

CORRELATION OF HEALTH-RELATED QUALITY OF LIFE AND SEVERITY OF WET OVERACTIVE BLADDER IN WOMEN

Hypothesis / aims of study

Overactive bladder is a highly prevalent condition, which may cause profound impact in the quality of life (QoL) of affected patients. The ICS recommendations strongly suggest the use of QoL questionnaires in clinical trials on urinary incontinence and overactive bladder. The objective of this study is to investigate the correlation between QoL scores and the severity of incontinence in wet overactive bladder using subjective and objective instruments as voiding questionnaire, bladder diary and urodynamic test.

Study design, materials and methods

All 53 patients presented with wet OAB associated with idiopathic detrusor overactivity. Data collection included voiding questionnaire, bladder diary, urodynamic examination and QoL questionnaire. Health-related quality of life (HRQOL) was measured using the King's Health Questionnaire (KHQ) a multidimensional disease-specific measure for patients with OAB and urinary incontinence.(1) Were classified as severe, patients presenting greater than 10 voids/day, 10 urge-episodes/day and 5 urge-incontinence episodes/day, based on the bladder diary data. The presence of nocturia, nocturnal enuresis and pad usage were qualitatively analysed. The scores from each domain of the KHQ were compared according to these criteria of severity utilizing the non-parametric Mann-Whitney test. Urodynamic findings were analysed considering two cut-off values for functional cystometric capacity (150 and 200 ml). Functional and maximum cystometric capacities were also analysed through the Spearman coefficient tests to investigate possible correlations with the KHQ scores.

Results

Patients with less than five urge-incontinence episodes/day on the voiding diary demonstrated significant lower scores for the following domains of the KHQ: Incontinence Impact ($p=0.0014$), Role Limitations ($p=0.0038$), Physical Limitations ($p=0.0251$), Social Limitations ($p=0.0126$), Emotions ($p=0.0003$) and Symptom Severity ($p=0.0047$) than patients five or more episodes per day (Table 1). Similar results were seen in patients reporting the need of pads who demonstrated higher scores in the following domains: Impact of incontinence ($p=0.0005$), Role Limitations ($p=0.0023$), Social Limitations ($p=0.0327$), Emotions ($p=0.0345$) and Symptom Severity ($p=0.001$) than those who did not need pads.(Table 2).

The presence of nocturnal enuresis and nocturia were not significant to the quality of life of these patients. No correlation was found between data from the urodynamic evaluations and KHQ. The Spearman correlation coefficients did not show any correlation between functional and maximal cystometric capacities and KHQ domains.

Table 1 – Severity of Urge-incontinence evaluated by voiding diaries compared to KHQ domains

Urge Incontinence episodes	Incontinence Impact	Role Limitations	Physical Limitations	Social Limitations	Emotion
Less than 5	72.81 ± 27.79	57.46 35.66	53.07 34.84	28.36 23.60	50.58 32.24
5 or more	97.98 ± 8.61	85.56 28.08	76.66 20.70	51.48 32.15	85.93 20.77
	P=0.0014	P=0.0038	P=0.0251	P=0.0126	P=0.0003

Table 2 – The need of pads compared to KHQ domains

Use of pads	Incontinence Impact	Role Limitations	Social Limitations	Emotion
Yes	88.29 21.11	74.77 33.48	39.94 27.56	67.87 28.90
No	60.42 27.81	43.75 32.13	23.26 26.31	43.75 37.73
	P=0.0005	P=0.0023	P=0.0327	P=0.0345

Interpretation of results

The impact of wet-OAB symptoms on the self-reported HRQoL as measured by the KHQ correlated well with the severity of urge-incontinence evaluated through the bladder diary and pad usage. No other subjective or objective parameters studied, including urodynamic data, presented good correlation with the scores obtained from KHQ.

Concluding message

Detrusor overactivity with incontinence cause profound impact in the quality of life of affected women. This fact is directly related to objective parameters as number of urge-incontinence episodes per day and the need for pad protection. Treatment to decrease the number of wet episodes per day and subsequent decrease in pad usage consequently may favour the improvement of quality of life in those individuals.

References

Kelleher CJ et al. British J. Obstet Gynaecol. 1997; 104: 1374-1379