ABSTRACT HOW DOES URINARY INCONTINENCE TYPES AND #810 **SEVERITY IMPACT WOMEN'S FUNCTIONING?**

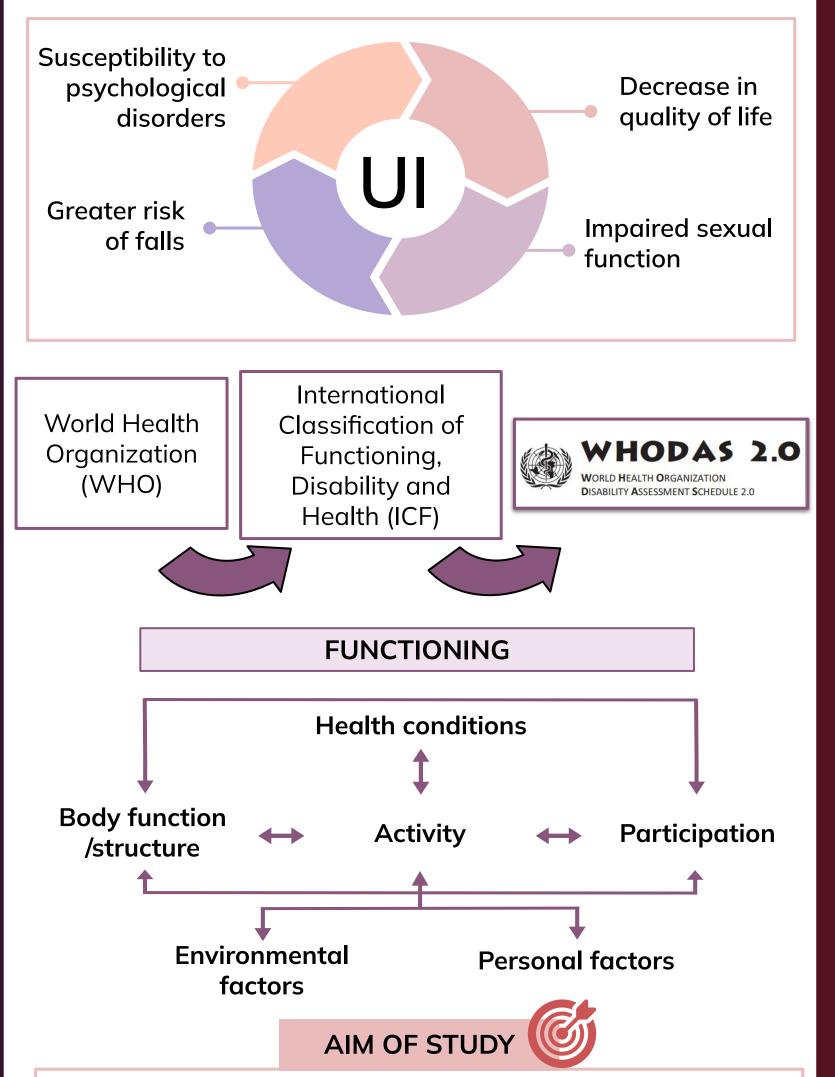
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HYPOTHESIS / AIM OF STUDY



RESULTS AND INTERPRETATION

Table 1. Sample description of women with IU (n=101).

Variable	N (or mean)	% (or SD)
Age	50.87	±10.32
UI type	65 (mixed UI) 25 (stress UI) 11 (urge UI)	64.4% 24.8% 10.9%
Severity	5 (mild) 54 (moderate) 29 (severe) 13 (very severe)	5% 53.5% 28.7% 12.9%

Table 2. Descriptives of the WHODAS 2.0 scores of women with UI.

Domains	Minimum	Maximum	Mean	SD
Cognition	0.000	100.0	14.06	±20.24
Mobility	0.000	100.0	22.95	±25.46
Self-care	0.000	100.0	6.63	±15.63
Getting along	0.000	100.0	10.80	±16.89
Life activities	0.000	91.66	14.27	±22.27

To explore functioning of women with UI by investigation how IU affects WHODAS domains and to verify whether there is a relationship between the types and severity of UI and functioning.

MATERIALS AND METHODS

Study design	Cross-sectional observational study.		
Period	March 2020 to June 2022.		
Local	Urogynecology and the Pelvic Physiotherapy outpatient clinics in the Northeast of Brazil.		
Data collected	Sociodemographic data, the type of UI, functioning and disability using the portuguese version of WHODAS 2.0, and the severity of UI using the Incontinence Severity Index (ISI).		
Research Ethics Committee	N° 3.893.791 (CAAE: 29209020.5.0000.5050).		
Women with: Urge, stress, or mixed urinary incontinence symptoms in the last		Women with: Chronic pelvic pain of) any etiology;	

Participation	0.000	91.66	22.56	±22.36
Total	0.000	95.28	16.30	±17.95

 Table 3. Comparison of functioning (WHODAS scores) among women
with different UI severities.

ISI categories of UI	Mild N=5 (5%)	Moderate N=54 (53.5%)	Severe N=29 (28.7%)	Very severe N=13 (12.9%)	р*
WHODAS domains	mean ± SD	mean ± SD	mean ± SD	mean ± SD	
Cognition	8±13.03	9.35±13.21	16.03±19.24	31.53±35.61	0.003
Mobility	11.25±21.83	15.5±21.77	29.95±21.41	42.78±35.06	0.001
Self-care	0	3.51±11.01	8.62±14.32	17.69±28.62	0.016
Getting along	5±7.45	10.18±17.41	8.33±8.33	21.15±26.7	0.102
Life activities	15±31.26	9.49±15.99	13.93±19.77	34.61±34.83	0.003
House activities	16±30.49	12.4±23.06	14.82±21.14	36.92±37.05	0.021
Work/school activities	14.28±31.94	7.4±18.24	13.3±24.35	32.96±38.19	0.010
Participation	10.83±15.75	17.74±19.72	27.15±23.05	36.85±26.28	0.013
Total	9.62±16.86	11.75±14.37	18.6±13.67	32.65±28.77	0.001



The incontinence type (urge, stress, or mixed) does not impact on functioning in our sample, but caution should be taken on interpretation of this results due to the imbalance of sample between groups.



Worse UI severity, the greater impact on the functioning.



The WHODAS assess functioning from the patient's perspective and allowing patient-centered interventions from a biopsychosocial perspective as recommended by the WHO.



This study with WHODAS for women with IU might encourage implementing functioning in the context of the health care and rehabilitation research for women with pelvic floor dysfunctions.

month:

>>> Over 18 years old;

>> Without cognitive disorders as assessed by the Mini Mental State Examination.

Severe pelvic organ (POP-Q >>> prolapses III/I∨);

Urinary incontinence of neurogenic origin.



The WHODAS 2.0 consists of 36 multiple-choice questions that assess the level of functioning in **six domains** of life: cognition, mobility, self-care, getting along with people, life activities and participation.

Provides scores for each of the six domains and a total score, which can range from 0 to 100.



Complete disability



For women with UI, WHODAS presented excellent reliability (Cronbach's alpha = 0.8) and test-retest reliability (Intra-class coefficient = 0.87).

CONCLUSIONS

UI may affect women's functioning, mainly mobility and social participation, independent of UI type. The WHODAS 2.0 was able to demonstrate greater impacts on the functioning of women with severe and very severe UI.

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Access QR code to get access to the WHODAS validation study with women with UI





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