

## **PHYSICAL AND SEXUAL VIOLENCE AND BLADDER SYMPTOMS – IS THERE AN ASSOCIATION?**

### **Hypothesis / aims of study**

International estimations about the prevalence of physical and sexual violence are startling high with ranges from 8-40%. The sequelae of sexual abuse include acute and chronic injury as well as persistent stress and fear, which may be manifested in a range of physical and mental health problems. Many of these women present with unspecific problems such as chronic pelvic pain. To our knowledge there are no data that evaluated the association of bladder symptoms (frequency, dysuria, urgency and urge incontinence) and abuse.

### **Study design, materials and methods**

The study protocol was approved by the Ethical Committee of the University. Women who attended the gynecological outpatient clinic and the urogynecological clinic were asked to fill out a questionnaire including questions about bladder function and physical and sexual violence. The Hospital-Anxiety-Depression-Scale (HADS), 90 item questionnaire to evaluate symptoms of anxiety and depression was also included.

A full urogynecological work up including multichannel urodynamics was performed in those women who came to the urogynecological clinic. Patients were divided into three groups. The questionnaire distributed was marked with an A or B after urodynamics or with a C for the control group.

Group A: urgency and/or urge incontinence

Group B: stress incontinence without concomitant urgency symptoms

Group C: control group: women who attended the routine gynecological outpatient clinic and had no history of incontinence

### **Results**

237 women were included (group A: 83 women, group B: 97 women, group C: 57 women). Mean age for group A was 55.8 years (standard deviation = SD:11.8 years), for group B 54.5 years (SD: 12.3 years) and for group C 46.4 years (SD: 16.2 years). Self-estimated voiding frequency during daytime was normal (defined as less than 7 micturitions per day) in 28% of group A, 51% of group B and 78% of the control group ( $p < .0001$ ,  $\chi^2$ -test; group A (urge) versus group C (controls)). Urodynamic data are not available because the questionnaire was strictly anonymous.

While 30.1% (25/83) women with symptoms of urgency or urge incontinence had previously been physically or sexually abused only 18.6% (18/97) of women with stress incontinence and 17.5% (10/57) of the control group had the same history. ( $p < .05$ ,  $\chi^2$ -test; group A (urge) versus group C (controls)).

### **Interpretation of results and concluding message**

Clinicians are aware of the fact that women with urgency and urge incontinence are often "difficult" patients. The psychosomatic aspect of urge incontinence is underlined by the fact in trials comparing anticholinergic agents with placebo the efficacy of placebo treatment is rather high. Physical and sexual abuse might lead to a variety of symptoms including chronic pelvic pain, headache, premenstrual syndrome and depression. Physicians dealing with these patients should be aware of psychosomatic reasons for bladder symptoms and they should start to ask patients about this. Some patients might benefit of psychological treatment.