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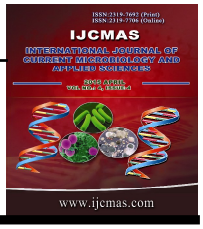

Original Research Article

Quality of Life Assessment in Women Suffering From Urinary Incontinence

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Keywords

Quality of Life, Assessment, Women, Urinary Incontinence

A B S T R A C T

Urinary incontinence is a common problem in women. It seems to have negative effects on different aspects of the patients' life. This study was undertaken to determine the quality of life in women with urinary incontinence with referred to jahandidegan center in Shiraz. In this descriptive study, 60 old females aged 60-74 years were chosen among the members of Jahandidegan center, and they were asked to sign the informed consent form and complete the demographic questionnaire. Then, Quid questionnaire was used for choosing the type of incontinence in the elderly females. Next, the participants completed the I-QOL questionnaire. The data were examined using SPSS V.16. The I-QOL score of the participants was significantly lower than normal range. Based on our findings**,** it is suggested that the health care providers pay more attention to this issue and use health care centers to train women regarding the prevention of urinary incontinence.

Introduction

As population ages, the number of patients presenting to their primary care physicians with urologic problems are significantly increasing. Urologic issues are the third most common type of complaints in patients 65 yr or older, accounting for at least a part of 47% of office visits [1]. Urological symptoms are the major public health problems in the USA [2].

One of the most predominant urologic problems among the elderly is urinary incontinence [1]. The International Continence Society (ICS) Standardization Committee defined urinary incontinence as "a condition in which involuntary loss of urine is a social or hygienic problem and is objectively demonstrable [3-5]. Urinary incontinence is a widespread health problem, affecting both sexes, but it is especially common among old women [6]. Studies that have included both genders demonstrate consistently that prevalence is higher in women than in men by an approximately 2:1 ratio [7].

In some epidemiological studies conducted on women aged >60 years, UI (Urinary Incontinence) was reported 4.5 and 44% [11]. The prevalence of this problem in a

hospital-based study in Tehran, Iran, was reported about 27% of women with a mean age of 47 years [8].

Despite the high prevalence, 50% of all cases of UI have not been reported. Individuals with UI do not always seek medical help [9]. There is a misconception that the condition cannot be treated [10-11]. UI is not life threatening [8], does not lead to death [12] but the symptoms often impair the social, physical and psychological well-being of affected individuals [13].

Elderly outpatients describe their experience with incontinence as embarrassing, upsetting, and distressing. The persons may be anxious about not having ready access to a toilet and may worry about the possibility of a urinary incontinence in public [14].the aim of this study was to determine quality of life assessmentin women with urinary incontinence.

Methods and Materials

Setting: Jahandidegan center is a day-time center for older adults located in Kholdebarin Park in Shiraz, Iran.

In this descriptive study, 60 old females aged 60-74 years were chosen among the members of Jahandidegan center, and they were asked to sign the informed consent form and complete the demographic questionnaire. Then, Quid questionnaire was used for choosing the type of incontinence in the elderly females. Next, the participants completed the I-QOL questionnaire. The inclusion criteria were age 60–74 years, having Quid score for incontinence type (stress score ≥ 4, urge score of ≥ 6 and mix score ≥ 10), clinical symptoms of urinary incontinence within the last 6 months, and willing to participate in the study. The exclusion criteria were suffering from central nervous system disease (e.g. multiple sclerosis, cerebrovascular accident or acute mental illness and dementia, recent urology surgery (for less than three months), history of genitourinary malignancy, current urinary infection, hysterectomy and diabetic mellitus. Then the subjects filled the I-QOL questionnaire. The data were examined using SPSS V.16.

Result and Discussion

Overall, 53.7% of the participants were married, 70.4% educated under diploma, 92.6% had normal vaginal delivery and 72.2% had given birth to four children or more. The mean age and body mass index of the subjects are presented in Table 1. In Table 2, the mean score for I-QOL is shown in table 3.

The result of our study showed the I-QOL score of the participants was significantly lower than normal range.In 2000, approximately 10% of the world's people were 60 years old or older. According to the United Nations' report, 400 million older people will be living in the developed countries and over 1.5 billion in the less-developed world by 2050 [15].

The growing proportion of elderly people among the population simply highlights the importance of addressing their health problem [16]. This trend is important because it leads to a predictable increasing burden of diseases, and political, social and economic challenges [9]. Accordingly, the health care needs of older people cannot always be adequately met by other family members. Many of the disabilities and diseases suffered by older people are not the natural part of growing old [16]. For example, urinary incontinence should not be considered a "normal part of aging" but a condition that can be treated [17].

Table.1 Mean and standard deviation of age and body mass index of elderly females

Group	participants		P-value
Variable	M	SD	
Age	66.76	5.35	P=0.5
BMI	25.07	2.85	

Table.2 Mean of I-QOL score subtypes of elderly female

Group	Participants	
Variable I-QOL Sub Types	M	SD
Avoidance & Limiting Behavior	35.98	21.89
Psychosocial Impacts	46.25	17.45
Social Embarrassment	38.12	22.20
I-QOL total	40.11	20.51

Urinary incontinence can occur at any age but is much more common among older people – especially older women, for whom frequent childbirth and inadequate treatment of urinary tract infections can cause long term damage [16]. Aslan' study showed that, according to the results of the King Health Questionnaire, UI had a more unfavorable effect on women than on men [18].

At least 1 in 10 people aged 65 or older suffers from incontinence [16]. It is a common health problem that seriously affects patients' quality of life [19]. Incontinence can be slightly bothersome or totally debilitating. It keeps some women from enjoying many activities with their families and friends. Urine loss can also occur during sexual activity, causing tremendous emotional distress [16]. A significant effect of incontinence is that it can cause older people to become socially isolated [20].

Ragins' et al. in their research reported that urinary incontinence is significantly associated with a decreased quality of life and those with more frequent incontinence have significantly lower quality of life scores [21]. Their findings are consistent with several other studies such as [6,9,14,15]. They found that urinary incontinence has more widespread negative effects on quality of life. The goal of healthy aging should not be only extending the life expectancy, but improving QOL [22].

Notably, incontinent individuals do not seek medical help because they either are not aware that effective treatments are possible, consider it as a natural aging process, or are too ashamed to mention it to their healthcare providers. Health care providers need to be sensitive to these deterrents and identify better ways to evaluate and discuses urinary incontinence (UI) with their patients. In addition, they can play an important role in teaching patients about their health condition, treatment options, and disease management. Several treatment choices are now available with greater effectiveness and feasibility, to significantly improve the QOL of the elderly population along this problem [9].

Strategies to meet the health needs of older people must consider the limited resources of governments to provide a health and welfare safety program for their elderly [16]. Further studies are needed to focus on whether education and more other interventions for UI could reduce long-term healthcare costs, decrease disease burden, and increase QOL and patient satisfaction of health-plan enrollees. Current treatments for UI include behavioral treatment. Behavioral interventions are usually relatively inexpensive and easy to implement, but the effectiveness chiefly depends on the patient's adherence [9]. Obtaining women's trust and encouragement is essential if we are to provide early diagnosis and proper treatment [23].

Based on our findings, it is suggested that the health care providers pay more attention to this issue and use health care centers to train women regarding the prevention of urinary incontinence.

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