

Lower urinary tract symptoms could reflect a stressful work environment

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Aims of the study

Lower urinary tract symptoms (LUTS) have been associated with a stressful environment in children.¹ Medical residents are commonly exposed to work-related harassment which may cause the same effect in developing LUTS at a young age. The aim of this study is to determine if LUTS in young adults are associated with exposure to bullying.

Materials and Methods

Cross-sectional study was done in medical residents of one health institution. The presence of LUTS was documented using the International Prostate Symptom Score (IPSS) and then classified based on total score (<9 absence of LUTS and ≥9 LUTS present). The "Negative Acts Questionnaire-Revised" (NAQ-R)² and a single specific question³ were used to assess the presence of real exposure and perceived bullying, respectively. Real exposure to bullying was defined as total NAQ-R score ≥41 while perceived bullying as any positive answer in the specific question to measure this variable. Bivariate analysis was done using X2 and calculating 95% confidence intervals. SPSS v.24, Chicago, IL was used.

Results

A total of 209 residents were included for analysis; 62% men; 12% IPSS ≥ 9 of these 63% where mainly storage symptoms; 42% had real exposure and 39% perceived bullying. Prevalence of moderate to severe LUTS was greater in the bullied population (both types).

Female gender (OR 2.8, 95%CI: 1.1-6.6, p = 0.01) real exposure (OR 2.8, 95% CI 1.1-6.7, p = 0.01) and perceived bullying (OR: 3.1 95% CI: 1.3-7.5, p 0.00) were associated with an IPSS score ≥ 9. Specific voiding (intermittence, weak stream, straining and incomplete emptying) and storage (urgency) symptoms were associated with exposure to both types of bullying (Table 1).

Table 1. Association between moderate to severe LUTS and bullying

	Real exposure to bullying				Perceived bullying			
	Non-present	Present	OR (IC 95%)	p	Non-present	Present	OR (IC 95%)	p
IPSS								
0-8	113 (61)	71 (39)	1		118 (64)	66 (36)		
≥9	9 (36)	16 (64)	2.8 (1.1-6.7)	0.01	9 (36)	16(64)	3.1 (1.3-7.5)	0.00
Voiding symptoms								
Non-present	74 (66)	38 (34)	1		80 (71)	32 (29)		
Present	48 (49)	49 (51)	1.9 (1.1-3.4)	0.01	47 (49)	50(51)	2.6 (1.5-4.7)	0.00
Intermittency								
Non-present	107 (64)	61 (36)	1		111 (66)	57 (34)	1	
Present	15 (37)	26 (63)	3.0 (1.4-6.1)	0.00	16 (39)	25 (61)	3.0 (1.5-6.1)	0.00
Weak stream								
Non-present	104 (63)	61 (37)	1		108 (65)	57 (35)	1	
Present	18 (41)	26 (59)	2.4 (1.2-4.8)	0.00	19 (43)	25 (57)	2.4 (1.2-4.9)	0.00
Straining								
Non-present	105 (64)	58 (36)	1		107 (66)	56 (34)	1	
Present	17 (37)	29 (63)	3.0 (1.5-6.0)	0.00	20 (43)	26 (57)	2.4 (1.2-4.8)	0.00
Incomplete emptying								
Non-present	87 (62)	53 (38)	1		111 (66)	57 (34)	1	
Present	35 (51)	34 (49)	1.5 (0.8-2.8)	0.11	16 (39)	25 (61)	3.0 (1.5-6.1)	0.00
Storage symptoms								
Non-present	49 (63)	29 (37)	1		55 (70)	23 (30)		
Present	73 (56)	58 (44)	1.1 (0.8-1.6)	0.31	72 (61)	82 (39)	2.7 (1.5-4.8)	0.00
Urgency								
Non-present	97 (60)	64 (40)	1		104 (65)	57 (35)	1	
Present	25 (52)	23 (48)	1.3 (0.7-2.6)	0.31	23 (48)	25 (52)	1.9 (1.03-3.8)	0.03

Conclusions

A directed interrogation to determine the presence of bullying may be beneficial in young adults presenting with LUTS, IPSS score ≥9 and non-baseline neuro-urological pathology. The results found in this study make this area a feasible line for further investigation.

References

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