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EXPERIENCES AND EXPECTATIONS OF WOMEN WITH URINARY INCONTINENCE: A QUANTITATIVE AND QUALITATIVE EXPLORATION

Hypothesis / aims of study

Urinary incontinence, whilst not life threatening, remains an important cause of morbidity in women and the effect on quality of life has been extensively documented.(1) When considering outcome measures until relatively recently there has been a paucity of data regarding patient expectations following treatment for urinary incontinence and consequently the concept of 'cure' is relative. The aim of our study was to explore the expectations and goals of women undergoing surgery for urinary incontinence using both a quantitative Quality of Life approach exploring symptom bother and a qualitative interview based approach exploring patient goals and expectations.

Study design, materials and methods

This was a prospective observational study conducted at a tertiary referral centre for urogynaecology. 29 women with symptomatic urinary incontinence were recruited from the waiting list for pelvic floor dysfunction surgery. All patients were assessed with a structured clinical interview on an individual basis. The data obtained were transcribed verbatim and then analysed thematically, based on the grounded theory. Individual codes and sub codes were identified to develop a coding framework. The Kings Health Questionnaire (2) (KHQ) was used to determine the impact of urinary incontinence on patient's daily life. We arbitrarily classified "bother" as minimal, mild, moderate and marked if scores ranged from 0-25, 25-50, 50-75 and 75-100 respectively. The degree of incontinence was objectively quantified using video urethrocystography (VCU) and quantified as mild, moderate or severe urodynamic stress incontinence depending on whether urinary leakage was objectively demonstrated on one, three or five coughs.(3) Quantitative data were analysed using SPSS(V 14), Chicago, Illinois. Main outcome measures studied were quantitative data from VCU, subjective data from KHQ and qualitative data based on the structured clinical interview. Statistical analysis of quantative data generated by analysis of the KHQ was performed using SPSS (version 13, Chicago, Illionois). Descriptive statistics were used to analyse both individual domain scores and total QoL score.

Results

29 women were recruited over the first one year of the study. Their mean age was 56 years (range 36-78) and mean parity was 2(Range 0-6). 21 women (72.4%) were sexually active. The degree of incontinence on VCU was mild in 3, moderate in 8 and severe in 18 women. 34% of the women underwent colposuspension, 58% underwent insertion of tension free vaginal tape and the rest (6%) underwent insertion of a trans obturator tape. Quantitative analysis of the KHQ data (Table 1) suggested that the main domains affected were incontinence impact on life (Mean score 88.5), physical limitation (Mean score 71.26) and role limitation(Mean score 67.24). Qualitative analysis based on the clinical interview (Table 2) suggested that these women were most affected by the physical limitations imposed on their lives by incontinence, the effect incontinence had on their body image as well as the continual need to wear pads.

Interpretation of results

Whilst disease specific QoL questionnaires allow broad comparisons to be made assessing patient bother, they may lack the sensitivity to assess individual symptoms. In this study we have explored the expectations and experiences of women complaining of urinary incontinence using both a quantitative and qualitative approach. By using multi dimensional methodology we have demonstrated the differences between the more traditional QoL based patient assessment and that of a qualitative technique. Quality of life is essential in assessing 'bother' secondary to urinary incontinence, however a structured questionnaire may lack the sensitivity to individualise symptom assessment at the patient level.

The results from the qualitative analysis in this study would suggest that specific symptoms or lifestyle limitations related to urinary incontinence are the major factor influencing referral for urogynaecological assessment and consequently patients aim for specific goals when seeking help.

Table 1: Mean KHQ scores

Domain	Mean score	Standard deviation
General health perception	34.48	20.50
Incontinence impact	88.50	20.46
Role limitation	67.24	33.47
Physical limitation	71.26	23.10
Social limitation	50.38	33.03
Personal relationship	56.34	38.90
Emotion	61.30	30.66
Sleep and energy	47.70	25.86
Severity measures	61.78	20.83

Table 2: Qualitative analysis of themes and sub themes

	Theme	Subtheme	Numbers Expressed
1	General health judgement		7
2	Role limitation	a Housework	1

		b. Professional work	5
3.	Physical activity	a.Walking b.Running c.Gym/sports d.Lifting/carrying	12 5 11 2
4.	Body image/ emotions	a.Embarrasment by self image b.Embarrased by smell c.Lack of confidence in femininity	8 10 3
5.	Sexual function		18
6.	Desire to avoid pads		1
7.	Social limitations	a.Shopping b.Going out c.Dancing d.Driving e.Playing with /grandchildren f.Bodily functions (laugh/sneeze)	5 2 2 1 3 8
8.	Others	a.Reduce toilet mapping b.Reduce pain/UTI c.Enjoy retirement	2 3 2

Concluding message

A qualitative approach may individualise patient care and ultimately improve patient satisfaction and overall outcome when treating women complaining of urinary incontinence.

References

1.Incontinence; Plymouth, health Publication Ltd, 2002(267-316).
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Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**