

THE PROFILE OF WOMEN WITH OVERACTIVE BLADDER ATTENDED IN A PUBLIC MEDICAL HOSPITAL IN THE CITY OF SÃO PAULO, BRAZIL.Hypothesis / aims of study

Overactive Bladder (OAB) is an important lower urinary tract syndrome that negatively affects the quality of life of millions of people worldwide. The largest multinational study estimated the overall prevalence of OAB in 11.8% (10.8% in men and 12.8% in women) increasing with age (1). In sufferers, OAB can significantly affect all aspects of quality of life (QoL), including social, psychological, occupational, domestic, physical and sexual aspects. The aim of this study was to analyze the profile of women with OAB attended in a public hospital of São Paulo, associating the urinary symptoms with quality of life and depression.

Study design, materials and methods

It was a transversal study with 34 women with OAB and detrusor overactivity (detected urodynamically). They were selected in a public hospital of São Paulo, Brazil and were personal interviewed answering a questionnaire including sociodemographic and urinary questions. The QoL was assessed using the Kings Health Questionnaire (KHQ) and the Beck Depression Scale was used to evaluate the presence of depression. All variables were analyzed in order to identify a psychological profile of these women, and to find any correlation between the quality of life domains of KHQ, urinary symptoms and depression.

Results

The mean age of the population was 63,08 years old. 67,6% of the patient had depression (Beck > 10). The more affected domains of the KHQ were impact of incontinence (68,6) and gravity measures (59,3). There was no association between urinary symptoms and depression (Fisher exact test). The domains sleep/disposition and emotion from KHQ had significant correlation with depression with $p=0,0335$ and $p=0,0487$ respectively (Spearman Test).

Interpretation of results

These study has a small but very well defined population of women suffering from OAB. The literature shows a lot of studies finding a relationship between psychological disorders, like depression and anxiety and urinary incontinence. Despite our sample had a high percentage (67,6%) of women suffering from depression, there was no association between these disorder and urinary incontinence. In another perspective the study found that two aspects of the quality of life of these patients had correlation with depression: the women with depression had worst quality of life when they were asked about their sleep/disposition and about their emotions. These results show that urinary incontinence is not the cause of depression, but the social and emotional impact that it causes can facilitate the depression. Some studies suggests that the etiology of urge-incontinence is multifactorial, and in animal studies it was found that the reduction of monoamines like serotonin and noradrenalin in the central nervous system can cause depression and OAB, showing that these two diseases have a similar physiological mechanism (2), what could explain the high percentage of depression in this population.

Concluding message

This study reforce the idea that OAB causes an important social and emotional disturbance in sufferers life. The quality of life of the patients is affected and a high percentage of them have depression. The urinary symptoms are not associated with depression, showing that the urinary problem is not the cause of depression, but perhaps the patophysiology of these two diseases could be similar.

References

1. Hashim, H. Abrams, P. Overactive Bladder: na update. Curr Opin Urol 17:231–236, 2007
2. Steers WD, Lee, KS. Depression and incontinence. World J Urol. 19: 351-5, 2001

Specify source of funding or grant	NONE
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require eithics committee approval because	The patients didn't receive any treatment, they only answered questionnaires. They signed a consent term accepting to participate in the study.
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes