

QUALITY OF LIFE IN PATIENTS WITH STRESS URINARY INCONTINENCE AND PELVIC ORGAN PROLAPSE

Hypothesis / aims of study

Urinary Incontinence (UI) and pelvic organ prolapse (POP) are major clinical syndromes included in female pelvic floor disorders. UI and POP may present with a variety of symptoms associated with concomitant pelvic floor pathology such as bladder, bowel and sexual dysfunction. The National Institute of Child Health and Human Development outlined the priority for research about the type and the frequency of symptoms in female pelvic floor disorders. Furthermore it is important to assess their impact on the quality of life (QOL) in these patients.

The aim of our study was to analyse urinary and prolapse symptoms and their impact on multiple QOL domains. Then we attempted to compare the results of UI and POP questionnaires to evaluate which symptoms had the most relevant impact on patients' QOL.

Study design, materials and methods

We prospectively enrolled 108 consecutive women who underwent surgical therapy for pelvic floor disorders. Patients underwent a full urogynaecological work-up which included vaginal profile using the Baden and Walker system and conventional urodynamic studies. Patients were divided in two groups: 56 had Stress urinary incontinence and 52 had POP $\geq 2^\circ$ grade. SUI patients completed the King's Health and POP patients completed the P-QOL self-administered validated questionnaires[1,2].

The questionnaires evaluated symptoms in nine quality of life domains: general health perceptions, SUI or POP impact, role limitations, social limitations, personal relationships, emotions, sleep energy, severity measures. Symptom occurrence was assessed with four possible responses: none, a little, moderately, a lot. The occurrence of symptoms and their influence on the QOL of patients were evaluated and then compared between the groups.

Statistical analysis

Chi square test was used to compare results between the two groups and the level of significance was 0.05.

Results

The patients' mean age was 59.4 years, the median parity 2. 81% were menopausal. Results are shown in tables 1-6.

Interpretation of results

Our results show that there is a high occurrence of lower urinary tract symptoms in both groups. Frequency affects patients in almost 80% of cases, with a great impact on QOL in more than 60%. Urgency is more prevalent and more disturbing in POP patients. Nocturia is more often associated with SUI and, even though not statistically significant, so is urge incontinence. This

could be caused by a misunderstanding of incontinence symptoms mistaking SUI for Urge Incontinence. Surprisingly incontinence during intercourse was not present in POP pts. All daily activities and social life are influenced by symptoms in at least 40-50% of cases, but some situations such as physical outside activity or travel seem to be more problematic in incontinent women, probably for the discomfort caused by wet clothes or by a bad smell. Women with SUI or POP often suffer from depression, anxiety or lack of security. A higher percentage of patients with POP do not have sexual intercourse at all, and the percentage reaches more than 50% if poor quality intercourse is added. Overall symptoms heavily

Table 1. Global incidence of urinary symptoms and influence on QOL (moderately/a lot)

	SUI pts.	POP pts.	P
Frequency	77.3%	80.1%	NS
moderately/a lot	60.3%	66.2%	NS
Urgency	55.7%	77.0%	0.04
moderately/a lot	40.3%	64.5%	0.02
Urge Incontinence	71.6%	55.1%	NS
moderately/a lot	62.2%	36.7%	NS
Nocturia	61.1%	19.6%	0.000
moderately/a lot	33.3%	15.6%	NS
Incont. intercourse	32.6%	0%	
moderately/a lot	15.3%		

influence the relationship with the partner. Finally SUI seems to have a greater influence on global QOL with respect to POP, with 68% of women affirming that their disease affects their life a lot.

Table 2. Daily activities and social life influenced by symptoms (moderately/a lot)

	SUI pts.	POP pts.	P
Household task	49.0%	55.3%	NS
Outside activities	61.3%	53.3%	NS
Physical activities	68.0%	58.6%	NS
Ability to travel	59.1%	51.0%	NS
Social life	50.0%	42.5%	NS
Ability to visit friends	42.8%	29.7%	NS

Table 3. Emotions and energy influenced by symptoms (moderately/a lot)

	SUI pts.	POP pts.	P
Depression	43.7%	45.6%	NS
Ansia o nervosismo	55.1%	58.6%	NS
Feeling bad about herself	58.0%	55.5%	NS
Sleeping	34.1%	28.8%	NS
Stanchezza	43.4%	34.3%	NS

Table 4. Personal relationships influenced by symptoms (moderately/a lot)

	SUI pts.	POP pts.	P
Relationship with partner	25.4%	36.9%	NS
No sexual intercourse	18.7%	15.2%	NS
Sex life	27.6%	44.4%	NS
No sexual intercourse	18.7%	15.2%	NS
Family life	22.9%	28.2%	NS

Table 5. How much do you think your symptoms affect your life?

	SUI sympt.	POP sympt.	P
Not at all/little	19.9%	28.2%	NS
Moderately	12.1%	25.6%	NS
A lot	68.0%	46.1%	0.06

Table 6. How would you describe your health at present?

	SUI pts	POP pts	P
Very good/good	25.9%	48.5%	0.05
Fair	44.4%	47.5%	NS
Poor/very poor	22.2%	5.7%	NS

Concluding message

Our study shows that pelvic floor dysfunction alters the QOL of patients. The majority of symptoms are shared by women with SUI and with POP but global evaluation of life and general health at the moment shows that SUI patients have a lower quality of life and a lower performance in physical and social activities.

References

1. P-QOL: a validated questionnaire to assess the symptoms and quality of life of women with urogenital prolapse. Int Urogynecol J Pelvic Floor Dysfunct Oct 2004 (E pub)
2. A medium-term analysis of the subjective efficacy of treatment for women with detrusor instability and low bladder compliance. Br J Obstet Gynaecol. 1997 Sep;104(9):988-93

