

DIFFERENCES IN PREVALENCE OF NOCTURIA AND IMPACT ON QUALITY OF LIFE IN A DEPRIVED AND AFFLUENT COMMUNITY SAMPLE IN SCOTLAND.

Hypothesis / aims of study

Nocturia is commonly experienced and associated with considerable impact on health and quality of life. Several epidemiological studies have established that the prevalence of nocturia increases with age however knowledge of its characteristics among community living older people is limited. This study aimed to understand nocturia and its self-management by older people in a deprived and an affluent district in the West of Scotland.

Study design, materials and methods

Two stage mixed methods survey design: stage 1 involved a postal survey of men and women aged 60 and over in two General Practice populations, one in a deprived district and one in an affluent district. The structured questionnaire sought information on demography, health status, lower urinary tract symptoms (IPSS), nocturia specific quality of life (N-QOL)⁽¹⁾ associated factors and help seeking behaviours. Stage 2 involved in-depth semi-structured interviews with older volunteers who experienced nocturia of at least two episodes nightly. Face to face interviews were undertaken in the home (n = 32) and explored individual understanding of nocturia, perceived impact on physical, social and psychological functioning, quality of life, and relationships, coping strategies, help-seeking behaviours and self-management techniques.

Results

In all 1,150 completed questionnaires were returned (38% response rate). The mean age was 69.4 years, 53.5% were female, 60% lived with a partner/spouse and 34% lived alone. Nocturia was reported by 84% respondents with 45% reporting two or more episodes nightly. Nocturia was equally prevalent in older men and women however there were significant differences between the deprived and affluent districts in reported prevalence ($p < 0.001$), severity ($p < 0.001$) and impact on overall quality of life ($p < 0.001$), sleep/energy ($p < 0.001$) and bother/concern ($p < 0.001$) subscales.

The number of episodes of nocturia and perceived general health were significantly correlated ($p < 0.001$). The respondents in the deprived site reported significantly poorer health and significantly more heart failure ($p < 0.001$), angina ($p = 0.007$), breathlessness ($p < 0.001$), depression ($p < 0.001$) and anxiety ($p < 0.001$). They experienced sleep disturbances more often ($p < 0.001$) yet there were no differences between the sites in use of hypnotics ($p = 0.713$). Older people in the deprived district used diuretics more often ($p < 0.001$) and reported nocturnal thirst significantly more ($p < 0.001$). Snoring was more common in the deprived area ($p < 0.001$), as was daytime sleepiness ($p < 0.001$). Deprived area respondents were more often smokers ($p < 0.001$) but reported alcohol use was significantly higher in the affluent area ($p < 0.001$).

Nocturia was associated with increased reports of falling getting up to use the toilet at night (OR 1.56, 95% CI 1.31-1.86). Thematic analysis of the interviews identified the experience of nocturia as simultaneously unpredictable, debilitating, distressing and puzzling. More than half respondents were concerned their condition would worsen yet only 20% had spoken to a health care professional about their condition.

Interpretation of results

These results concur with other studies that nocturia is commonly experienced, associated with multiple health conditions in community living older people yet under-reported. The results demonstrate previously unreported inequalities in health among community living older people experiencing nocturia which require further investigation. The in-depth interviews detail the nature of the condition and its bothersome characteristics for older men and women.

Concluding message

The prevalence and impact of nocturia is greater among older people living in a deprived neighbourhood compared to an affluent district.

References

1. Abraham L, Hareendran A, Mills I, Martin M, Abrams P, Drake M, MacDonagh R, Noble J (2004) Development and validation of a quality of life measure for men with nocturia Urology 63, 481-486

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	MREC for Scotland Committee B
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes