

QUALITY OF LIFE IN WOMEN WITH OF URINARY INCONTINENCE IN PUERPERIUM

Hypothesis / aims of study

Urinary incontinence (UI), involuntary loss of urine, is a frequent symptoms during pregnancy, and also throughout the puerperium or even permanently throughout women's lives (1). The purpose of this study was to compare the quality of life (QoL) of the continent and urinary incontinent puerperal women through two different QoL instruments, a generic (Medical Outcome Study 36-item Short-Form Health Survey – SF-36), and one evaluating specifically the QoL of incontinent women (King's Health Questionnaire – KHQ).

Study design, materials and methods

This was a co-relational study carried out throughout the period of august of 2008 to march of 2009 in a Basic Health Unit, in Itapeperica da Serra in the metropolitan region of São Paulo (Brazil). On average, 20 to 22 puerperal women come to this unit for their first puerperal check-up appointments, child development attendance or vaccination for their children. A form elaborated and validated for this study was used for data collection along with two QoL assessment instruments.

In order to calculate the sample, prevalence differences were considered along with odds ratios from three studys (4,5,6). The sample was comprised of 220 women, considering the significance level of 5% and the test power of 80%.

The criteria for inclusion were being within 30 to 180 days after labor and breast feeding, not using medications that could interfere the lower urinary incontinence system or later vesicular function, and absence of the following comorbidities: mellitus diabetes, renal lithiasis, chronic obstructive pulmonary disease, neurologic diseases, hypertension, urinary system infections and a history of pelvic surgery, except for C-sections.

Results

Stress UI was the most common during puerperium, and most puerpera presented small urine loss. Data in Table 1 described the score reached in all different domains of SF-36 between incontinent and continent puerperae. Both groups demonstrated higher averages in functional capacity (89.3 ± 14.4 and 78 ± 23.4 , respectively) and lower average on vitality (58 ± 20.9 and 49.8 ± 25.8). A significant difference in functional capacity ($p=0.0046$) and in general health condition ($p=0.0241$) was observed with average scores lower among incontinent women. Data in Table 2 indicate scores for the different domain in KHQ. Higher averages on gravity (31.2 ± 12.1), general health acuity (28.4 ± 16) and incontinence impact (27.3 ± 28.4) were observed.

Interpretation of results

Contrary to the present study, the other study (1) found a reasonably elevated average in sleep and mood. Perhaps the difference occurs because in our study, SUI is the most frequent type during the puerperium, while in study (1) the most common was MI (55.3%), in which irritated bladder symptoms may be present as nocturia, interfering with sleep and mood.

According to the studies mentioned here, KHQ domains with higher averages were: incontinence impact, daily activities limitations, physical limitations, measures for severity and general health [3]. The present study shows broad variations in the impact of incontinence and physical limitations, showing that some puerperal women consider UI to be a severe problem, scoring these domains with maximum values.

A multicentric study carried out in four European countries on non-pregnant women found that UI interfered with physical activities, self-perception and social activities. In France and Germany UI caused moderate impact in the life of women and in the United Kingdom, the impact was severe. In Spain, the impact was greater for younger women than for older women, perhaps due to the fact that younger women are starting their professional and personal lives [2].

Concluding message

The QoL of women with and without incontinence was similar, except regarding the SF-36 domains of functional capacity and overall health condition, which were worse among women with incontinence. Using the KHQ, it was observed that the impact on all domains was lower when compared to others studies, but for some women the UI affected their QoL, reaching the maximum score in some domains.

Table 1: Comparison of the average scores obtained in each SF-36 domain of continent and incontinent puerperal women - Itapeperica da Serra – SP, August of 2008 to March of 2009

Domains	Continent puerperal women n = 198				Incontinent puerperal women n = 22				Value-p
	Averages	SD	Median	IQR (Q3-Q1)	Average s	SD	Media n	IQR (Q3-Q1)	
Functional capacity	89.3	14.4	95.0	100,0 – 80,0	78.0	23.4	85.0	95,0 – 65,0	0.0046
Limitations due to physical aspects	74.8	38.6	100.0	100,0 - 50.0	64.8	43.4	100.0	100,0 – 25,0	0.2945

Pain	67.0	24.9	62.0	84,0 – 51,0	60.8	18.4	62.0	62,0 – 51,0	0.2239	Label: SD= standard deviation; IQR= inter quart il range (Q3-Q1).
General health condition	76.5	17.2	77.0	92,0 – 67,0	68.2	16.9	66.0	82,0 - 57,0	0.0241	
Vitality	58.0	20.9	60.0	75,0 – 45,0	49.8	25.8	47.5	70,0 – 30,0	0.1139	
Social Aspects	77.5	25.2	87.5	100,0 -62,5	69.9	32.0	81.3	100,0 – 37,5	0.4255	
Emotional aspects	69.5	40.1	100.0	100,0 – 33,3	57.8	42.6	66.7	100,0 – 0,0	0.1568	
Mental health	64.6	20.6	64.0	80,0 - 52	61.1	22.9	64.0	76,0 – 48,0	0.5056	

Value-p calculated by the Mann-Whitney Test.

Table 2: Values of scores in KHQ domains for incontinent puerperae (n=22) – Itapecerica da Serra – SP, August of 2008 to March of 2009

Domains	Averages	SD	Minimum-Maximum	Median	IQR (Q3-Q1)	Label: SD=standard deviation; IQR=interquartil range (Q3-Q1).
General health condition acuity	28.4	16.0	0 - 75	25.0	25 - 25	
Incontinence impact	27.3	28.4	0 - 100	33.3	0 -33.3	References 1. Dolan LM; Walsh D, Hamilton S, Marshall K, Thompson K, Ashe RG. A study of quality of life in primigravidae with urinary incontinence. Int Urogynecol J Pelvic Floor Dysfunction 2004; 15(3):160-64. 2. Papanicolau S, Hunskaar S, Lose G, Sykes D.
Daily activities limitations	15.9	18.2	0 - 66.7	16.7	0 - 33.3	
Physical limitations	14.4	23.2	0 - 100	0	0 - 16.7	
Social limitations	8.1	17.9	0 - 66.7	0	0 - 0	
Personal relationships	3.8	14.5	0 - 66.7	0	0 - 0	
Emotions	10.6	15.1	0 - 44.4	0	0 - 22.2	
Sleep and mood	6.1	12.1	0 - 50	0	0 – 16.7	
Gravity measures	31.2	12.1	13.3 - 60	60	20 – 33.3	

Assessment of bothersomenes and impact on quality of life of urinary incontinence in women in France, Germany, Spain and UK. BJU Int 2005; 96(6):831-38.

3. Lopes MHBM, Higa R. Restrictions of the urinary incontinence to life Women's. Rev Esc Enferm USP 2006; 40(1):34-41.

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Specify Name of Ethics Committee	Ethics Committee of Faculty Medical Sciences, State University of Campinas (São Paulo, Brazil).
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes