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IMPACTS OF TREATMENT ON QUALITY OF LIFE IN URINARY INCONTINENT WOMEN

Aims of Study

We assessed the impact of urinary incontinence on quality of life (QOL) in urinary incontinent women, using a disease-specific QOL questionnaire. To evaluate the impact of treatment on QOL, the changes in impairment of QOL following to conservative or surgical treatment were also assessed.

Methods

QOL assessment was performed by the self-administered questionnaire, King's Health Questionnaire (KHQ), which was developed and well validated by Kelleher et al (1). The KHQ comprised 21 questions in 8 domains (general health, incontinence impact, role limitations, physical limitations, social limitations, personal relationships, emotions, sleep/energy disturbance), in addition to self severity measures. The KHQ was translated to Japanese and used to 70 incontinent women with mean age of 51 years. The type of incontinence was diagnosed by means of symptom assessment, 60-minute pad test, physical examination and urodynamic tests, comprising stress incontinence in 42 patients, urge incontinence in 16 and mixed incontinence in 12. Incontinence was treated by conservative therapy in 20 patients and by surgery in 20. The changes in impairment of QOL after treatment was evaluated. The reliability of the translated KHQ was assessed by its internal consistency (Cronbach's alpha statistic) and by measurement of its test-retest reliability (Spearman's rho nonparametric correlation coefficient).

Results

The translated KHQ was shown to be reliable both by test-retest analysis and by measurement of its internal consistency. Each domain showed acceptable Cronbach's alpha values ranging from 0.78 to 0.87 and Spearman's rho values ranging from 0.84 to 0.87. Although QOL was impaired in all domains in the incontinent women, the impairment was mild in social limitations and personal relationships as compared with the other domains. According to the frequency of incontinence episodes there was a significant difference in QOL impairment, but not according to the degree of incontinence. There was no significant correlation between the pad-test and QOL impairment. In 40 patients with conservative or surgical treatment, QOL was significantly improved in all domains except personal relationships (Table). In patients with conservative therapy, although QOL scores were improved in all domains, the improvement was

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statistically significant only in role limitations and emotions (Table). On the other hand, in patients with surgical treatment, QOL scores were significantly improved in all domains (Table).

Conclusions

In incontinent women, QOL is impaired in a wide variety of domains and can be improved by appropriate treatments. A QOL assessment should be involved in the severity measure, assessment of treatment efficacy and treatment choice in incontinent patients.

References

- 1) Br J Obstet Gynecol 1997;104:1374-1379

Table: Changes of QOL scores following to treatment

domain	before (total) n=40	after (total)	before (conservative) n=20	after (conservevative)	before (surgical) n=20	after (surgical)
general health	47.6	30.4**	55.6	40.7	41.7	23.8**
incontinence impact	44.4	15.9**	50.0	37.0	41.0	2.4**
role	32.6	8.0**	35.4	20.4*	31.0	0**
physical	50.0	12.7**	42.9	35.7	53.6	1.2**
social	19.8	5.2*	18.5	12.7	20.6	0*
personal	9.1	2.1	5.6	4.8	11.5	0*
emotions	39.1	9.7**	34.6	21.0*	42.1	2.4**
sleep/energy	21.3	6.5**	27.8	11.1	18.1	3.6**
severity	38.8	14.8**	42.7	28.9	37.2	5.7**

QOL score:0-100 scale(QOL impairment:mild-severe)

*p<0.05, **p<0.01