

A STUDY ON THE IMPACT OF URINARY INCONTINENCE ON QUALITY OF LIFE, DYADIC RELATIONSHIP AND SEXUAL FUNCTION IN HONG KONG CHINESE WOMEN

Aims of Study

Urinary incontinence is a major health problem estimated to occur in nearly 30% of women under the age of 60 [1]. Urinary incontinence is a considerable source of misery and distress. It affects multiple aspects of women's lives and thus, their general quality of life (QoL). It has extensive adverse effects on emotional well being [2], day-to-day activities [3] and social relationships [4]. Sex-related variables such as sexual satisfaction, drive, and attitudes are related to body image and it may be distorted in urinary incontinence women [5].

The objective of this study is to assess the impacts of urinary incontinence on QoL, dyadic relationship, and sexual function in Hong Kong Chinese women.

Methods

A prospective observational study was performed. Subject recruitment was performed at the authors' urogynaecology clinic. A Mini Mental State (MMS) examination was performed to exclude unreported psychiatric morbidity. The subjects were then asked to fill in the Chinese versions of King's Health Questionnaire (KHQ) [6], Dyadic Adjustment Scale (DAS) [7], and Derogatis Sexual Functioning Inventory (DSFI)(sexual satisfaction, drive, and body-image subscales) [8]. Urodynamic investigations were performed after completing the questionnaires. The subjects were then divided into three groups according to the urodynamic diagnoses: detrusor instability (DI), genuine stress incontinence (GSI), and normal.

Non-parametric statistical analyses were performed using SPSS for Windows (SPSS Inc, Chicago, Illinois).

Results

A total of 91 women were recruited, 26 (28.6%) were diagnosed to be normal, 36 (39.6%) GSI, and 29 (31.8%) DI. Apart from age (Kruskal Wallis test, $p = 0.005$), there was no significant difference between the three groups in MMS, family income, gravidity, parity, weight, height, BMI, menopausal status, occupation, and employment status. However, the normal controls were significantly better than subjects with GSI or DI, in terms of KHQ, DAS, and DSFI (Table 1).

Conclusion

Our study demonstrated that urinary dysfunction did not necessarily affect physical abilities, but it had negative impacts to the subjects' emotion and dyadic relationship. It also showed that subjects with urinary dysfunction had decreased sexual satisfaction and body satisfaction, despite their sexual drives were not different from the normal subjects.

References

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Table 1: Comparison of age, KHQ scores, DAS scores, and DSFI scores between the three groups

Variables	Normal Median (IQR) N = 26	GSI Median (IQR) N = 36	DI Median (IQR) N = 29	p*
Age	49.5 (40.8 – 54)	49 (44.3 – 53)	42.5 (39.3 – 46.8)	0.005
KHQ Score: General Health Perception	50 (50 – 50)	50 (50 – 68.8)	50 (50 – 62.5)	0.105
KHQ: Incontinence Impact	33.3 (25 – 66.7)	33.3 (33.3 – 66.7)	33.3 (33.3 – 66.7)	0.135
KHQ: Role Limitations	25 (0 – 54.2)	33.3 (33.3 – 50)	33.3 (33.3 – 66.7)	0.200
KHQ: Physical Limitations	16.7 (0 – 66.7)	33.3 (33.3 – 66.7)	33.3 (16.7 – 66.7)	0.087
KHQ: Social Limitations	0 (0 – 33.3)	22.2 (0 – 33.3)	33.3 (0 – 50)	0.129
KHQ: Personal Relationship	0 (0 – 33.3)	16.7 (0 – 33)	33.3 (0 – 33.3)	0.387
KHQ: Emotions	33.3 (0 – 36.1)	33.3 (2.8 – 33.3)	55.6 (16.7 – 66.7)	0.015
KHQ: Sleep / Energy	33.3 (0 – 50)	33.3 (16.7 – 50)	50 (33.3 – 50)	0.057
KHQ: Severity	20 (6.7 – 33.3)	33.3 (26.7 – 40)	33.3 (20 – 40)	0.015
DAS: Total Score	117.5 (103 – 125.5)	100.5 (87.3 – 118)	88 (77.5 – 108.5)	0.001
DAS: Consensus	49 (45.8 – 56)	43.5 (37.5 – 50.3)	41 (32 – 51.5)	0.008
DAS: Satisfaction	39.5 (30.8 – 42.3)	36 (31 – 40)	33 (26 – 35)	0.007
DAS: Cohesion	17.5 (13.3 – 21.3)	12.5 (7 – 21.5)	13 (3.5 – 16)	0.015
DAS: Affect	9.5 (8 – 11)	8 (6 – 9)	7 (5.5 – 10)	0.015
DSFI: Body Satisfaction	29.5 (27 – 32.3)	28 (24 – 31)	27 (24 – 30)	0.037
DSFI: Global Sexual Satisfaction	5.5 (4 – 6)	4 (4 – 6)	4 (3.5 – 5)	0.032
DSFI: Sexual Satisfaction	8 (6.8 – 9)	8 (7 – 9)	6 (4 – 7)	0.002
DSFI: Sexual Drive	9 (6 – 11)	7 (4 – 10)	6 (3 – 9.8)	0.231

* Kruskal Wallis test