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Quality of Life Assessment of Women with Urinary Incontinence, in two Health Clinics Schools in Porto Velho/RO

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***Keywords*—Emotions, Nocturia, Quality of life, Urinary Incontinence, Women's Health.**

***Abstract*—Objective: To evaluate the quality of life of incontinent women, as well as their epidemiological profile and complaints of higher prevalence, in two health clinics in Porto Velho - RO. Methods: Quantitative research, with cross-sectional design, carried out in women with complaints of urinary incontinence (UI) after 35 years of age. The questionnaire, King's Health Questionnaire (KHQ), was used, which measures the quality of life of this group through questions with ready answers, between the dates 23/09/2019 and 03/04/2020. Results: The evaluated samples were analyzed by Pearson's correlation coefficient, where the correspondence between the domains listed by the KHQ as predictors of quality of life and various urinary symptoms was observed, so that the main symptoms referred were UI, UI of effort, UI in sexual intercourse, nocturia and urgency. Which influenced, in particular, in the domains physical limitations, social limitations, emotions and sleep / mood. Discussion: UI affects the quality of life of women in several aspects, directly related to the voiding symptoms presented by patients, among which stress UI, UI during sexual intercourse, nocturia, urgency and voiding frequency stood out.*

I. INTRODUCTION

Urinary Incontinence (UI) is a pathology known for its negative impact on different domains of a woman's life, not only at a physical level, but also at a psychological, emotional and social level, with substantial costs at an economic level [1]. According to the International Continence Society (ICS), urinary incontinence (UI) is defined as a condition in which there is a complaint of any involuntary loss of urine, being a social or hygienic problem that is often misinterpreted as a natural part of aging [2].

It is estimated that approximately 200 million people worldwide have some type of urinary incontinence (UI), the prevalence of which is twice as high in women than in

men, increases with age and varies widely, reaching up to 60% [3].

According to Magajewski FRL, et al. (2013), the main risk factors for UI in women described are age, obesity, parity, type of delivery, use of anesthesia during delivery, newborn weight, menopause, gynecological surgeries, intestinal constipation, chronic diseases, factors hereditary, drug use, caffeine consumption, smoking and physical exercise [4].

The involuntary loss of urine, often unpredictable or uncontrollable, can cause difficulties for women in carrying out their daily activities, whether at home or not, working, domestic or healthy living programs, in the case of physical activity, leading to frequent interruption of activities. same [5]. UI in women implies negative repercussions in their most varied contexts of life, at the physical, social, economic and psychological level, namely the decrease in self-esteem, being associated with modesty, embarrassment, social isolation [6].

It can lead to a clinical picture of depression, isolation and shame, thus changing social life [2]. This fact can also accentuate stress during work and reflect on the woman's emotional state [5].

For Carneiro JA, et al. (2017), the correct diagnosis is important in the evaluation and treatment of women with UI, as well as in determining the effect on the woman's Quality of Life (QOL) [7]. It should be noted that the impacts of UI are not restricted to the individual sphere, but are also related to the greater burden on caregivers.

The application of questionnaires to assess QOL has become frequent in recent decades, with generic and specific instruments emerging for certain pathologies [8]. In view of this, the International Continence Society recommends that QOL assessment measures be incorporated into clinical practice, thus valuing the patient's perception in relation to her health status [7].

Despite the involuntary loss of urine interfering devastatingly in the quality of life of women, female urinary incontinence continues to be under-diagnosed and under-treated [1]. It should be noted that UI is mistakenly seen as a natural aging process. However, it can be avoided, postponed and even treated [7].

The management of UI involves the assessment of the function of the Pelvic Floor Muscle (PFM), which can be performed manually or instrumentally. Assessing the function of PFM is of fundamental importance to enable a more efficient approach to UI, especially in elderly women, given the losses and changes that accompany even physiological aging [3]. Thus, a multiprofessional approach to prevention, evaluation and treatment is recommended, with a view to reducing the prevalence and benefits for individuals and their families [3].

Based on the above, this study aims to assess the quality of life of women diagnosed with urinary incontinence treated at two health clinics in Porto Velho - RO.

II. METHOD

This is a research with a quantitative approach, with a cross-sectional design, carried out in women over 35 years of age with a diagnosis of urinary incontinence.

The users were approached during the routine consultation, in two health clinics in Porto Velho - RO, and during the same question was asked about the desire to participate in the research, so that its purpose was explained. The patient who agreed to participate in the research was referred to a reserved place. At that moment, the patient received clarification about his participation in the research and about the IC, agreeing with the terms, signed it and then answered the questionnaire proposed with or without the researcher's help. After the patient signed the Free and Informed Consent Form (ICF), the form “Questionnaire on Quality of Life in Urinary Incontinence (King’s Health Questionnaire)” was applied [9], in order to assess the quality of life of these women.

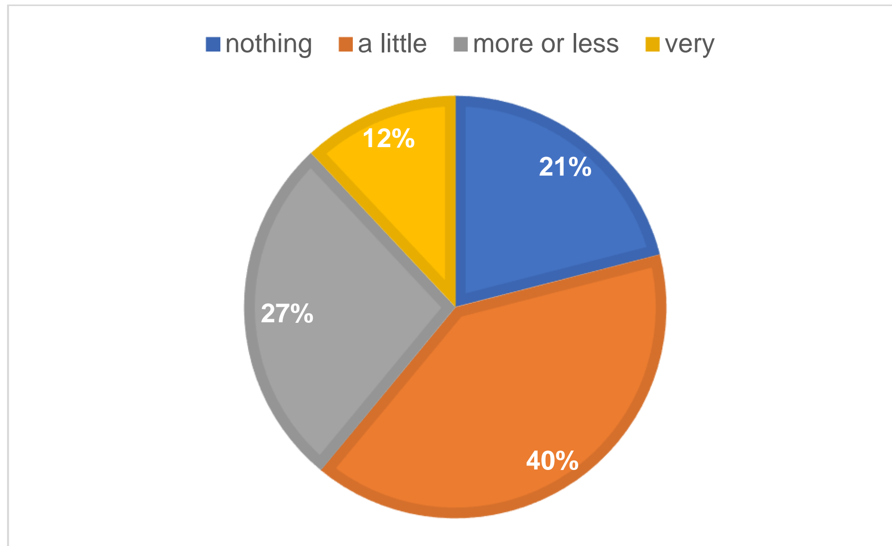
Pearson's coefficient was applied to establish the relationship between clinical UI parameters and the different domains validated by the KHQ, the results of this coefficient vary between -1 and +1, and the closer the result is to 1, negatively or positively, demonstrates a stronger relationship between the variables.

The research was approved by the ethics and research committee of Centro Universitário São Lucas under number CAAE 19906319.3.0000.0013 and opinion number 3.573.537 approved on September 13, 2019. The requested information was tabulated in the Microsoft Excel 2007 program, and after Quantitative and descriptive analysis of the results was carried out.

III. RESULTS

During data collection, 48 patients were interviewed, with an average age of 49.7 years, the youngest being 35 years old and the oldest being 77 years old. Of these, 60% (29 users - 60%) of the interviewed patients reported that the bladder problem did not interfere in their lives at all or little (Graph 1), demonstrating that the lack of knowledge about the subject and the understanding that UI is something physiological, is frequent among the population. Such data corroborate those of Câmara, et al

(2010), where 50% of the interviewees gave the same importance to UI [10].



Graph 1. How much do you think your bladder problem affects your life.

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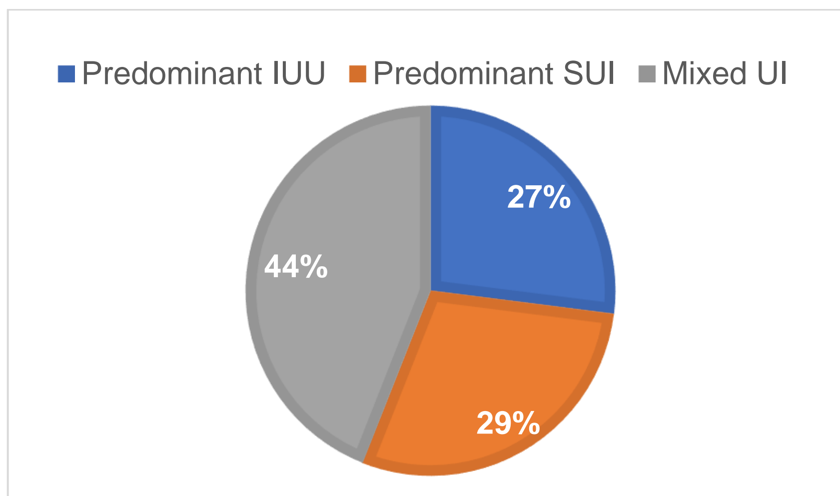
However, the questionnaire proved to be effective in elucidating the items that were relevant to the compromise of the patient's health status, related to UI. Thus proving to be a simple tool, however, with the possibility of great results when applied to the general population.

Of the patients interviewed during this study, most reported symptoms more related to mixed UI, followed by stress urinary incontinence (SUI) and lastly urgent urinary incontinence (UI) (Graph 2). Such data differ from large population studies in terms of the prevalence of UI types, but corroborate the results obtained by Faria, et al (2015), in which, most of the interviewees had mixed UI [5]. Furthermore, in the aforementioned study, there was a relationship between mixed UI and a worsening of the other domains analyzed in the research, such as limitation of daily activities, emotions and personal relationships, demonstrating greater degradation of quality of life in patients with mixed UI.



Graph 2. Most prevalent type of UI according to the reported symptoms.

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From data obtained through Pearson's correlation between clinical parameters and domains related to quality of life (Table 1), it was observed that physical limitations were related to the variables UI of effort and UI in sexual intercourse (0 , 43; 0.42), social limitations were related to nocturia (0.40), personal relationships were affected by nocturia, stress UI and UI during sexual intercourse (0.40; 0.42; 0.61) , emotions were related to urgency, UI of effort and UI in sexual intercourse (0.42; 0.45; 0.47), sleep and disposition were related to nocturia (0.44) and the severity measures were correlated with voiding frequency, nocturia, voiding urgency and effort UI (0.41; 0.55; 0.52; 0.46). Such variables corroborate the work of Fonseca, et al (2005), who evaluated 54 patients aged between 34 and 82 years and obtained results similar to the present [9].

Table 1. Pearson's correlation between clinical parameters and the questionnaire domains.

Domain	Frequency	Nocturia	Urgency	Urinary Incontinence	Stress Urinary Incontinence	Nocturnal Enuresis	Incotinence in Sexual Intercourse	Frequent Infections	Bladder Pain	Number of Symptoms
General Health	-0,07	0,12	0,14	0,06	-0,04	-0,09	0,32	0,1	0,24	0,25
Impact of Incontinence	0,32	0,34	0,29	0,28	0,35	0,11	0,13	-0,09	0,17	-0,15
Limitations of Daily Activities	0,21	0,33	0,24	0,38	0,25	0,23	0,32	0,02	0,17	0,22
Physical Limitations	0,23	0,37	0,21	0,3	0,43	0,21	0,42	0,02	0,39	0,34
Social Limitations	0,05	0,4	0,15	0,27	0,39	0,3	0,38	0,04	0,18	0,26
Social Relationships	0,17	0,4	0,29	0,42	0,32	0,1	0,61	0,2	0,34	0,27
Emotions	0,17	0,34	0,42	0,45	0,37	0,31	0,47	0,09	0,31	0,26
Sleep/Mood	0,3	0,44	0,38	0,34	0,13	0,08	0,27	0,04	0,14	-0,16
Severity Measures	0,41	0,55	0,52	0,46	0,3	0,16	0,19	-0,08	0,23	0,19

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The items mental health, impact of incontinence and limitation of daily activity did not have any statistically significant variable (Table 1).

IV. DISCUSSION

Analyzing such data, it is noted that the lives of patients are affected in several areas by UI, in this sense, each of these aspects has a relevant participation in the decline in their quality of life, and the more aspects are added, the more the quality of life is deteriorated.

In this way, the variables UI of effort, UI in sexual intercourse, nocturia, urgency and voiding frequency were highlighted in general. Demonstrating that, the patients who presented UI during sexual intercourse were also the most affected in terms of personal relationships, emotions and physical limitations, which expresses possible loss in conjugal and family relationships, which impacts on the patient's psychological.

Nocturia was related to social limitations and sleep / mood, where it shows the relevant impact on the quality of life of the affected people, due to frequent trips to the bathroom. Since this habit has a strong relationship with the lack of leisure outside its residential scope, corroborating the study by Rett, et al (2007) [11], in addition to the feeling of weariness or tiredness due to disturbed sleep. As mentioned in the study by Bueno 2006, sleep deprivation has an impact both on the psychological level and on the general physical state, causing indisposition to the patient's daily activities, with a consequent reduction in quality of life [12].

In addition, the domains of emotions and physical limitations were also related to SUI and urinary urgency, demonstrating not only physical impairment, but also how the event has affected the emotional state of the patient in question, corroborating the study by Rett, et al (2007) [11]. Still, according to this analysis, after undergoing physiotherapeutic treatment and an improvement in SUI and urinary urgency, there was a significant advance in

emotions, in addition to having minimal side effects and not precluding future surgical treatment.

In this context, it is observed that UI is due to a combination of physiological and emotional factors, negatively impacting the social, economic, domestic, occupational and sexual spheres, in order to disadvantage the quality of life of the individual with UI. Another related factor is feelings of vulnerability and incapacity, which lead to isolation, anxiety and depression in some patients, especially in elderly women, according to Oliveira, et al (2018) [13].

Despite the impact that UI has on the quality of life of incontinent patients, many do not have access to treatment, as there are psychological, physical and cultural barriers, in addition to feelings of hopelessness and embarrassment, as they have to report their condition to other individuals and professionals. Such circumstances only accentuate the difficulty of health professionals in detecting the pathology and consequently generate losses in terms of treatment and improvement in the quality of life of this target audience, which reinforces the study by Oliveira, et al (2018) and Perreira, et al (2019) [13, 14].

V. CONCLUSION

In short, UI affects the quality of life of women in several aspects, directly related to the voiding symptoms presented by patients, among which the variables UI of effort, UI in sexual intercourse, nocturia, urgency and frequency of voiding stood out. . In this sense, an approach focused on these symptoms would be effective in improving the overall quality of life of this target audience. It is also emphasized the importance of carrying out educational and treatment actions, such as making the population aware of the existence, severity and ways of preventing UI, as well as instructing women to perform perineal strengthening exercises, which they act both in the prevention and in the treatment of incontinence. In this context, it is essential that new studies are carried out on the topic, covering women's health in an integral way in terms of quality of life and risks related to UI, thus facilitating early diagnosis and new strategies for approach and treatment.

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