

SUBJECTS WITH MIXED OR URGE INCONTINENCE HAVE A LOWER HEALTH-RELATED QUALITY OF LIFE COMPARED TO THOSE WITH STRESS INCONTINENCE

Aims of Study

Urinary incontinence is a considerable clinical problem and can have a significant impact on a sufferer's quality of life. Mixed incontinence has been shown to have a significant impact on health-related quality of life (HRQL); however, there are limited data on the individual impact of urge and stress incontinence subtypes. The objective of this study was to assess the impact of urge, stress, and mixed incontinence on HRQL.

Methods

A national telephone population-based survey was conducted in the US using a computer-assisted telephone interview. The results of this survey were used to define a cohort of subjects with urinary incontinence. They were divided into three groups: predominantly stress, predominantly urge, and balanced mixed incontinence. Subjects completed a series of questionnaires including an OAB-specific HRQL and symptom questionnaire, the OAB-q, the Medical Outcomes Study (MOS) Short-Form 36, and the MOS-Sleep Scale. Descriptive analyses, t-tests, and analysis of variance with post hoc comparisons were used to analyze the data.

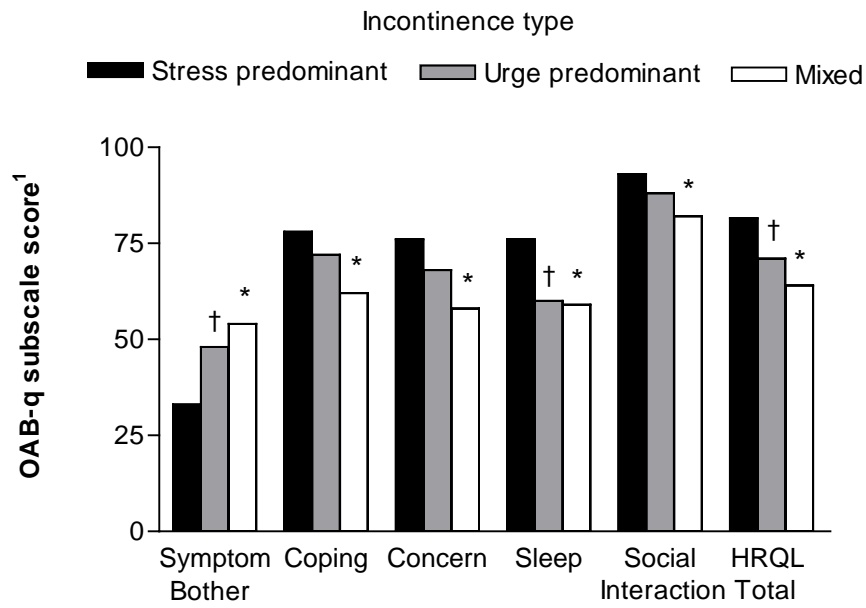
Results

In this sample, 171 met the criteria for stress (n=62), urge (n=69), or mixed (n=40) incontinence. Respondents with urge incontinence reported significantly ($p \leq 0.05$) greater symptom bother scores and lower sleep scores than those with stress incontinence while those with mixed incontinence reported significantly ($p \leq 0.01$) lower HRQL on all OAB-q subscales and higher symptom bother compared to those with stress incontinence (Figure). No symptom or HRQL differences were present between urge and mixed incontinence. Both urge and mixed incontinence groups reported significantly higher ratings of urinary urge intensity ($p < 0.0001$) and rated their need for medical care significantly higher ($p < 0.01$) than the stress incontinence group. Respondents with mixed incontinence reported a greater number of incontinence episodes ($p = 0.02$) than those with stress incontinence.

Conclusions

The findings of this study confirm that urinary incontinence has a significant impact on HRQL. Compared with respondents with predominant stress incontinence, respondents with urge or mixed incontinence reported significantly higher ratings of symptom bother and urinary urge intensity and lower HRQL. Importantly, there were no HRQL or symptom bother differences between the mixed and urge incontinent respondents. These data are consistent with the results of previous studies that indicated a greater impact on HRQL for the urge component of mixed incontinence. The present study also demonstrates the importance of measuring HRQL as an outcome in the assessment of urinary incontinence.

Figure: OAB-q Subscale Comparison by Incontinence Group Controlling for Age, Gender, and Clinical Condition.



¹ higher score indicates better HRQL; higher symptom bother score indicative of greater symptom bother; * p<0.01 vs stress; † p<0.05 vs stress