



IMPAIRMENT OF SOCIAL FUNCTIONING IN PATIENTS WITH URINARY INCONTINENCE

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SUMMARY – The aim of this study was to analyze social functioning in patients with urogynecological problems. Urinary and pelvic floor disorders are important health issues that affect quality of life as well as the psychological and mental health of women. Most commonly, the causes of these disorders are vaginal delivery especially assisted delivery, hereditary or acquired connective tissue diseases, pelvic surgery, estrogen loss, diabetes, thyroid disease, elevated body mass index (BMI) and hard physical labor.

The study included a sample of women with urinary incontinence (UI) (N=110) and a sample of women who underwent surgery for UI (N=101). Both groups filled out our questionnaires after an examination.

Our questionnaire confirmed that women's insecurities with regards to UI extend into various aspects of their social lives and that the fear they feel causes difficulties in their everyday lives. The fact that many women stated they are afraid to have sexual intercourse is particularly concerning.

Modern diagnostic and therapeutic procedures achieve the optimal effect of treatment and ensure the patients' quality of life. Treatment should be conservative or surgical, but also psychological — tailored to each individual.

Keywords: *Urinary incontinence; Quality of life; Social functioning*

Introduction

Urinary and pelvic floor disorders are important health issues that affect women's quality of life, physical and mental health. Pelvic floor corrections are mostly done transvaginally. Nowadays, corrections are also done transabdominally with a laparoscopic or laparotomic approach. A minimally invasive approach with synthetic grafts is the most used contemporary approach in pelvic floor reconstructive surgery^{1,2}.

The etiology of urogynecological disorders is diverse. The most common causes are vaginal delivery especially assisted delivery, hereditary or acquired

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connective tissue diseases, pelvic surgery, estrogen loss, diabetes, thyroid disease, an elevated body mass index (BMI) and hard physical labor³⁻⁷. Early onset of menopause results in a loss of estrogen, and consequently a predisposition to urogynecological complications⁸. The patients' quality of sleep is disturbed and as a result of sleep deprivation and irritability, their psychological health and quality of life are impaired⁹⁻¹⁰.

Urinary incontinence (UI) in women, regardless of the cause, has physical, psychological and social effects on patients' lives. Impaired quality of life manifests with the appearance of infections, sexual dysfunction, and also with the appearance of stress, depression, loss of self-esteem, shame and discomfort¹¹. Psychological and social factors are closely related, so there is a tendency to avoid social events, problems in the workplace occur and personal activities decrease¹².

The aim of this study was to analyze social and sexual functioning in patients with urogynecological problems.

Methods

The participants of our study were divided into a sample of women with UI (N=110) and a sample of women who underwent an operation for UI (N=101); both groups were patients at the Department of Obstetrics and Gynecology, Sestre milosrdnice University Hospital Center, Zagreb, Croatia. Inclusion criteria in the first group were UI diagnosed after examination by a urogynecologist and in the second group operation for UI.

The study was approved by the Ethics Committee of Sestre milosrdnice University Hospital Center in Zagreb, Croatia. All participants gave their informed consent before joining the study. After undergoing an examination, they filled out questionnaires.

Instruments

Impairment due to incontinence is a scale with several questions that the authors designed. The first question was 'Since you have developed problems with

incontinence, how often are you afraid of:' followed by 7 items: shopping, going to the cinema/theatre, meeting with friends, meeting with family, going to work, going for a walk, traveling. Each item was scored on a 4-point scale (1-*not at all* to 4-*almost always*). The total score could range from 7 to 28, where a higher score indicated higher levels of social impairment due to incontinence. One-factor structure was obtained with $\alpha=0.92$. The second question referred to the relative frequency of sexual intercourse, i.e. 'Since you have developed problems with incontinence, you have sexual intercourse:' *more frequently, as frequently as before or less frequently than before*. The third question referred to the reasons for not engaging in sexual intercourse, i.e. 'What is preventing you from engaging in sexual intercourse?' followed by 6 items: fear of incontinence during intercourse, fear of urinary tract infection, pain during intercourse, fear that intercourse will exacerbate the existing issue, fear that the partner will notice the unpleasant smell of urine and feeling of insecurity due to the existing problem. Each item was scored on a 4-point scale (1-*not at all* to 4-*almost always*). The total score could range from 6 to 24, where a higher score indicated higher levels of social impairment due to incontinence. One-factor structure was obtained with $\alpha=0.91$.

Results

Since developing problems with incontinence, women reported that they 'frequently' felt afraid to travel and 'sometimes' felt afraid of going for a walk, meeting family and friends, going to the cinema or theater (Figure 1).

In our sample, only 2.7% respondents reported having sexual intercourse more frequently since the onset of incontinence issues, 11.8% reported having sexual intercourse as frequently as before, and 85.5% reported having sexual intercourse less frequently than before. As for the items referring to the reasons for avoiding sexual intercourse, on average, women responded that all the listed reasons 'sometimes' made them avoid intercourse, but the most prominent one was the feeling of insecurity since the onset of incontinence issues (Figure 2).

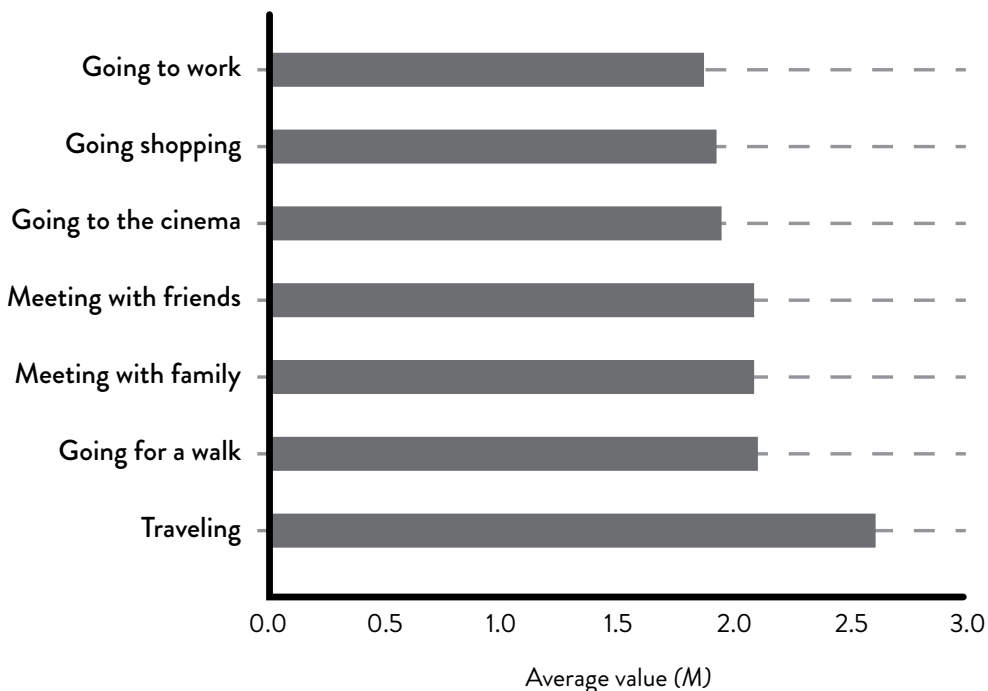


Figure 1. Mean score for items referring to different fears of involvement in daily activities since the onset of incontinence issues (on a scale 1-never to 4-almost always)

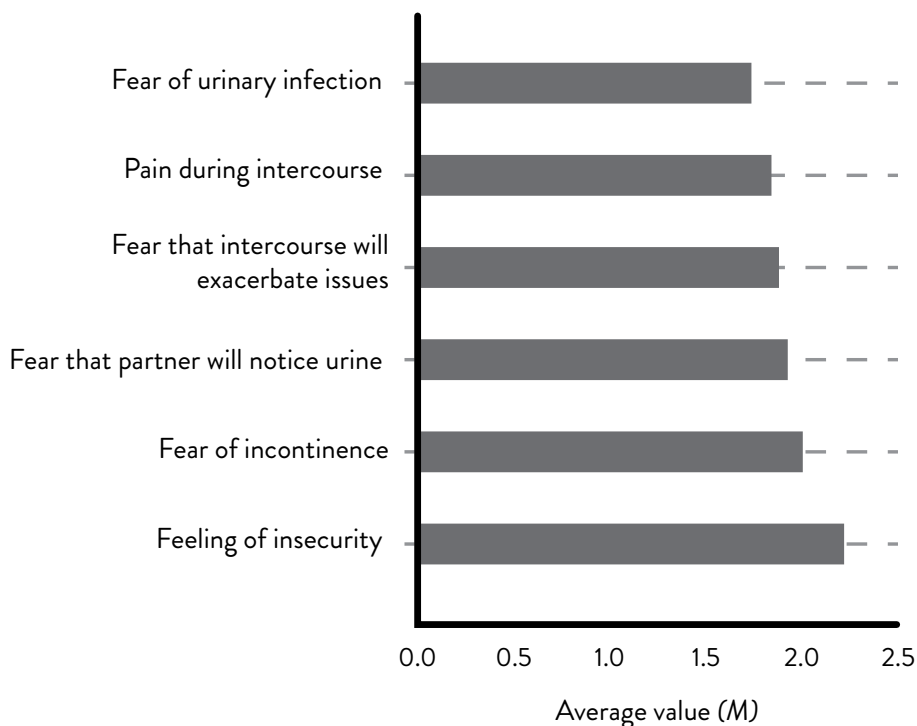


Figure 2. Mean score for items representing reasons for avoiding sexual intercourse (on a scale from 1-never to 4-always)

Discussion

UI is strongly associated with the development of depression and stress, as well as changes in quality of life¹³⁻¹⁴. More than 65% of women thought UI was normal for aging. This belief can lead to delays in detecting problems and thus delay treatment¹⁵.

There is a strong link between physical and mental health, especially in pelvic floor defects, as confirmed by a 2017 study conducted by Yaakobi *et al*¹⁶. Ten years ago, a study was conducted on factors that affect the timely diagnosis and treatment of the symptoms of pelvic wall disease¹⁷.

A lack of information about the disease is considered to be the main reason for untimely diagnosis. Incontinence is not a popular topic in the mass media and therefore patients must put in the effort to inform themselves. Another problem is the preexistence of traditional beliefs without scientific grounds; many patients believe that they are to blame for their UI, i.e. that UI is a consequence of a lifetime of hard physical labor. Another reason for the delay in consulting a physician is the fact that if the main symptom is a prolapse or incontinence, patients do not seek a prompt diagnosis as both symptoms are invisible to others¹⁷. Over time, they adapt to the progression of symptoms, repositioning the uterus on their own if necessary.

Patients who have the support of their family members, especially partners, will seek medical attention in a timely manner. Most cannot accept the new changes in their body and consider themselves less sexually attractive, which, according to research, was a big reason for seeking a medical consultation¹⁷.

Our questionnaire confirmed that women feel insecure in several domains and that they experience discomfort that creates difficulties in their everyday life, especially its social aspects. Of particular concern is how many women were afraid to engage in sexual intercourse out of fear that their partner would see their UI as an imperfection or that they would smell urine and also that the discomfort they feel could get worse with intercourse. Open communication with their partners would most likely help to remove the barriers starting to form between them. In our study, more than ¾ of the participants reported that sexual intercourse was reduced. Other studies have shown similar results¹⁸⁻¹⁹. The patients in our study were most

afraid of traveling and this in turn isolated them from friends and family. The fears experienced by women with UI are not to be taken lightly and deserve a serious approach. Women fear that others may notice their wet clothes, the smell of urine, stains on a personal car or public transportation, which further leads to depression and alienation. In our case, the fear of urinary tract infection women felt was a consequence of the fact that such infections are more common in patients with an existing UI diagnosis and the fact that such infections worsen UI symptoms. Avoiding sexual intercourse out of fear of urinary tract infection can also be a result.

Personality traits are important in the perception of pelvic floor defect symptoms and psychological distress. Therefore, for optimal treatment, physical as well as mental difficulties should be taken into account, as well as the personality traits of patients with genital prolapse or incontinence disorders^{16,20-22}.

In many professions, it is very important that a woman can control her body and her bladder. An interesting and innovative pilot test was run; an interactive mobile telehealth program (mHealth) for behavioral treatment of women with UI. The program was story-based and included pelvic floor muscle exercises, bladder control strategies, fluid management, risk factor reduction and self-monitoring. The study yielded promising results²³.

Increased BMI represents a risk factor for UI; obese women are twice as likely to develop UI than non-obese women. Decreased BMI could reduce the symptoms of UI. In an effort to try to emphasize the importance of a healthy diet and weight loss, workshops are made available through educational groups. Some studies have measured the impact of bariatric surgery on UI^{4,5}. A significant number of young obese women complained of urogynecological symptoms and poor quality of life²⁴. It is important to promote awareness of healthy living, exercise and normal BMI through public health campaigns to avoid a worsening of UI in young persons.

Finally, the patient's therapeutic options should be explained in a good and understandable way. If the patient is unable to undergo general surgery due to a comorbidity or simply does not want surgery in old age, the importance of pads should be clarified. Also, vaginal pessaries are a safe, minimally invasive therapy

option that is widely used in the treatment of pelvic organ prolapse with a success rate of 85%. They have a similar effect on quality of life as surgery^{25,26}. After surgery, the patients perform daily activities on their own, freely participate in social activities outside the home and sleep better, which improves their quality of life²⁷.

Conclusion

Modern diagnostic and therapeutic procedures achieve optimal treatment effects and ensure the patients' quality of life, which is especially important to modern women. Treatment should be medical — conservative or surgical — but also psychological, tailored to each individual.

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Sažetak

POGORŠANJE DRUŠTVENOG ŽIVOTA U PACIJENTICA S URINARNOM INKONTINECIJOM

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Cilj istraživanja bio je ispitati socijalni aspekt života pacijentica s uroginekološkim problemima. Poremećaji mokraćnog sustava i poremećaji zdjelice važan su zdravstveni problem koji utječe na kvalitetu života žena te njihovo psihičko i mentalno zdravlje. Najčešći uzroci su vaginalni porođaj, naročito instrumentalno dovršen, nasljedne ili stečene bolesti vezivnog tkiva, zdjelice operacije, gubitak estrogena, dijabetes, bolesti štitnjače, povišeni indeks tjelesne mase (BMI) i naporan fizički rad.

Studija je obuhvatila uzorak žena s urinarnom inkontinencijom (N = 110) i uzorak žena koje su bile podvrgnute operaciji zbog urinarne inkontinencije (N = 101), a koje su nakon pregleda ispunile naš upitnik.

Naš upitnik potvrdio je da se žene osjećaju nesigurno u više segmenata društvenog života i da osjećaju strahove koji im čine svakodnevni život težim, a posebno zabrinjava koliko žena ima strah od spolnog odnosa.

Suvremenim dijagnostičkim i terapijskim postupcima postiže se optimalan učinak liječenja i osigurava kvalitetan život pacijentica. Liječenje može biti konzervativno ili kirurški, ali nužno treba biti prilagođeno svakom pacijentu.

Ključne riječi: *Urinarna inkontinencija; Kvaliteta života; Društveni život*