

SYMPTOMS OF OVERACTIVE BLADDER IN OLDER WOMEN AND THE IMPACT ON QUALITY OF LIFE

Hypothesis / aims of study

According to the International Continence Society (ICS), the overactive bladder syndrome (OAB) is a clinical syndrome characterized by the urgent voiding with or without urge incontinence. It is usually associated with pollakiuria and nocturia in the absence of infection in the urinary tract or other evident pathology. OAB is a common incapacitating condition that greatly affects the quality of life of individuals with the syndrome and is the second largest cause of urinary incontinence (UI) in women. OAB is an important public health concern. Its high prevalence, in addition to the physical, economic, psychic, emotional, sexual and social impact in a woman's life, reflects on the health condition and directly interferes with the quality of their lives. Despite its high impact on the quality of life, the dysfunctions of the urinary tract are most of the time neglected and underestimated. In this context, the present study investigated the impact on quality of life and the level of bother of urinary symptoms among older women with OAB.

Study design, materials and methods

This is an analytical observational cross study, developed in a Health Center located in the region of Ceilandia, Federal District. The sample consisted of older women, age equal to or higher than 60 years, with the symptoms of OAB and absence of lower urinary tract infection, identified through a urine test (urine culture). Older women with a history of treatment for OAB and/or anxiety in the last six months, history of neurological diseases, bladder cancer (hematuria and/or account), complaints of pain in the lower part of the bladder during voiding for more than six months (possible indication of interstitial cystitis), history of pelvic radiotherapy, presence of advance genital prolapse that goes beyond the vaginal introits at rest (physical exam) and incapacity to respond the questionnaire appropriately were excluded from the study. To evaluate the symptoms of OAB was used questionnaire International Consultation on Incontinence Questionnaire Overactive Bladder (ICIQ-OAB). The ICIQ-OAB generates a total score 0-16 points, which reflects the commitment of the patient's quality of life. In addition, each question of the ICIQ-OAB has a scale ranging from 0 (no discomfort) to 10 (very uncomfortable), allowing the analysis of how each symptom bothers the patients with OAB¹. The data were presented using measures of central tendency (mean and median) and variability (standard deviation and range) for continuous variables and frequency measures and percentage for categorical variables. The non-normally distributed data were identified using the *Kolmogorov-Smirnov test*. For comparing the level of disturbance of micturition symptoms of older women we used the *Wilcoxon test*. Significance level was considered (α) of 0.05. We used the Statistical Package for Social Sciences (SPSS) version 16.0.

Results

Eighty-six older women were included with OAB, with a mean age of 68.8 years. Table 1 shows the clinical and demographic characteristics of the sample. According to the nutritional classification and interpretation of BMI, most older women presented overweight (60.5%). Regarding the gestational history, the majority of older reported at least one pregnancy (87.2%) and vaginal delivery history (96%).

Table 1. Clinical and demographic characteristics of the sample (n=86)

| Variable | Frequency (n) | Median | Mean \pm SD (Min-Max) | 95% CI |
|---------------------------|---------------|--------|-------------------------------------|---------------|
| Age | - | 68 | 68,80 \pm 6,59 (60 - 85) | 67,39 – 70,22 |
| Nutritional Status | | 29,97 | 28,94 \pm 4,83 (17,97 – 44,95) | 27,90 – 29,97 |
| Slimness | 5,8 (5) | | | |
| Eutrophic | 33,7 (29) | | | |
| Overweight | 60,5 (52) | | | |
| Pregnancies | | 5 | 5,05 \pm 3,30 (0 – 14) | 4,34 – 5,75 |
| Nulliparous | 12,8 (11) | | | |
| Multiparous | 87,2 (75) | | | |
| Vaginal birth | | 4 | 4,03 \pm 2,96 (0 – 13) | 3,40 – 4,67 |
| No history | 4,0 (3) | | | |
| With history | 96,0 (72) | | | |
| OAB (OAB-V8) | - | 22 | 21,81 \pm 6,45 (9 – 37) | 20,43 – 23,20 |

BMI = Body mass index. OAB-V8 = *Overactive Bladder Validated 8*, SD = standard deviation, CI = confidence interval

With regard to impact on quality of life due to the symptoms of OAB, there was general score of 9.08 points among older women sample. Although the ICIQ-OAB does not provide a scale for the intensity of the overall score, it was observed that the sample had an average overall score above the median score of the questionnaire (8 points).

Analyzing the isolated urinary symptoms, it was found that the symptom that generated the highest level of disturbance in the sample was the urgency, followed by urge incontinence, nocturia and frequency (Figure 1). However, only the level of

discomfort related to urgency symptom was significantly higher than the level of discomfort related to the frequency and nocturia (Figure 1).

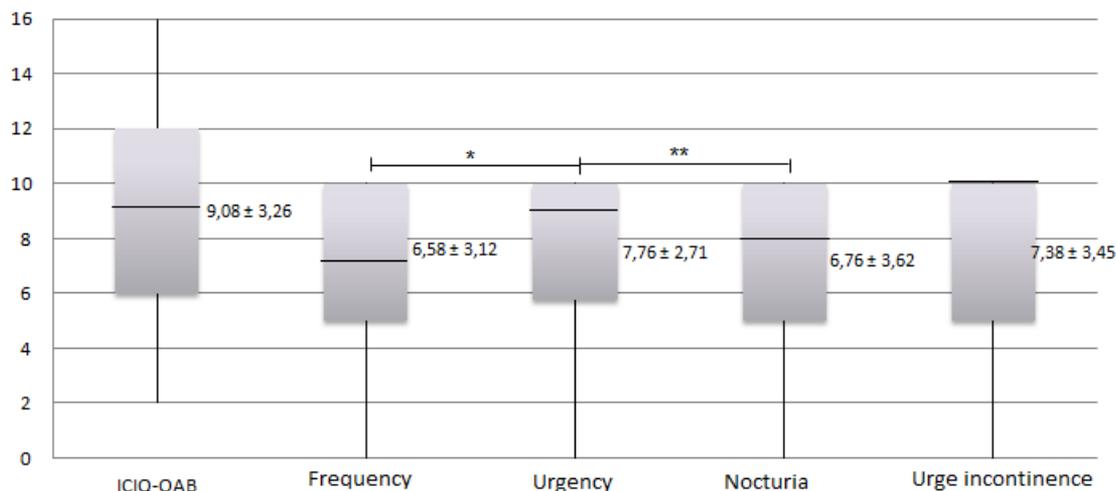


Figure 1. Impact on quality of life and level of disturbance of micturition symptoms of OAB (0 = no discomfort; 10 = very uncomfortable). *Wilcoxon Test*. * $p=0,001$. ** $p=0,005$.

Interpretation of results

The overall score of ICIQ-OAB allowed to observed significant impact on quality of life of older women, who all scored above eight, or 50% higher than the total score. Among the urinary symptoms reported by patients with OAB, the urgency was the most uncomfortable symptom compared to other urinary symptoms and this finding corroborates with other studies^{2,3}.

Concluding message

This study identified significant impact on quality of life of older women with OAB and high level of discomfort of micturition symptoms resulting from OAB, especially the bother caused by urgency.

References

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Disclosures

Funding: None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** College of Health Science of University of Brasilia - UnB **Helsinki:** Yes **Informed Consent:** Yes