

STRESS INCONTINENCE AMONG WOMEN UNDER 65: QUALITY OF LIFE, STRESS AND PATTERNS OF SEEKING HEALTHCARE.

Aims of Study

1;To investigate the quality of life (QoL), level of stress and patterns of healthcare seeking among women under 65 with stress urinary incontinence (SUI).2; To study the relationship between variables to predict which are likely to influence patterns of seeking healthcare.

Methods

One hundred and thirty one women age 22-65 diagnosed with SUI were included in our study after informed consent was obtained. They were asked to fill out questionnaire (Q) composed of SF-36 measuring General Health Related QoL(1); ISQ-P measuring stress related to incontinence(2); Visual Analogue Scale (VAS) measuring symptom severity and Q about measuring patterns of healthcare seeking. Demographic data was recorded.

Results

Seventy nine % of them were married and 48% had more than 13 years of schooling. General QoL was impaired in comparison to another sample of healthy adults ($p < 0.005$), 40.8% reported an impairment in performing everyday chores.

Stress related to SUI was low (range 0.14-2.73 mean 0.97, S.D. 0.51) Severity of symptoms were found to be higher than "average" in 57.7% and "extremely high" in 12.6% of the study group. 74% of the women had their symptom for 1 year or more and 46% for more than 3 years.

A negative correlation was found between stress related to incontinence and age ($r = -0.27$, $p = 0.002$). Stress was higher when sexual activity due to SUI is impaired ($F(2) = 22.92$, $p = 0.000$). Younger women delayed seeking care primarily for shame while older for fear of surgery, ($F(5) = 2.52$, $p = 0.03$) but most commonly for lack of time (31.3%). Patterns of seeking healthcare were significantly related to age ($p < 0.05$), stress ($p < 0.05$), severity of symptoms ($p < 0.01$) and social functioning ($p < 0.01$) Those women who delayed seeking help because of shame, fear of surgery or belief that there is no effective cure were more stressed. ($F(5) = 3.23$, $P = 0.009$). 46.3% of the women consulted first with a gynaecologist 23.2% with their family physician and only 20.7% consulted with a urologist for care.

Conclusions

SUI is a cause of severe suffering and impaired QoL among the relatively young women. Many women delay seeking healthcare for lack of time, shame or misinformation. Health professionals should promote women's awareness and knowledge about the prospects of cure and encourage them to seek care in order to improve their QoL.

References

- 1; Medical Care (1994) 32;40-46
- 2; J Geront Nurs (1989) 15;9-15