

## THE EFFECTS ON QOL OF WOMEN SUFFERING FROM FEMALE URINARY INCONTINENCE AND URINARY FREQUENCY IN JAPAN: A SMALL SCALE STUDY VIA A SHORT QUESTIONNAIRE

### Aims of Study

It is well known that urinary incontinence and urinary frequency affects QOL. Despite this, in Japan, the percentage of women who consult a doctor continues to be low. Members of an organisation of all Female doctors called the Professional Women's Coalition for Sexuality and Health (PWCSH), conducted research on the QOL of women suffering from urinary incontinence and urinary frequency. Data was gathered via questionnaire. The goal of the study was to determine the factors affecting QOL, as well as determine why such a large percentage of women don't consult a doctor. Another goal of the study is to determine what further information is needed.

### Methods

Women attending the thirteen lectures sponsored by PWCSH, were asked to participate in the study by answering a questionnaire. Among those who were asked, a total of 316 agreed to complete the questionnaire. The questionnaire consisted of eight questions:

1. Age?
2. How long have you had these symptoms?
3. How often do you urinate per day?
4. Do you have any other symptoms associated with urination?
5. How has your problem affected your life?
6. Please complete individual analog scale. (It means a visual analogue scale of the QOL)
7. Had you consulted with a doctor? If so, what benefits, if any, did you experience?
8. What information did you expect to receive regarding your symptoms?

The QOL assessments were determined by means of an Incontinence Impact Questionnaire (IIQ), short forms of 7 questionnaires. Physical recreation, entertainment, and travel in IIQ-7 were gathered as activities away from the home. The recent questionnaire was modified to include questions regarding the efforts of symptoms on work and sexual activities. Information regarding symptoms gathered from the questionnaire was used to classify the participants into three diagnostic categories: Stress urinary incontinence (SUI), overactive bladder (OAB), daytime frequency and nocturia (urinary frequency) without urgency.

### Results

Of the 316 female participants in the study, 262 women with a mean age of 55.9yrs ( $\pm 12.8$ SD) provided valid answers. The participants were divided into three categories: 158 of the participants were determined to suffer from SUI, 44 from OAB, and 22 from urinary frequency.

Of the remaining women, 18 were determined to be normal and 20 could not be adequately classified into one of the three diagnostic categories.

Table 1 shows the factors that impact the QOL of the participants affected by urinary symptoms. Activities away from the home were influenced the most. Work activities were also effected by symptoms in over 30% of women.

Table 1 –The QOL affected by urinary symptoms

	1	2	3	4	5	6	7
SUI (n=63)	33.3%	23.8%	60.3%	23.8%	31.8%	12.7%	4.8%
OAB (n=32)	34.4%	34.4%	75.0%	31.3%	46.9%	15.6%	6.3%
Urinary frequency (n=9)	33.3%	22.2%	88.9%	44.4%	33.3%	22.2%	11.1%

1: Working, 2: Household chores, 3: Activities away from the home, 4: Social activities,

5: Emotional health, 6: Feeling frustrated, 7: Sexual activities

Only 23 of the participants who were categorised as SUI, OAB or urinary frequency had consulted a doctor. It was determined that the percentage of those who did seek consultation was higher in OAB and urinary frequency groups when compared to those categorised as SUI (Table 2).

Table 2 –The prevalence at which women consulted a doctor

	N (%)
SUI (n=154)	11 (7.14)
OAB (n=16)	7 (43.8)
Urinary frequency (n=15)	5 (33.3)

The primary reason for not consulting a doctor was that their symptoms were not severe. It was determined that 28 women (17.7%) didn't have an adequate understanding of urinary incontinence or urinary frequency as a disease state. Of the participants classified as OAB, 42.3% that didn't seek medical evaluation, answered that they embarrassed to consult a doctor for their problem.

151 women (66.5%) were interested in methods of prevention. 54.2% hoped to receive information regarding a specialised medical institution where they might find help for their problem. (Table 3).

Women who were already experiencing a decreased QOL (VAS 4) hoped to become knowledgeable about the methods of examination and treatment for their symptoms.

Table 3–The information that was expected

	1	2	3	4	5	6	7	8
QOL: VAS<4 (n=173)	48.9 %	24.8 %	34.8 %	9.2 %	0 %	67.4 %	27.0 %	14.9 %
QOL: VAS 4 (n=38)	74.3 %	20.0 %	48.6 %	2.9 %	2.9 %	32.9 %	71.4 %	42.9 %
P value	0.0059	0.5430	0.1349	0.3074	0.1989	0.6144	<.0001	0.0006

1: Specialised medical institution, 2: Care tool, 3: Treatment in other patients, 4: Magazine website, 5: patient group, 6: prevention, 7: examination, 8: drug operation

### **Conclusions**

Women who suffer from OAB or urinary frequency experience a more significant decrease in QOL than women who suffer from SUI do. The majority of the women who suffer from OAB are too embarrassed to consult a doctor for their condition. The severity of symptoms influences the type of medical attention a woman is likely to seek out. Women who experience mild symptoms generally look to gain knowledge of methods of prevention. Women who experience a decrease in QOL usually hope to find a specialised medical institution where they can receive treatment for their problem.

The study indicated that an increase in public regarding the symptoms of urinary incontinence and frequency is needed in Japan.

### **References**

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