

## PERSONALITY PROFILE, PERCEIVED STRESS AND ACCEPTANCE OF ILLNESS AMONG WOMEN WITH OAB – PRELIMINARY STUDY

### Hypothesis / aims of study

The etiology of OAB remains still unknown. However, there is no doubt that afferent and efferent pathways abnormalities in signals transmission from and to the bladder accompanied by impaired CNS function play a pivotal role in pathogenesis of this disease [1]. On the other hand, biological factors, for example CNS function, influence psychological processes like personality shaping, which in turn determine the human behavior and thinking [2]. The aim of the study was to assess specific relations between Big Five personality traits (openness, conscientiousness, extraversion, agreeableness, and neuroticism), level of perceived stress and acceptance of illness among women suffering from OAB.

### Study design, materials and methods

The study group consisted of 46 women. Participants age range from 28 to 77 years (58, 11 ±12,40), the average BMI index was 27, 38 (±4,16), (the range from 20, 31 to 36,68). In order to quantify psychological status of our patients we used Polish versions of specific psychological questionnaires: 1) Ten-Item Personality Inventory (TIPI) to assess five broad personality domains (Openness, Conscientiousness, Extraversion, Agreeableness and Emotional Stability), 2) Perceived Stress Scale (PSS) measuring the perception of experienced stress and 3) Acceptance of Illness Scale (AIS) to measure general adaptation to illness [4]. Statistical analysis was performed by the use of PaswStatistics v. 21.

### Results

Women with OAB had relatively low rates in emotional stability, openness and the high score of conscientiousness (Figure 1). Moreover, women from study group experienced high level of stress. It was significantly higher ( $t=4.11$ ,  $p<0.01$ ) when compared to healthy subjects in Poland. Furthermore, the level of illness acceptance was average, comparable to Polish clinical group of women with breast cancer and uterine cancer [4]. Moreover, there were some specific connections between analyzed variables (Table 1). Acceptance of illness was significantly correlated with extraversion ( $r=0.413$ ;  $p=0.01$ ) and emotional stability ( $r=0.349$ ;  $p=0.02$ ). Additionally negative connection ( $r=-0.419$ ;  $p=0.01$ ) between illness acceptance and perceived level of stress was found.

### Interpretation of results

We found that women suffering from OAB have a tendency to experience negative emotions (like an anger, anxiety and depression), have problems with creativity and independent thinking. Additionally, female OAB sufferers may be also characterized as being strict and routine. On the other hand, patients with OAB, are mostly well organized and prefer rather planned than spontaneous behavior.

### Concluding message

The psychological adaptation to OAB may be increased by two strategies. First, the patients have to be thought how to cope with negative emotions and life events connected with illness. Second, they should be encouraged to create a network of social support which enable the participation in the training of social skills.

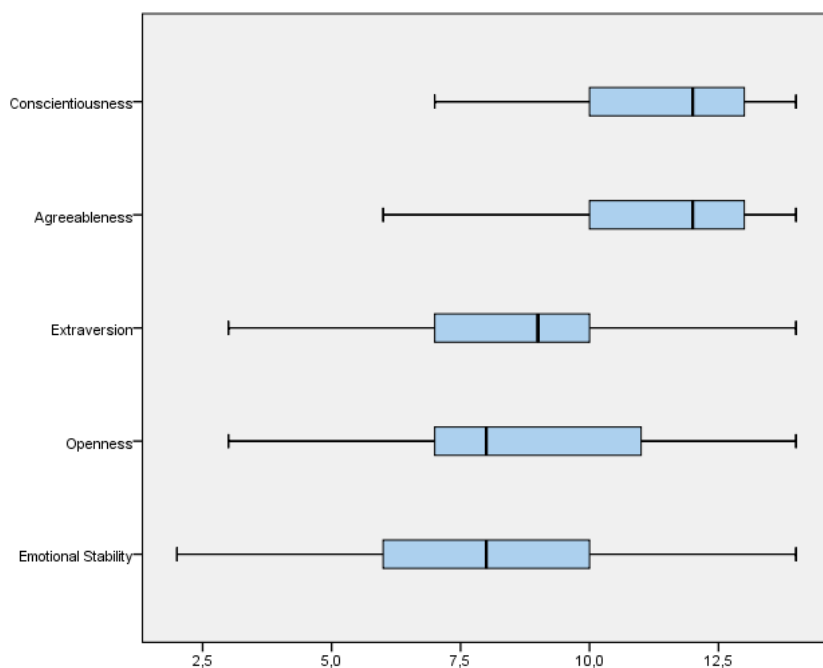


Figure 1. Personality profile of women with OAB

Table 2. Pearson correlation coefficients describing interplays between analyzed variables

Variables	Acceptance of illness	
	r	p
Extraversion	0.413**	0.01
Agreeableness	-0.086	0.59
Cnscientiousness	0.178	0.26
Emotional Stability	0.349*	0.02
Openness	0.111	0.48
Percieved stress	-0.419**	0.01

\*\* p< 0.01 (two-tailed), \* p< 0.05 (two-tailed)

#### References

1. Griffiths D., Tadic S.D., Bladder control, urgency, and urge incontinence: Evidence from functional brain imaging. *Neurourology and Urodynamics*. 27,6,p: 466–474, August 2008
2. Michel, W., Shoda, Y., & Smith, R. E. *Introduction to personality: Toward an integration*. New York: John Wiley, 2004.

#### Disclosures

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