67) responses slight, 29,1% (n=37) moderate) (Fig. 12).

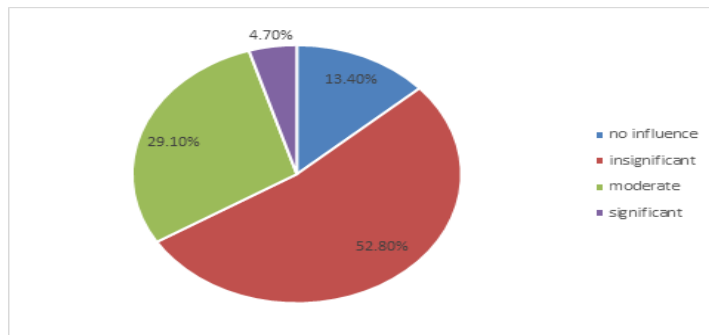


Figure 12: impact of incontinence problem on participation in social gatherings outside the home

Urinary incontinence most often had a minor impact on mental health 48,1% (n=61), less often the impact was moderate 25,2% (n=32), major 9,4% (n=12) or none 17,3% (n=22) (Fig.13).

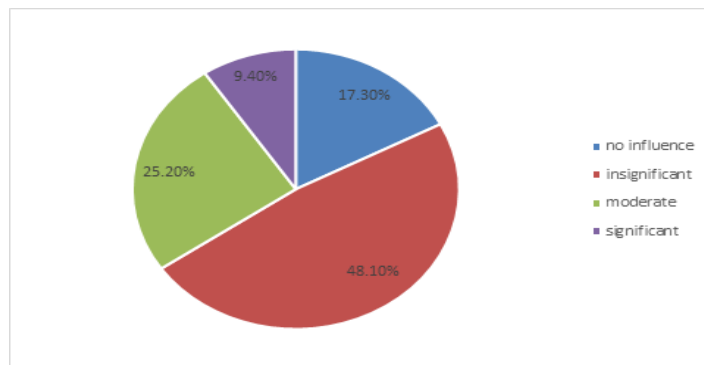


Figure 13: Impact of incontinence problem on mental health

The majority of the women felt a slight effect of urinary incontinence on the feeling of frustration, 52% (n=66), 22,8% (n=29) felt a moderate effect and 8,7% (n=11) felt a significant effect. The effect of urinary incontinence on feelings of frustration was not felt at all by 16,5% (n=21) of respondents (Figure 14).

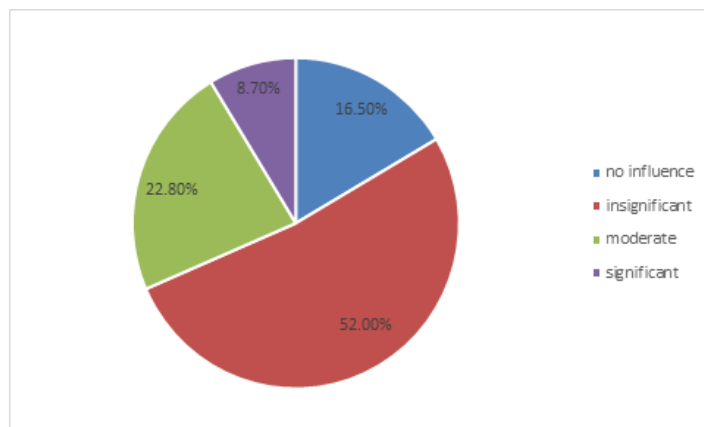


Figure 14: Impact of incontinence problem on feelings of frustration

7. Discussion

Urinary incontinence is a serious multidisciplinary disease with many factors behind its development. It is a worldwide problem faced by 17-60% of women, more and more often regardless of age. Urinary incontinence affects many spheres of life of women affected by this problem (physical, mental, social), however, the impact of incontinence symptoms may be different for each of them. Prażmowska's study also confirmed the impact of UI on the spheres presented above, indicating a lower level of life satisfaction. [Similar values were obtained by Połocka-Molińska et al. in their study[20]. Barnaś, on the other hand, in her work noted the lack of influence of UI on the quality of life of female patients. [12]

The study found that 32% (n=41) of women had a moderate effect on their quality of life, 8% (n=10) a significant effect, 53% (n=67) a slight effect, and only 7% (n=9) no effect on their quality of life. Kamińska et al. investigated the quality of life of women with urinary incontinence and found similar results with almost 50% of the respondents reporting a reduced quality of life. [16] The sphere of emotional, mental life is the sphere that, according to available literature, is most affected by the problem of incontinence, causing many extreme behaviors in patients, including feelings of frustration, which, according to the data, affected 83.5% (n=106) of women. The reduction in the quality of life in a moderate and significant way in my study was reported by 36.4% (n=46) of women which confirms the significance of the problem. The significant prevalence of reduction in this sphere of life is due to the accompaniment of symptoms on a daily basis. A study conducted by Perry S. et al., illustrate the magnitude of the problem where anxiety was experienced by 56.6% of women and depressive episodes were reported in 37.6% of the respondents. Many authors in their studies prove the destructive influence of the disease on the emotional state of women. There are, however, studies which indicate the opposite tendency. In their study, Kamińska A. et al. obtained results indicating that the majority of women (80%) assessed their well-being as good. [16]

Referring to the results of our own research, the sphere of social life is the sphere that, according to the respondents participating in the study, is important in the overall assessment of women's quality of life, but its impact is small. Research conducted by other researchers, e.g. by Dutkiewicz S. et al. [18] Stadnicka G., et al., [19] and Dutkiewicz S., et al., [20] and Dutkiewicz S., et al., [21]. [18] Stadnicka G. et al. [18] Stadnicka G et al. in published results similarly describe the situation of women affected by urinary incontinence in the social sphere, through the appearance in women of anxiety significantly reducing self-esteem in the social aspect, and avoidance of social contacts, family ties. [19] The problem of urinary incontinence on physical activity had most often a slight impact (47%, n=60), nevertheless it was the aspect chosen by the respondents when filling out the questionnaires. According to Stadnicka et al. the patients refrain from outdoor physical activity, choosing home activities for fear of odour or wetting underwear. [19] Incontinence affects women's lives; however, it may affect every woman differently, leaving a mark on everyday functioning, partner relationships and mental health. Bearing in mind the impact of incontinence, the society should be educated about incontinence, its factors, methods of treatment, thus breaking the taboo, aiming to improve the quality of life of women suffering from incontinence, preventing the exclusion of women from social life and, in the worst cases, depression.

8. Conclusions

Respondents rate their quality of life at a moderate level, quality of life varies individually in different spheres of life. Urinary incontinence affects all spheres of women's functioning: physical, mental, social. The limitations resulting from the disease have a major impact on the patient's perception of his quality of life and daily functioning.

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