

# Psychiatric Profiles of Patients with Overactive Bladder

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## Introduction

### HYPOTHESIS / AIMS OF STUDY

Objective: There is an important relationship between the psychiatric profiles of patients diagnosed with overactive bladder syndrome (OAB). It is aimed to determine which personality traits are dominant in female patients diagnosed with OAB and to arrange treatment modalities accordingly.

## Methods and Materials

### STUDY DESIGN, MATERIALS AND METHODS

An Overactive Bladder Inquiry Form (OAB-V8) and Minnesota Versatile Personality Inventory (MMPI) form were given to 90 female patients who applied to the urology clinic for various reasons by a urologist. 38 patients with OAB symptoms and OAB-V8 score ≥8 were diagnosed with OAB. 30 patients completed all questionnaires completely. The control group included 52 individuals with an OAB-V8 score <8. Forty of these patients filled out the questionnaires completely and were included in the study. The psychiatric profiles of the patients were analyzed by a specialist psychologist. The study was supplemented with additional questionnaires to assess how patients were affected by overactive bladder.

**Table 1.** Means (standard deviation) and cutoff (t > 65) for MMPI clinical scales in overactive bladder patients and control group

	Patients with OAB (n = 30)	Controls (n = 40)	
MMPI clinical scale	Mean ± standard deviation	Mean± standard deviation	P values*
Depression†	56.1 ± 11.3	52.4 ± 7.7	0.03
Hypochondriasis	52.1 ± 17.3	50.4 ± 10.2	0.1
Hysteria	53.1 ± 21.1	44.6 ± 6.8	0.04
Psychopathic deviate	47.6 ± 13.2	48.8 ± 10.4	0.8
Masculinity/femininity	54.9 ± 7.8	58.9 ± 9.2	0.1
Paranoia	53.1 ± 18.1	53.2 ± 11.6	0.3
Psychasthenia	52.4 ± 15.7	49.2 ± 9.6	0.1
Social introversion	56.1 ± 11.4	51.7 ± 7.6	0.04
Schizophrenia	48.9 ± 11.2	47.5 ± 10.4	0.5
Hypomania	51.1 ± 12.8	54.1 ± 6.9	0.8
MMPI mean t score	61.6 ± 11.2	60.4 ± 5.4	0.6

Minnesota Multiphasic Personality Inventory(MMPI)  
italic and bold numerals, statistically significant  
Significant P values are written in italics.  
\*Comparison of percentage of sample elevated (t>65) for MMPI clinical scales.  
†P=0.02.

## Results

The ages of the patients ranged from 18 to 72, with a mean age of 47.24 years, while the age of control patients ranged from 23 to 68 years, with a mean age of 46.82 years. There was no statistically significant difference between the two groups in terms of mean age and body-mass index (p>0.05). When patients with overactive bladder were compared with the control group; Neurotic findings were more prominent in psychiatric profile features determined according to Minnesota multidimensional personality inventory. Depression, hysteria, antisocial personality and introversion scores were found to be higher. These findings are shown statistically in the table below (Table 1).

## Discussion

Although there are various hypotheses about the etiology of overactive bladder (OAB), its etiology is still uncertain. In literature, significant associations have been shown between OAB symptoms and depression, anxiety and stress (1). Some studies have also reported an increased incidence of OAB in patients with childhood physical, sexual and emotional abuse and childhood depression (2). Despite reported relations between these situations, a routine, detailed assessment of psychiatric disorders may be difficult or even impossible outside the context of the psychiatric care system. Hence, we assumed that identifying a general psychiatric history was more feasible than questioning patients about specific psychiatric diagnoses. Therefore, we used MMPI to identify the psychiatric profiles of the patients. According to MMPI scores of patients with OAB, we found that depression, hysteria and social introversion were significantly associated with OAB symptoms. Physicians should also keep in mind that during the treatment period of OAB, patients would need psychiatric consultation to achieve best results.

## Conclusions

We concluded that women diagnosed with overactive bladder had more neurotic complaints such as compared to those without symptoms. Due to these results, we think multidisciplinary approach will provide benefits in OAB patient management

## References

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