

PSYCHOLOGICAL DISTRESS IN WOMEN SUFFERING FROM ANTERIOR VAGINAL WALL PROLAPSE WITH OR WITHOUT URINARY INCONTINENCE

Hypothesis / aims of study

Frequently, anterior vaginal wall prolapse (AVWP) is associated with urinary incontinence (UI). Quality of life (QoL) of patients suffering from AVWP and UI is difficult to investigate because of its multidimensional nature. QoL impairment associated to UI may lead to psychological distress. On the other hand, the available data about the hypothesis that psychological conditions may cause urinary incontinence are contradictory. The aim of this study was to evaluate if the psychological profile in women affected by AVWP associated with UI is different from that observed in those suffering from AVWP without UI, since no studies have been published regarding this issue.

Study design, materials and methods

This is a prospective pilot study performed on a cohort of patients referred to an urogynaecological unit because affected by lower urinary tract symptoms (LUTS). Patients were asked to complete two self-administered questionnaires: the King's Health Questionnaire (KHQ) and the Symptom Checklist 90 (SCL90). Inclusion criteria were: Stress UI (SUI), Urgency UI (UII), or Mixed UI (MUI) together with AVWP or AVWP without UI. The diagnosis was based on clinical history, vaginal examination with prolapse quantification, bladder diary, urinalysis, and urodynamics. Exclusion criteria were: genito-urinary pain syndromes, neurogenic detrusor overactivity, urinary fistulae, chronic retention of urine, neurological illnesses, and inability to read and complete questionnaires. The KHQ is a condition-specific quality of life questionnaire for the assessment of women with urinary incontinence. KHQ contains 21 questions that are scored in nine domains (general health perception, incontinence impact, role limitations, physical limitations, social limitations, personal relationships, emotions, sleep/energy, severity of urinary symptoms), and a list of 10 bladder problems (part III global score). The Symptom Checklist 90 (SCL90) is an outpatient psychiatric rating scale used to evaluate the psychological state. SCL90 contains 90 items which reflect nine primary symptom dimensions (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism). Both questionnaires were administered and collected before clinical evaluation. Age, parity, BMI, previous pelvic surgery, menopausal state, and assumption of HRT were registered. All women were divided in four groups: Mixed UI (MUI), Urodynamic Stress Incontinence (USI) and Detrusor Overactivity (DO) associated with AVWP, and AVWP without UI (control group). Statistical analysis was performed using SPSS 14. A p value <0.05 was considered statistically significant.

Results

We finally included in the study 138 subjects. Mean age of all subjects was 58.1±0.9 SE with a normal distribution (Shapiro-Wilk test p=0.37). BMI, previous pelvic surgery, postmenopausal state, and assumption of HRT did not result statistically different between groups (Fisher exact test). Parity resulted significantly higher in control group than in all UI groups. Significant differences were observed in part III global score of KHQ and in eight subtest scores of KHQ domains (general health perception, incontinence impact, role limitations, physical limitations, social limitations, emotions, sleep/energy, and severity of urinary symptoms) between MUI and control group, between DO and control group, and between MUI and USI. Five domains (incontinence impact, role limitations, physical limitations, emotions, and sleep/energy) did not differ statistically between DO group and USI group, while the domain "severity measures" was different between USI and control group. The domain "personal relationships" significantly differed between MUI group and control group (ANOVA, post hoc Dunnett's T3 test). SCL90 global score was significantly higher in MUI group than in control and SUI groups. Two of SCL90 domains (somatization and hostility) did not differ significantly among groups, while five domain scores (obsessive-compulsive, depression, anxiety, phobic anxiety, and paranoid ideation) were higher in MUI group than in control and USI groups. Two domains (interpersonal sensitivity and psychoticism) resulted higher in MUI than in control group (ANOVA, Bonferroni post hoc test). A strong correlation was observed between SCL90 global score and KHQ general health perception (Pearson correlation: 0.53, p< 0.01), and between SCL90 global score and KHQ part III global score (Pearson correlation: 0.37, p< 0.01).

Interpretation of results

Psychological impairment of MUI patients is higher than that of patients affected by USI or AVWP without UI. Therefore, MUI patients seem to be more distressed than USI patients. In fact, patients with MUI have less control over their bladder symptoms because they cannot predict UI episodes. Psychological status may be correlated with perception of general health status and severity of symptoms in patients affected by UI.

Concluding message

The preliminary results of this pilot study suggest that the psychological distress is higher in MUI patients than in other UI patients. The psychological profile seems to be involved in QoL perception.

FUNDING: NONE

HUMAN SUBJECTS: This study was approved by the Institutional Review Board and followed the Declaration of Helsinki Informed consent was obtained from the patients.

